

## APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SENIOR~~ <sup>CIRCUIT</sup> COURT OF Adams County, Indiana:

Your informant respectfully represents that one Beatrice Homan now residing in said county, is insane and a fit subject for custody and treatment in a State Hospital for Insane, as he verily believes, and he therefore asks that necessary steps be taken to examine into her condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said Beatrice Homan is Adams Co. in Indiana; that said Beatrice Homan came to Indiana at Birth from July 28 - 1903 <sup>(Date)</sup> and became a resident of Washington Township, Adams County. This person's places of residence for three years prior to coming to Indiana were

In making this petition, I do hereby certify that I am a Brother of said Beatrice Homan; that I am a legal resident of Adams County, and that my address is 203 South 11th Street, Decatur, Ind. In case of emergency, notify Charles Spangler, 1515 W. Madison St. Telephone 3-4516 Telegraph station Decatur, Ind. <sup>(Name and Address of relative or friend)</sup>

### PERSONAL HISTORY

Of Beatrice Homan  
 Born (Month) July (Day) 28 (Year) 1903 Place Decatur, Adams Co.  
 Color White Sex Female Married Single Widowed  Divorced Separated  
 IF A WOMAN: Is she pregnant? No Number of children borne Three Present age of youngest 22  
 Has she passed menopause?  
 Birthplace of father Ohio Birthplace of mother Ohio  
 If person is of foreign birth, give date of entry into the United States no Port of entry  
 Steamship line Steamship  
 If of foreign birth, is person naturalized?  
 Education: None Reads only Reads and writes yes Common school 6  
 High school College Religion U.B. United Brethren Occupation General housework Where last employed and how long?  
 Estate: Value Nature  
 Guardian: Name Address

### HISTORY OF INSANITY

How long have you known this person? 54 yrs. Have you known this person intimately? 54 yrs.  
 When was the first sign of insanity observed by you? May 1957  
 What was the first sign of insanity observed by you? Complained of being ill all the time and Doctor could not find anything wrong.  
 Was the present attack gradual or sudden in its onset? sudden  
 State what leads you to believe this person is insane Can't seem to understand what the family wants to help. Will not take any medicine.  
 What moral deficiencies have been shown?  
 What was the mental and moral disposition in health?  
 Number of previous attacks of mental disorder?  
 Has this person been a patient in any hospital for insane? Yes Where, when and how long? Parkview Hospital, Ft. Wayne, Ind. July - 1957 1 week 1957  
 Has this person suffered serious physical injury? no If so, give particulars  
 Has this person suffered any serious illness? yes State when and of what nature Had Gall-Stone operation at Adams Co. Memorial Hospital, Dr. Kohne, and Dr. Burk  
 Has this person suffered any great mental shock or strain? Yes  
 Has this person required feeding, seclusion or restraint? No Explain fully  
 Has this person been addicted to any drugs? no Explain fully  
 (Answer yes or no.) Is person paralytic? Violent? Destructive? Excited? yes  
 Depressed? yes Homicidal? Suicidal? Is there any physical defect or deformity? no  
 Has person ever suffered from syphilis? unknown Has there been a Wasserman test? Positive?  
 Negative? Does person indulge or has person indulged in any venereal excess? no  
 Is person epileptic? no Was person feeble-minded in childhood? no

FAMILY HISTORY

Give name and address of following relatives. (If dead, state cause of death and age at death.)

