

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE <sup>CIRCUIT</sup> ~~ADAMS~~ COURT OF **ADAMS** County, Indiana:

Your informant respectfully represents that one **Agnes Veronica Hirschy** 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 Adams Co. in Indiana; that said person came to Indiana about 1932 from Chicago, Illinois and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were about 1932.

In making this petition, I do hereby certify that I am a **Husband** of said person; that I am a legal resident of **Adams** County, and that my address is **Route #2 Berne, Indiana**

In case of emergency, notify **William Hirschy** **Route #2 Berne, Indiana**  
Telephone **2-8171 Berne** Telegraph station

## PERSONAL HISTORY

Of **Agnes Veronica Hirschy**  
Born (Month) **May** (Day) **25** (Year) **1898** Place **Czecho-Slovakia**  
Color **white** Sex **female** Married **yes** Single **Widowed** 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 **Europe** Birthplace of mother **Europe**  
If person is of foreign birth, give date of entry into the United States **Unknown** Port of entry  
**New York** Steamship line **Unknown** Steamship **Unknown**  
If of foreign birth, is person naturalized? **yes**  
Education: **None** Reads only **Reads and writes** Common school  
High school **College** Religion **yes** Occupation **housekeeper** Where last  
employed and how long? **In Chicago, before the year 1932**  
Estate: Value **Nature**  
Guardian: Name **Address**

## HISTORY OF INSANITY

How long have you known this person? **since 1924** Under what circumstances? **was married to her**  
When was the first sign of insanity observed by you? **about six years ago** ~~Hereby the undersigned~~ **1928**  
What was the first sign of insanity observed by you? **Delusions and disturbances in regard to matters of finance and threatening attitude together with exhibitions of violence.**  
Was the present attack gradual or sudden in its onset? **gradual**  
State what leads you to believe this person is insane? **She has been accusing me and members of my family of things which are absolutely not so and altogether without foundation.**  
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? **LaRue Carter Hospital 1956 1957**  
Has this person suffered serious physical injury? **no** If so, give particulars  
Has this person suffered any serious illness? **none** State when and of what nature **except arthritis**  
Has this person suffered any great mental shock or strain?  
Has this person required feeding, seclusion or restraint? **she feeds herself but needs seclusion and restraint** Explain fully  
Has this person been addicted to any drugs? **none** Explain fully  
(Answer yes or no.) Is person paralytic? **Violent?** Destructive? **Excited?**  
Depressed? **Homicidal?** Suicidal? **Is there any physical defect or deformity?** **none**  
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.)

	Sex	NAME	ADDRESS	IF DEAD	
				Cause	Age at Death
Father	M	not known			
Mother (Maiden Name)	F	Agnes Spack			
Father's father	M	not known			
Father's mother	F	" "			
Mother's father	M	" "			
Mother's mother	F	" "			
Brother	M	Frank Spack	Fort Wayne , Indiana		
Sister					

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

Insanity Do not know any family history relative to illness. 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 Robert L. Boze 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.

Subscribed and sworn to before me this 16th day of October 19 58

(SEAL)

Chris H. Muselman

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Robert L. Boze M. D., of Berne in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 17th day of October 19 59 I did carefully and personally examine Agnes Veronica Hirschy 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: Mrs. Hirschy admits to ideas of persecution regarding her husband. She accuses him of trying to take all her money and possessions away from her, of frequently assaulting her, and of having affairs with other women. She also stated that her husband and his family have tried to drug her in order to gain her possessions. On initial examination the patient appeared passive and docile, but when the subject of her husband was brought up she became agitated and emotionally charged. Thinking and judgment was markedly impaired and the patient exhibited little, if any insight into her condition. Her husband states she threatened to kill him and he is afraid of her. He once woke and she was standing over him with a knife in her hand. Appears older than the stated age of 59 yrs. She is mildly hypertensive and her retinal and general arteries show pronounced arteriosclerotic changes. Hands and feet show marked hypertrophic changes in the joints.

s/ Robert L. Boze M.D.

