

721058

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **MARLENE JEAN HOFFMAN** 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 **Marlene Jean Hoffman** is in Indiana; that said **Marlene Jean Hoffman** came to Indiana **Sept 28, 1936** (Birth) from **at Birth** and became a resident of **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 **Father - Carl Hirschy** of said **Adams** County, and that my address is **R#6 Decatur, Indiana**; that I am a legal resident of **Adams** County, and that my address is **R#6 Decatur, Indiana**

In case of emergency, notify **Carl Hirschy** **R#6 Decatur, Indiana**

Telephone **7-7104 Decatur** **Telegraph station**

PERSONAL HISTORY

Of **Marlene Jean Hoffman**

Born (Month) **Sept** (Day) **28** (Year) **1936** Place **Adams Co. Indiana**

Color **w** Sex **fe** Married **yes** Single **Widowed** Divorced **yes** Separated

IF A WOMAN: Is she pregnant? **no** Number of children borne **1** Present age of youngest **3 yrs.**

Has she passed menopause? **no**

Birthplace of father **Adams Co. Indiana** Birthplace of mother **Adams Co. Indiana**

If person is of foreign birth, give date of entry into the United States **Steamship line** **Steamship** Port of entry

If of foreign birth, is person naturalized?

Education: **None** Reads only Reads and writes Common school **8**

High school **4** College Religion Occupation **housework** Where last employed and how long? **General Electric Co. (1 year)**

Estate: Value Nature

Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? **25 years** Have you known this person intimately? **father**

When was the first sign of insanity observed by you? **1956**

What was the first sign of insanity observed by you? **nervous**

Was the present attack gradual or sudden in its onset? **gradual**

State what leads you to believe this person is insane **nervous, violent at times, uncontrollable at times. Threaten to harm sister-in-law.**

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? **Where, when and how long?**

Has this person suffered serious physical injury? **yes** If so, give particulars **automobile accident 12 years old**

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? **Explain fully**

Has this person been addicted to any drugs? **Explain fully**

(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.)

	NAME	ADDRESS	IF DEAD	
			Cause	Age at Death
Father	Carl Hirschy	R#6 Decatur, Ind.		
Mother (Maiden Name)	May Hirschy	" " "		
Father's father	Henry C.		natural	86
Father's mother	Anna		"	83
Mother's father	Dan Kaehr		"	84
Mother's mother	Ida		"	78
Brother	Vernon Hirschy	Decatur, Ind.		
Sister	Shirley Hirschy Diana Sue Hirschy	Decatur, Ind. " "		

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

Insanity	Ida Kaehr Grandmother (aunt)	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 his knowledge and belief.

s/ Carl Hirschy

Subscribed and sworn to before me this 4th day of August

19 61

s/ Richard D. Lewton

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, **James M. Burk** M. D., of **Decatur** in the County of **Adams** Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the **4th** day of **August** 19**61** I did carefully and personally examine **Marlene Jean Hoffman** 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: **(L) Psychiatric treatment including shock treatment at Parkview Hosp. 1956 & 58 (Treated by Dr. Howard Stellner deceased). At that time she had been violent & unreasonable. This morning she went into younger sisters room & attempted to attack her "for sleeping with a 4 year old boy". Fought father & threatened to kill him. Ran out of house & hid in oats field & has numerous sexual obberations. Marlene cries a lot & she just told me she knew she was sick like she was before and wanted to go to the hospital for treatment diagnosis; schizoid depression.**

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

Subscribed and sworn to before me this

4th day of August

19 61

s/ J. M. Burk

s/ Richard D. Lewton

Notary Public Clerk Adams Circuit Court

VACCINATION

This is to certify that the said [Name] by myself, or by another physician, to my positive knowledge within 60 days of this date.

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 **Marlene J. Hoffman** of said County, who is alleged to be insane and whom I have carefully and personally examined this **7th** day of **August** 19 **61**: 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.) - **Rambling, unrelated speech - sexual abberations - states she becomes "mixed up" easily - is forced to do things on spur of the moment. Easily recalls sexual happenings of school friends and delights in talking about them - Becomes easily agitated and threatened her sister & father. Probable Diagnosis schizophernia Depressed**

I have also received the following information from others relative to the patient's condition: Previous "Schock therapy" for Mental Depression by Psychiatrist with some improvement.

(SEAL)

Subscribed and sworn to before me this 7th day of August

s/ John B. Terveer M.D. 19 61 s/ Richard D. Lewton Clerk Adams Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, Norval S. Rich 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 Marlene J. Hoffman of said County, who is alleged to be insane, and whom I have carefully and personally examined this 7th day of August 19 61; 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.) Rambling and some confusion in her speech. There is some confusion and depression. There is some persecution complex. Diagnosis Schizophrenia - mixed - some paranoid tendencies apparently also exist

I have also received the following information from others relative to the patient's condition: Previous treatment and abnormal behavior.

Subscribed and sworn to before me this 7th day of August

s/ Norval S. Rich M.D. 19 61 s/ Richard D. Lewton Clerk Adams Circuit Court

(SEAL)

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Marlene Jean Hoffman to the Richmond State Hospital: Comes now Carl Hirschy who filed application for the commitment of Marlene Jean Hoffman to the Richmond State Hospital, alleging therein that said Marlene Jean Hoffman 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 Lewis Lutz Smith Pro Tempore Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Marlene Jean Hoffman 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 she 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 Marlene Jean Hoffman 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/ Lewis Lutz Smith Judge of the Circuit Court Pro Tempore

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 Marlene Jean Hoffman 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 8th day of August 19 61

[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 Richmond State Hospital together with application for her admission as a patient in said hospital and afterwards, to wit: On the 9th day of August 19 61, an answer was received as follows:

Richmond STATE HOSPITAL Aug 9, 19 61

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 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. Klepfer M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Marlen Jean Hoffman to the Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that Marlene Jean Hoffman 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 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 8th day of Aug 19 61 P. O. Address of Patient R#6 Decatur St. Indiana.

SUPERINTENDENT'S RECEIPT

Richmond STATE HOSPITAL

RECEIVED, this 14th day of Aug A. D. 19 61 the patient named in the above order of court

J. Klepfer M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 14th August 1961, and served by conveying the within named Marlene Jean Hoffman and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 14th day of August 19 61

s/ Merle Affolder Sheriff

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