|                      | NAME  | ADDRESS  | IF DEAD        |                     |
|----------------------|---|--|----------------|---------------------|
|                      |   |  | Cause          | Age at Death        |
| Father               | Harve Lawson  |  | accident       | 65                  |
| Mother (Maiden Name) | Tea Harmon  |  |                | 45                  |
| Father's father      |   |  |                |                     |
| Father's mother      |   |  |                |                     |
| Mother's father      |   |  |                |                     |
| Mother's mother      |   |  |                |                     |
| Brother              | Ralph Lawson<br>Orval Lawson<br>Ray Lawson<br>Guy Lawson      | Decatur Ind  | cancer<br>T.B. | 6 weeks<br>52<br>37 |
| Husband, Wife        | 1st. Christ Spangler<br>2nd. Ralph Draper<br>3rd August Homan | unknown<br>Ft. Wayne                                       |                |                     |
| Children and ages    | Charles L. Spangler<br>Doris D. Davis<br>Genevieve, Plunkard  | Decatur, Ind. 33<br>Van Wert, Ohio 24<br>Kittaning, Pa. 22 |                | 61                  |

Which of person's parents, grandparents, brothers, sisters, uncles or aunts, if any (give name) ever had the following diseases:

Insanity  
Epilepsy  
Spasms  
Fainting spells  
Nervous prostration  
Hysteria  
Feeble-mindedness  
Tuberculosis Brother  
Syphilis

Was either of the person's parents or grandparents intemperate in the use of alcohol? no

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? no

The statement of G. J. Kohne M. D., the attending physician, is filed herewith and made a part hereof.

The undersigned citizen of said county, upon oath, declares that the foregoing allegation, personal history, family history and history of persons's insanity, are true to the best of his knowledge and belief.

s/ Ralph Lawson

Subscribed and sworn to before me this 15th day of November

19 57  
Richard D Lewton  
Notary Public or County Clerk

(SEAL)

STATEMENT OF ATTENDING PHYSICIAN

I, G. J. Kohne M. D., of Decatur, Ind., in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 15 day of Nov. 1957 I did carefully and personally examine Beatrice Homan and believe her to be suffering from mental disease, and I am of the opinion that she is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition: Extremely agitated and complains of various pains - thinks they should bury her now. Has central nervous system lues.

I further certify that patient is free from any contagious disease and from vermin.

G. J. Kohne M. D.  
19 57.  
Richard D. Lewton  
Clerk Adams  
Circuit Court

Subscribed and sworn to before me this 15 day of Nov.

(SEAL)

(CERTIFICATION OF VACCINATION ACCOMPANIED VACCINATION

This is to certify that the said THE PATIENT )  
by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date 19

has been vaccinated for smallpox

M. D.

STATEMENT OF MEDICAL EXAMINER

I, John B. Terveer M. D., of Decatur in the County of Adams Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Beatrice Homan of said County, who is alleged to be insane and whom I have carefully and personally examined this 25th day of November 19 57 : that I am of the opinion that she is mentally ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Does not Wash or take care of her bath & Toilet Needs - lies around most of the time but will ride in a car. Has numerous aches & complaints

I have also received the following information from others relative to the patient's condition: Threatened her brother at times - History of Central Nervous System syphilis I certify that, in my opinion, said Beatrice Homan is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

s/ John B. Terveer

Subscribed and sworn to before me this 25 day of November 19 57

M. D.

(SEAL)

Richard D. Lewton Clerk Adams Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, James M Burk M. D., of Decatur in the County of Adams Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Beatrice Homan of said County, who is alleged to be insane, and whom I have carefully and personally examined this 25 day of Nov. 19 57; that I am of the opinion that she is mentally ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.)

Is dirty, soiled and unkempt. Will not comb hair or change dress. Has many complaints of physical illness and cannot care for self but is quite strong and active if she wants to be Has doll lying beside her which she states is her "baby"

I have also received the following information from others relative to the patient's condition: attempted to strike her brother with a poker. Has threatened other members of family with bodily harm. Has central nervous system syphilis.

I certify that, in my opinion, said Beatrice Homan is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

James M. Burk

M. D.

Subscribed and sworn to before me this 25 day of November 19 57

Richard D Lewton Clerk Adams Circuit Court

(SEAL)

JUDGE'S ORDER OF COMMITMENT

STATE OF INDIANA, ADAMS COUNTY, SS:

In the matter of the application for the commitment of Beatrice Homan to the Richmond State Hospital No. 20597 (here insert court number), in the Adams Circuit Court.

