

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPREME~~ ^{CIRCUIT} COURT OF Adams County, Indiana:

Your informant respectfully represents that one Vera Beatrice Reichert 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 Reichert is now in Indiana; that said Vera Beatrice Reichert came to Indiana Born there (Date) and became a resident of Adams County from This person's places of residence for three years prior to coming to Indiana were

1934 (Date) Jay Co. Indiana of said County
 In making this petition, I do hereby certify that I am a father (Relative or Friend)
Vera Beatrice Reichert; that I am a legal resident of Jay County,
 and that my address is Portland, Ind.

In case of emergency, notify Bert Pennsinger, Portland, Ind. (Name and Address of relative or friend)
 Telephone _____ Telegraph station _____

PERSONAL HISTORY

Of Vera Beatrice Reichert
 Born (Month) June (Day) 9 (Year) 1918 Place Jay Co.
 Color White Sex Female Married Yes Single Widowed Divorced Separated
 IF A WOMAN: Is she pregnant? No Number of children borne 1 Present age of youngest 8
 Has she passed menopause? No.
 Birthplace of father Missouri Birthplace of mother Randolph Co. Ind.
 If person is of foreign birth, give date of entry into the United States _____ Port of entry _____
 Steamship line _____ Steamship _____
 If of foreign birth, is person naturalized? _____
 Education: None Reads only _____ Reads and writes _____ Common school _____
High school College _____ Religion Nasserine Occupation Farmers Wife Where last
 employed and how long? _____
 Estate: Value _____ Nature 40 Acre Farm, Encumbered
 Guardian: Name _____ Address _____

HISTORY OF INSANITY

How long have you known this person? All her live Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? Jan. 6, 1944
 What was the first sign of insanity observed by you? Didn't know any one Tried to pull her hair at times and talked about everything-irrational
 Was the present attack gradual or sudden in its onset? Came on in about three weeks.
 State what leads you to believe this person is insane She is my oldest daughter and I have hnew here all her live and she has always been all O.K. untill the last three weeks.
 What moral deficiencies have been shown? Don't notice anything and cannot talk so that you can tell at times what she is trying to tell.
 What was the mental and moral disposition in health? Good
 Number of previous attacks of mental disorder? None Where, when and how long?
 Has this person been a patient in any hospital for insane? No.
 Has this person suffered serious physical injury? Her leg is hurt. If so, give particulars Her foot was hurt by a block of salt falling on it. July. 1943
 Has this person suffered any serious illness? NO State when and of what nature
 Has this person suffered any great mental shock or strain? Yes. Her foot has hurt her since July.
 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? No Violent? No Destructive? No Excited? Yes
 Depressed? Yes Homicidal? No Suicidal? No Is there any physical defect or deformity? No
 Has person ever suffered from syphilis? No Has there been a Wasserman test? No 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	O.A. Davison	Portland		
Mother (Maiden Name)	Stella Birenn	Indiana	Pneumonia	42
Father's father	James Davison	Indiana	Pneumonia	43
Father's mother	Maggie "	"	Septocema	82
Mother's father				
Mother's mother				
Brother	Robert Davison	Indiana		
	Delbert "	"		
Sister	Mary Finch	"		

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

<i>Insanity</i> none	<i>Epilepsy</i> none
<i>Spasms</i> none	<i>Fainting spells</i> none
<i>Nervous prostration</i> none	<i>Hysteria</i> none
<i>Feeble-mindedness</i> none	<i>Tuberculosis</i> none
<i>Syphilis</i> none	

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 D. D. Jones 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 10 day of Jan. O.A. Davison 1944
 (Seal) Clyde O. Troutner
County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones 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 8 day of Jan. 1944 I did carefully and personally examine Vera Beatrice Reichert 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: Delusions of persecution Imaginary pains in various parts of body. Refuses to talk.

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

Subscribed and sworn to before me this 10 day of Jan. 1944 D. D. Jones M. D.
 (Seal) Clyde O. Troutner, clerk.
County Clerk

VACCINATION

This is to certify that the said Vera Beatrice Reichert has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date Jan. 9 1944 D. D. Jones M. D.

STATEMENT OF MEDICAL EXAMINER

I, R. G. Zimmerman 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 Vera Beatrice Reichert of said County, who is alleged to be insane and whom I have carefully and personally examined this 12 day of January 1944: 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Lapses of memory, refuses to eat at times, lies in bed in odd positions, false ideas of persecution, hypersensativity to touch for no apparent reason.

I have also received the following information from others relative to the patient's condition: That she fails to remember recent events and thinks she is persecuted by relatives.

Subscribed and sworn to before me this 14 day of Jan. 1944.
(Seal)

R.G. Zimmerman M.D.
Clyde O. Troutner, Clerk

STATEMENT OF MEDICAL EXAMINER

I, Myron L. Habegger, M.D., of Berne, Indiana in the County of Adams Indians, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Vera Beatrice Reichert of said County, who is alleged to be insane, and whom I have carefully and personally examined this day of 19 ; 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 s he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Ideas of persecution which are not real. Refuses to eat. Extremely hypersensitive to touch. Refuses to get out of bed- refuses to talk at times.

I have also received the following information from others relative to the patient's condition: Has memory lapse at times. Fear of persecution by relatives and doctors.

Subscribed and sworn to before me this 14 day of January 1944.
(Seal)

Myron L. Habegger M.D.
Clyde O. Troutner, Clerk.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Vera Beatrice Reichert to the Richmond State Hospital:
Comes now O. A. Davison who filed application for the commitment of Vera Beatrice Reichert to the Richmond State Hospital, alleging therein that said Vera Beatrice Reichert is a resident of Adams County and has her 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 J. Fred Fruchte Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Vera Beatrice Reichert 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 s 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 Vera Beatrice Reichert 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.

J. Fred Fruchte Adams Circuit Court

STATE OF INDIANA }
Adams COUNTY } SS:

I, Clyde O. Troutner, 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 Vera Beatrice Reichert 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 20 day of January 1944
[SEAL] Clyde O. Troutner 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
 Richmond State Hospital together with application for her admission as a patient in said hospital
 and afterwards, to wit: On the 27th day of January 19 44, an answer was received as follows:

Richmond STATE HOSPITAL January 26 19 44.

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Vera Beatrice Reichert 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 hereby accepted, provided a full supply of clothing accompanies the patient, etc.

PAUL D. WILLIAMS M. D.
 Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Vera Beatrice Reichert to the Adams Circuit Court of Adams County, Indiana, as a patient was referred to the Judge of Adams County, Indiana, and being fully advised he made an order directing that she 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 one 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 Circuit Court, Adams County, this 27 day of January 19 44.
 P. O. Address of Patient R. # St. Berne, Indiana.
 CLYDE O. TROUTNER Clerk

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL

RECEIVED, this 27th day of January A. D. 19 44 the patient named in the above order of court

PAUL D. WILLIAMS M. D.
 Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND Jan. 27 19 44 and served by conveying the within named Vera Beatrice Reichert and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 28th day of January 19 44.

LEO T. GILLIG,
 Sheriff of Adams Co., Ind.

Sheriff's Fees	\$17.64
Mileage 158 miles---	\$12.64
Lady Assistant-----	5.00
	<u>\$17.64</u>

ORDER OF DISCHARGE

STATE HOSPITAL

To the Clerk of the Adams Court, Adams County, Indiana: 3/22 19 45 -

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

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

N. B.

Very respectfully,
 Paul D. Williams 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