

APPLICATION FOR INSANITY INQUEST

21171

TO THE JUDGE OF THE CIRCUIT COURT OF Adams County, Indiana:

Your informant respectfully represents that one Meredith W. Johnson 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 his 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 Born in Ind from and became a resident of Wash. Township Adams County (Date)
Born in Indiana (Date) This person's places of residence for three years prior to coming to Indiana were Aug. 20, 1909 Date of Birth

In making this petition, I do hereby certify that I am a Brother of said person; that I am a legal resident of Adams County, and that my address is 316 Stevenson St. Decatur, Indiana Adams County.

In case of emergency, notify Robert W. Johnson, 316 Stevenson St., Decatur, Indiana (Name and Address of relative or friend)
Telephone 33474 Telegraph station

PERSONAL HISTORY

Of Meredith W. Johnson
Born (Month) August (Day) 20 (Year) 1909 Place Monroe, Adams County, Ind
Color White Sex male Married Single Widowed Divorced Separated
IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest

Has she passed menopause?

Birthplace of father Adams County, Ind Birthplace of mother Adams County, Ind.

If person is of foreign birth, give date of entry into the United States Born U.S.A. 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 4 Religion Protestant Occupation Truck Driver Where last employed and how long? Howard Sober, Inc., Ft. Wayne, Ind. 1943 to December 1961

Estate: Value 1/3 undivided interest in 119 Nature acre farm, Monroe Twp. Adams County, Ind. \$38,675. Personal Property 1961 Rambler 1800.00
Guardian: Name Robert S. Anderson Address Amount owed on Per. Pro. \$1200

HISTORY OF INSANITY

How long have you known this person? 36 years Have you known this person intimately? Brother
When was the first sign of insanity observed by you? off & on since 1936 Became worse since Dec. 1961

What was the first sign of insanity observed by you? Nervous Breakdown; Listless, takes no interest in anything, very nervous; imagines all kinds of physical symptoms

Was the present attack gradual or sudden in its onset?

State what leads you to believe this person is insane Up until Dec. 1961 had trouble periodically - since Dec. 1961, become progressively worse. Imagines things-refuses to take medicine-takes no

What moral deficiencies have been shown? Withdrawn, depressed - threatens suicide - won't associate with his friends or family
Interest in either surroundings or physical appearance-threatens to choke himself & shooting himself

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?

Spink Sanitarium Indianapolis, Ind.

Where, when and how long? Sept. 1936 April 1937

Has this person suffered serious physical injury? No

If so, give particulars

Has this person suffered any serious illness?

Appendectomy - Sept. 1942

State when and of what nature Adams Co. Memorial Hospital Dr. C. C. Layl

Has this person suffered any great mental shock or strain?

Shock of Mother's Death - Jan. 1961

Has this person required feeding, seclusion or restraint? No

Explain fully

Has this person been addicted to any drugs? none

Explain fully

(Answer yes or no.) Is person paralytic? no

Depressed?

Homicidal?

Violent?

Destructive?

Excited?

Has person ever suffered from syphilis? no

Negative?

Does person indulge or has person indulged in any venereal excess? no

Suicidal?

Is there any physical defect or deformity?

Positive?

Is person epileptic? no

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 | 1882 Sylvester V. Johnson | Monroe Ind | Embolism | 52 |
| Mother (Maiden Name) | 1885 Lula A. Johnson | Monroe Ind | Heart Attack | 75 |
| Father's father | 1850 Joseph P. Johnson | Monroe, Ind. | Cancer | 75 |
| Father's mother | 1855 Martha E. Johnson | Monroe, Ind. | Stroke | 63 |
| Mother's father | 1861 Nell Hendricks | Monroe, Ind. | Hardening Arteries | 83 |
| Mother's mother | 1860 Mary E. Hendricks | Monroe, Ind | Stroke | 56 |
| Brother | 1904 died at childbirth 1925 Robert W. Johnson | Decatur, Ind. | Living | |
| Sister | 1906 Thelma J. Smith | Defiance, Ohio | Living | |