Be it remembered that on the 30th day of November, 1957, the following proceedings were made, had and entered in the above entitled cause before the Judge of said Court:

Comes now Ralph Lawson, the applicant for commitment herein. It is now made to appear to the satisfaction of the Judge by the notice heretofore issued herein together with the return endorsed thereon that the respondent Beatrice Homan has been duly notified of these proceedings and when and where the same would be heard, said notice and return reading in words and figures following (H.I.).

This being the day fixed in said notice for the hearing herein this cause is now submitted to the Judge for hearing and examination in the absence of the respondent, she having failed to appear.

And said hearing being now concluded the Judge now finds that the respondent is in fact mentally ill, is a proper patient for treatment in a state hospital for the mentally ill, can be conveyed thereto without danger to life and that respondent's being at large is dangerous to the community, that respondent has a legal settlement in Washington Township, Adams County, Indiana.

And this order shall be sufficient warrant and authority for the admission, confinement and detention of respondent for care and treatment in said hospital until restoration to mental health, or removal or discharge according to law. The Clerk of this Court is directed to apply forthwith for the admission of said hospital, and to transmit with said application copies of all statements and certificates submitted herein, certified under this seal of this Court.

And the Court now appoints Ralph Lawson as guardian of the said Beatrice Homan, to take charge of his property, and orders said guardian to post bond in the amount of \$ Nil, to the approval of the Court; (and orders this guardianship transferred to the Probate Court for administration.)

MYLES F. PARRISH Judge Adams Circuit Court

(SEAL)

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Circuit Superior Court

19 57. Clerk

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the day of 19 , an answer was received as follows:

(see packet) To the Clerk of the Adams County Circuit Court, Richmond STATE HOSPITAL December 4 19 57 County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Beatrice Homan with application for the admission of said person into this Hospital, is hereby respectfully acknowledged.

According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the application is J. Klepper M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Beatrice Homan to the Adams County Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that be conveyed to said hospital, either by a relative or relatives, or a friend or friends, if they so desire; and if they, or any of them, do not so desire, by a suitable attendant, or by the County Sheriff, together with assistants and a female attendant, if the patient be a female, as required by law and that due return be made of the complete execution of this order.

Witness my hand and the seal of Adams County Court, Adams County, this 5th day of December 19 57 St. (Seal) Richard D. Louten Clerk Indiana.

P. O. Address of Patient 203 South 11th Street Decatur, Indiana

SUPERINTENDENT'S RECEIPT

RECEIVED, this 6 day of December A. D. 19 57 the patient named in the above order of court Richmond STATE HOSPITAL J. Klepper M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND December and committing her to the 6th day of December 19 57, and served by conveying the within named Beatrice Homan Richmond State Hospital, 19 57 as shown by the Superintendent's receipt hereon endorsed this day of December 19 57 Mileage 14.40 Subsistence 1.50 \$ 15.90 s/ Mule Affolter

ORDER OF DISCHARGE

To the Clerk of the Court, County, Indiana: According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day discharged of County, Indiana, heretofore an inmate of this Hospital; and you are hereby respectfully requested to cause removal to said County, agreeable to said Act.

PROVIDED, That said removal has not otherwise been accomplished, as herein noted.

N. B. Very respectfully, M. D. Medical Superintendent

ORDER FOR PATIENT'S RETURN

STATE OF INDIANA, COUNTY, ss: To the Sheriff of County, Greeting: WHEREAS, the proper authority has directed that a patient in the State Hospital, from this County, be removed from said Hospital. You are therefore hereby commanded forthwith to remove said patient and return to Township, in this County.

WITNESS, my hand and the seal of the Court, this day of A. D. 19 Clerk

SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND 19, and duly served same by removing said patient to Township, in said County. This 19 Sheriff County