16th day of October , 1958

Notary Public Chris H. Muselman

(SEAL)

VACCINATION

This is to certify that the said 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, Norman E. Beaver M. D., of Berne 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 Agnes Veronica Hirschy of said County, who is alleged to be insane and whom I have carefully and personally examined this 19th day of November 19 58 : 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.) While most of the time she appears calm and quiet she has periodic attacks of marked agitation. During these she becomes quite emotionally disturbed and manifests delusions of presecution and cruelty by her husband, and delusions of her husbands affairs with other women. She has poor insight into her condition. Thinking and judgment show some impairment. These attacks vary from twice a day to twice a week. Her husband states she has threatened him with bodily harm as to "cut you up into little pieces." but that he has not received physical injury from any attack. It appears to me there is a poor compatability of the husband and wife personalities which increases the severity of her illness.

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

Subscribed and sworn to before me this 19th day of December 19 58 s/ Norman E. Beaver M. D.

(SEAL)

Richard D. Lewton, Clerk of Adams Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, Howard M. Luginbill M. D., of Berne 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 Agnes Veronica Hirschy of said County, who is alleged to be insane, and whom I have carefully and personally examined this 19th day of November 1958; that I am of the opinion that she is not mentally ill and is not a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that she is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.)

Patient appears to be appropinatly age as stated, 59 years, is well nourished and developed, and gives general impression of good health. Physical exam reveals hypertension and hypertropic arthritis of hands. Patient was congenial and well oriented, and repeated many claims about husband which have embittered her. These claims were noticably some as previously to me by patient. It is my advise that a psychiatrist evaluate this patient to decide need for mental treatment.

I have also received the following information from others relative to the patient's condition: The husband states that periodically (perhaps every month or so) she has "spells" of nervousness and anger, but tat she is fairly good between these "spells". Other people who have observed her, such as neighbors, have told me that she is quiet and doesn't mix easily with them. However, they haven't reported any overtly abnormal behavior.

Subscribed and sworn to before me this 18th day of December 19 58 s/ Howard M. Luginbill M. D.

(SEAL)

Richard D. Lewton Clerk Adams Circuit Court

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Agnes Veronica Hirschy to the Richmond State Hospital:

Comes now William Hirschy who filed application for the commitment of Agnes Veronica Hirschy to the Richmond State Hospital, alleging therein that said person is a resident of Adams County and has legal settlement in the State of Indiana, and is insane. And having read such application and heard such other evidence as was deemed necessary to a full investigation of the facts stated in such application, I Myles F. Parrish Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Agnes Veronica Hirschy is insane and is in need of hospital care, and do hereby order her committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for her admission, confinement and detention for care and treatment in said hospital until he shall be restored to health, or removed or discharged according to law. And the clerk of this court is hereby directed to apply forthwith to the superintendent of the Richmond State Hospital for the admission of the said Agnes Veronica Hirschy and to transmit with said application to said superintendent for his information, copies of all statements and certificates submitted, and to certify thereto under seal of this court.

s/ Myles F. Parrish Judge of the Adams Circuit Court

STATE OF INDIANA

Adams COUNTY } SS: I, Richard D. Lewton Clerk of the Circuit Court, and ex-officio Clerk of the Superior Court of said county, do hereby certify that the foregoing is a true copy of the application, including statement of the attending physician, for the commitment of Agnes Veronica Hirschy to the Richmond State Hospital; and the statements of the two medical examiners appointed by the court to examine said person, and the court's order of commitment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 16th day of January 19 59

[SEAL]

s/ Richard D. Lewton Clerk Adams Circuit Court

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent and afterwards, to wit: On the 22 day of January 19 59, 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

M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Agnes Veronica Hirschy to the Richmond Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that 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 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 Circuit Court, Adams County, this day of 16th January 19 59 Richard D. Lewton Clerk P. O. Address of Patient R#2 St. Berne Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 22nd day of January A. D. 19 59 the patient named in the above order of court s/ J. Klepper M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 21 January 1959, and served by conveying the within named Agnes Veronia Hirschy and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 21 day of January 1959 s/ Merle Affolder Sheriff, Adams County, Indiana

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