

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Rose Liechty 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 person

is in Indiana; that said person came to Indiana 1886 from Cincinnati, Ohio 1886 and became a resident of Monroe Township, Adams County. This person's places of residence for three years prior to coming to Indiana were Children's Home, Cincinnati, Ohio

In making this petition, I do hereby certify that I am a Foster Brother of said person; that I am a legal resident of The State of Indiana, County

and that my address is 665 Sprunger St., Berne City, Adams County.

In case of emergency, notify John P. Mazelin, 665 Sprunger St., Berne, Indiana.

Telephone 2-2526 Telegraph station (Name and Address of relative or friend)

## PERSONAL HISTORY

Of Rose Liechty, Berne, Ind.

Born (Month) July (Day) 9 (Year) 1886 Place Cincinnati, Ohio

Color Wh Sex female Married Single Widowed X Divorced Separated

IF A WOMAN: Is she pregnant? no Number of children borne none Present age of youngest

Has she passed menopause? yes

Birthplace of father unknown Birthplace of mother unknown

If person is of foreign birth, give date of entry into the United States none Port of entry

none Steamship line none Steamship none

If of foreign birth, is person naturalized? no

Education: None Reads only Protestant-Missionary Church Reads and writes Common school 7

High school College Religion Occupation Seamstress Where last

employed and how long? Berne Overall & Shirt Co., Berne, Ind. Social Security No. 310-10-8803

Estate: Value Nature

Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? all her life Have you known this person intimately? a year and a half or two yrs. ago.

When was the first sign of insanity observed by you? Being afraid to stay alone in her house, saying

What was the first sign of insanity observed by you? some one wants to do her bodily harm. Gradually, over a period of a year

Was the present attack gradual or sudden in its onset? Imagining to see human blood on her porch and in her home; saying they want to kill her; that persons she knew and had died a natural death had been killed

What moral deficiencies have been shown? (by enemies. Fear of someone buring her house down.

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? not before this time Where, when and how long?

Has this person suffered serious physical injury? no If so, give particulars

Has this person suffered any serious illness? State when and of what nature

Has this person suffered any great mental shock or strain?

Has this person required feeding, seclusion or restraint? Do not know Explain fully

Has this person been addicted to any drugs? Explain fully None, but is afraid of poison in the

(Answer yes or no.) Is person paralytic? Violent? Destructive? Excited?

Depressed? Homicidal? Suicidal? Is there any physical defect or deformity?

Has person ever suffered from syphilis? Has there been a Wasserman test? Positive?

Negative? Does person indulge or has person indulged in any venereal excess?

Is person epileptic? Was person feeble-minded in childhood?



FAMILY HISTORY

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

UNKNOWN - was received as a baby from children's Home in Cincinnati, O., in 1886 nothing known otherwise

	NAME	ADDRESS	IF DEAD	
			Cause	Age at Death
Father				
Mother (Maiden Name)				
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister				

Which of person's parents, grandparents, brothers, sisters, uncles or aunts, if any (give name) ever had the following diseases: NONE

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

Was either of the person's parents or grandparents intemperate in the use of alcohol?

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

The statement of 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 h knowledge and belief.

Subscribed and sworn to before me this day of 19

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Thorndike C. Toops M. D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 11th day of February 1958 I did carefully and personally examine Rose Liechty and believe her to be suffering from mental disease, and I am of the opinion that s he is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition: Age 71, mentally alert. She is fearful and uncooperative. Has been delusional since admission to Carter Hospital, so she eats poorly lately. Imagines her rectum has grown shut and people are intending to harm her. Sometimes hears imaginary voices. Has withdrawn from social participation, wants only to be left alone. Insight lacking, judgment poor. I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 11 day of February 19 58. M. D.

(SEAL)  
MY COMMISSION EXPIRES 10-10-59

Virginia E. Hallums  
Notary Public

VACCINATION

This is to certify that the said has been vaccinated for smallpox  
by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date 19 M. D.

