

APPLICATION FOR INSANITY INQUEST

21069
TO THE JUDGE OF THE ^{CIRCUIT} ~~SUPERIOR~~ COURT OF Adams County, Indiana:

Your informant respectfully represents that one Dorothy Maxine Collins 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 Dorothy Maxine Collins came to Indiana July 29, 1919 at Birth from since birth and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were (Date)

In making this petition, I do hereby certify that I am a Husband of said Dorothy Maxine Collins; that I am a legal resident of R#2 Decatur, Indiana Adams County, and that my address is R#2 Decatur, Indiana (Relative or friend)

In case of emergency, notify James E. Collins R#2 Decatur, Indiana (Name and Address of relative or friend)
Telephone _____ Telegraph station _____

PERSONAL HISTORY

Of Dorothy Maxine Collins
Born (Month) July (Day) 29 (Year) 1919 Place Allen Co. Indiana
Color W Sex F Married yes Single Widowed Divorced Separated
IF A WOMAN: Is she pregnant? no Number of children borne 3 Present age of youngest 12 yr.
Has she passed menopause? no
Birthplace of father Indiana Birthplace of mother Indiana
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 8 yrs.
High school 4 yrs. College Religion protestant Occupation housewife & cook at nursing home
employed and how long? Clark Nursing Home, Bluffton Ind. 1 years
Estate: Value _____ Nature _____
Guardian: Name _____ Address _____

HISTORY OF INSANITY

How long have you known this person? 22 years Have you known this person intimately? wife
When was the first sign of insanity observed by you? Jan. 1960
What was the first sign of insanity observed by you? crying for no reason, nervous.
Was the present attack gradual or sudden in its onset? gradual
State what leads you to believe this person is insane excited at times, suicided at times
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?
Lutheran Hospital Fort Wayne, Ind. 1-15-60- to 3-15-60 Parkview Hospital Ft Wayne, Indiana
Has this person suffered serious physical injury? If so, give particulars 6-27-61 to at hospital now.
Has this person suffered any serious illness? State when and of what nature
Has this person suffered any great mental shock or strain? Explain fully
Has this person required feeding, seclusion or restraint?
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	Oliver Miller		Heart	
Mother (Maiden Name)	Iva Miller	Richmond State Hospital (care home: Elmer, Ind.)		
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	George Miller William B. Miller	Kansas Ft. Wayne, Ind.		
Sister	Werry Miding Vivian Freeman, Wilma Martin	Elwood, Ind. Cole Springs, Colo. Florida		

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

Insanity	Iva Miller - mother	Epilepsy	x
Spasms	x	Fainting spells	x
Nervous prostration	x	Hysteria	x
Fecble-mindedness	x	Tuberculosis	x
Syphilis	x		

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

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

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/ James E. Collins

Subscribed and sworn to before me this 26 day of August 19 61
(SS&L)

s/ Richard D. Denton
Notary Public for Allen County

STATEMENT OF ATTENDING PHYSICIAN

I, E. C. Denton M.D., of Fort Wayne in the County of Allen Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 20th day of Aug. 19 61 I did carefully and personally examine Dorothy Maxine Collins 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: Past history of parents depression with treatment, fair recovery. This episode started couple months ago, behavioral deterioration. children. She had 20 E.C.T. and 3 weeks of sub-cona insulin. Still withdrawn. Severe she is being harmed & that we are harming relatives. Unable to associate with others.

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

s/ E. C. Denton M.D.

Subscribed and sworn to before me this 26 day of Aug. 19 61
(SS&L)

s/ De Van Staler

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 26

M.D.

STATEMENT OF MEDICAL EXAMINER

I, John Farquhar M.D., of Fort Wayne in the County of Allen Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Dorothy Maxine Collins of said County, who is alleged to be insane and whom I have carefully and personally examined this 26th 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.) This woman seen after termination of sub-cona. Insulin therapy. She is withdrawn and has severe impairment of ability to communicate. She has delusional thought patterns. She weeps easily and exhibits great emotional turmoil. She has no insight into her illness.

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

Subscribed and sworn to before me this 28th day of Aug. 19 61 (SEAL) s/ John Farquhar M.D. s/ DeVon Staley Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Roland C. Ahlbrand M.D., of Ft. Wayne in the County of Allen Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Dorothy Collins of said County, who is alleged to be insane, and whom I have carefully and personally examined this 26 day of Aug 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.) Markedly withdrawn and preoccupied. Seems unaware of surroundings. Answers questions c inappropriate answers. Not oriented as to time & place. Insight & judgment almost nil. Seems to be having auditory hallucinations.

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

Subscribed and sworn to before me this 28 day of Aug. 19 61 (SEAL) s/ Roland C. Ahlbrand M.D. s/ DeVon Staley

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Dorothy Maxine Collins to the Richmond State Hospital: Comes now James E. Collins who filed application for the commitment of Dorothy Maxine Collins to the Richmond State Hospital, alleging therein that said Dorothy Maxine Collins 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 Myles F. Parrish Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Dorothy Maxine Collins 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 Dorothy Maxine Collins 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.

(SEAL) 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 Dorothy Maxine Collins 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 2nd day of Sept 19 61 [SEAL] (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 State Hospital together with application for admission as a patient in said hospital and afterwards, to wit: On the day of 19 , 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 Dorothy Maxine Collins to the Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that Dorothy Maxine Collins 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 6th day of Sept 19 61 s/ Richard D. Lewt

P. O. Address of Patient R#2 Decatur, Indiana

SUPERINTENDENT'S RECEIPT

(SEAL)

Richmond STATE HOSPITAL

RECEIVED, this 11th day of September A. D. 19 61 the patient named in the above order of court

s/J. Klepfer M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND and committing 19 , and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this to the 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 19 , and duly served same by removing said patient to Township, in said County.

This 19 Sheriff County