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

| | | | |
|---------------------|------|-----------------|------|
| Insanity | none | Epilepsy | none |
| 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 John C. Carroll 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/ ROBERT W. JOHNSON

Subscribed and sworn to before me this 26 day of April

1962

s/ Robert S. Anderson

Sept. 16, 1963.
(SEAL)

STATEMENT OF ATTENDING PHYSICIAN

I, John C. Carroll 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 25 day of April 19 62 I did carefully and personally examine Meredith Johnson and believe him to be suffering from mental disease, and I am of the opinion that he is a proper person for admission to a State Hospital. I have observed the following facts regarding his mental and physical condition: Withdrawn hallucinations, visual & auditory Extreme nervousness Unable to work complains indefinite pains in his chest

Essentially normal physical health

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

s/ JOHN C. CARROLL M. D.

Subscribed and sworn to before me this day of

19

Notary Public

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, 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 Meredith Johnson of said County, who is alleged to be insane and whom I have carefully and personally examined this 2nd day of May 1962: that I am of the opinion that 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Depressed attitude, no ambition or goal in life, feels that life holds nothing for him. He feels that his "Nerves are all shot" and feels miserable. He is oriented as to time and place. His lack of ambition, depression, makes him a definite suicidal risk- previous mental breakdown at age 26

I have also received the following information from others relative to the patient's condition:
Pt. attempted suicide by trying to choke himself with his hands while hospitalized for his nerves in Dec. 1961.

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

Subscribed and sworn to before me this 2 day of May s/ JOHN B. TERVEER 19 62 M. D.

s/ RICHARD D. LEWTON
Richard D. Lewton Notary Public
Clerk, Adams Co. Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, Arthur H. Girod M.D. M.D., of Decatur, Indiana 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 Mr. Meredith Johnson of said County, who is alleged to be insane, and whom I have carefully and personally examined this 2nd day of May 19 62 ; that I am of the opinion that 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and

behavior of patient.) Feels very depressed-life holds nothing for him. "Nerves are shot". When he walks down the streets, he feels that strangers say "There goes that queer". He often feels that he is several different people. He is well orientated and has good memory and seems intelligent. He is careless about his personal appearance and his rooms. He admits to drinking more beer daily to help relax, thinks maybe bronides would help.

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

Has attempted suicide-worries a lot about physical ailments.

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

Subscribed and sworn to before me this 2 day of May s/ ARTHUR H. GIROD 19 62 M. D.

s/ RICHARD D. LEWTON
Clerk Adams Co. Notary Public
Circuit Court

JUDGE'S ORDER OF COMMITMENT

STATE OF INDIANA, ADAMS COUNTY, SS:

In the matter of the application for the commitment of Meredith W. Johnson

to the Richmond State Hospital: No. 21171, in the Adams Circuit Court. Be it remembered that on the 5th day of May, 1962, the following proceedings were made, had and entered in the above entitled cause before the Judge of said Court: Comes now Robert W. Johnson who filed application for the commitment of Meredith W. Johnson

to the Richmond State Hospital, alleging therein that said Meredith W. Johnson is a resident of Adams County and has Wash. Townsh 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 Superior Court of the County of Adams Indiana, do hereby find and determine that the said Meredith W. Johnson is insane and is in need of hospital care, and do hereby order him committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for his 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 Meredith W. Johnson 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 Superior 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 Meredith W. Johnson 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 7th day of May 19 62

[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 State Hospital together with application for h admission as a patient in said hospital 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 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 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 Court, County, this day of 19 St. Indiana. Clerk P. O. Address of Patient

SUPERINTENDENT'S RECEIPT

RECEIVED, this 14 day of May A. D. 19 62 the patient named in the above order of court s/ J. KLEPPER M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 10th May Meredith W. Johnson and committing him to the 19 62 , and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this 14th day of May Richmond State Hospital, 19 62 s/ MERLE AFFOLDER

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