STATEMENT OF MEDICAL EXAMINER

I, William C. Strang M. D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Rose Liechty of said County, who is alleged to be insane and whom I have carefully and personally examined this 10th day of February 19 58 : that I am of the opinion that s he 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.) At beginning of interview, pt. was quite suspicious and refused to sit down. She is alert and very much aware of her environment. She has many delusional ideas- all paranoid in nature. Believes she was run out of her home by gangsters. that her food is poisoned by narcotics -that she has been shot at repeatedly and that her deceased husband's cousin is plotting to kill her. She has auditory hallucinations "everyday"



I have also received the following information from others relative to the patient's condition: Orientation slightly off for time - good for person & place. Insight & judgment are poor. Physically appears in fairly good health except for some deafness. She has been in Carter Hosp. for several months without any essential change in her delusional pattern.

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

William C. Strong

M. D.

Subscribed and sworn to before me this

18 day of February

1958

My Commission Expires 10-10-59

Virginia E. Hallman Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Edward C. Shipley M.D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Rose Liechty of said County, who is alleged to be insane, and whom I have carefully and personally examined this 18 day of Feb. 1958; 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.)

No physical illness other than moderate deafness - she denies having bowels and a rectum, would not enter my office - felt I would dope her. During interview looked behind her frequently & looked outside room explaining Kate Liechty - a deceased cousin was trying to kill her. Will not eat well because her food is altered - narcotics. Has frequent auditory hallucinations. Mental status essentially the same as on admission even after treatment. Patient admitted to hospital because she felt gangsters were running through her house - that narcotics were being sprayed on her. Did not eat and stayed

I have also received the following information from others relative to the patient's condition:

up most of night watching for intruders. No electroshock therapy because of severe osteoporosis of spine.

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

s/ Edward C. Shipley

M. D.

Subscribed and sworn to before me this

18 day of February

1958

My Commission Expires 10-10-59

Virginia E. Hallman Notary Public

JUDGE'S ORDER OF REGULAR COMMITMENT OR RECOMMITMENT

STATE OF INDIANA, ADAMS COUNTY, ss:

In the matter of the application for the commitment of Rose Liechty to the Richmond State Hospital (School). No. 20628 (here insert court number), in the Adams Circuit Court.

Be it remembered that on the 10th day of March, 1958, the following proceedings were made, had and entered in the above entitled cause before the Judge of said Court:

Comes now John P. Mazelin, 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 Rose Liechty 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, having failed to appear (or)

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, or school of the said 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, copies of all in Monroe Township, Adams County, Indiana.

And this order shall be sufficient warrant and authority for the admission, confinement and detention of respondent for observation, diagnosis, care and treatment in said hospital or school 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 or school, 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 John P. Mazelin as guardian of the said Rose Liechty, to take charge of her property, and orders said guardian to post bond in the amount of \$ to the approval of the Court; (and orders this guardianship transferred to the Court for administration).

(SEAL)

s/ NYLES P. PARRISH Judge Adams Circuit Court

(SEAL)



ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent of the State Hospital together with application for her admission as a patient in said hospital and afterwards, to wit: On the 10th day of March 1958, an answer was received as follows:

STATE HOSPITAL

19

To the Clerk of the Court, County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of 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

ORDER OF COURT

M. D. Medical Superintendent

The receipt of the acceptance of the application for the admission of to the Court of State Hospital, as a patient was referred to the Judge of 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 Court, County, this day of 19 St. Indiana. Clerk P. O. Address of Patient

SUPERINTENDENT'S RECEIPT

STATE HOSPITAL

RECEIVED, this day of A. D. 19 the patient named in the above order of court

M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND and committing to the 19, and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this day of State Hospital, 19

ORDER OF DISCHARGE

STATE HOSPITAL

Indiana

19

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 Township, in said County. 19, and duly served same by removing said patient to

This 19 Sheriff County