

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one John Yeoman 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 John Yeoman is in Indiana; that said John Yeoman came to Indiana March 1, 1901

from Mercer Co., Ohio and became a resident of Adams County
(Date)
 This person's places of residence for three years prior to coming to Indiana were

March 1, 1901
(Date)
 Mercer Co., Ohio that his present address is Geneva RR#2, Indiana.
 In making this petition, I do hereby certify that I am a son of said

John Yeoman; that I am a legal resident of Allen County,

and that my address is 3506 Gay St, Ft. Wayne, Indiana.

In case of emergency, notify Albert Yeoman
(Name and Address of relative or friend)
 Telephone H 3283 Telegraph station Ft. Wayne

PERSONAL HISTORY

Of John Yeoman
 Born (Month) January (Day) 15 (Year) 1869 Place Fayette Co., Ohio
 Color White Sex Male Married Yes 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 Ohio Birthplace of mother Ohio

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 Yes
 High school College Religion Prod. Occupation Farmer Where last
 employed and how long?

Estate: Value Nature

Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? All my life Have you known this person intimately? yes
 When was the first sign of insanity observed by you? About two years
 What was the first sign of insanity observed by you?

Was the present attack gradual or sudden in its onset? gradual
 State what leads you to believe this person is insane he hardly does anything same anymore and does not know his own children 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? No Where, when and how long?

Has this person suffered serious physical injury? No If so, give particulars

Has this person suffered any serious illness? No State when and of what nature

Has this person suffered any great mental shock or strain?
 Has this person required feeding, seclusion or restraint? Yes Explain fully Attimes he must be fed.

Has this person been addicted to any drugs? No Explain fully

(Answer yes or no.) Is person paralytic? No Violent? Destructive? No Excited? NO
 Depressed? Homicidal? Suicidal? Is there any physical defect or deformity?
 Has person ever suffered from syphilis? No Has there been a Wasserman test? 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	Albert Yeoman	Mendon, Ohio	Cancer	72
Mother (Maiden Name)	Bond	Washington C.H.		
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Sherman Yeoman	Toledo, Ohio	living	
Sister				

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

- | | |
|---------------------|-----------------|
| Insanity | 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? No

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? No

The statement of Amos Reusser 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.

Albert Yeoman

Subscribed and sworn to before me this 24 day of February

19 44 Clyde O. Troutner
Notary Public - Co. County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Amos Reusser 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 21 day of Feb. 19 44 I did carefully and personally examine John Yeoman 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: Is forgetful, does not know his own people, nor their names is contrary and walks away from home.

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

Subscribed and sworn to before me this 24 day of February

Amos Reusser M. D.
19 44
Notary Public

VACCINATION

This is to certify that the said John Yeoman by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date Feb., 21 19 44

has been vaccinated for smallpox
Amos Reusser M. D.

STATEMENT OF MEDICAL EXAMINER

I, C.C. Rayl 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 John Yeoman of said County, who is alleged to be insane and whom I have carefully and personally examined this 25 day of February 19 44; 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.) He shows plain mental deterioration in his talk. He cannot remember his age, his people nor who lives on his farm. He cannot be reasoned with. He is stubborn and must be watched.

I have also received the following information from others relative to the patient's condition: Report of stubbornness, lack of interest in any thing, wanting to runaway.

Subscribed and sworn to before me this 25 day of February 1944 C. C. Rayl M. D. Clyde O. Troutner Clerk

STATEMENT OF MEDICAL EXAMINER

I, Roland Reppert 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 John Yeoman of said County, who is alleged to be insane, and whom I have carefully and personally examined this 25 day of Feb. 19 44 ; 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.) He shows typical signes of an hypertensive arteriochertic. His train of thought wanders and his memory of present and past is irregular. He is not able to concentrate.

I have also received the following information from others relative to the patient's condition: He does not reconize his own people and he is disoriented in regards to his own surroundings.

Subscribed and sworn to before me this 25 day of Feb. 19 44 Rolland Reppert M. D. Clyde O. Troutner, Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of John Yeoman to the Richmond State Hospital: Comes now Albert Yeoman who filed application for the commitment of John Yeoman to the Richmond State Hospital, alleging therein that said John Yeoman is a resident of Adams County and has his 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 John Yeoman is insane and is in need of hospital care, and do hereby order h im committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for h is 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 John Yeoman 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 Judge of the Adams Circuit Court

STATE OF INDIANA

Adams COUNTY } SS: I, Clyde O. Troutner 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 John Yeoman 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 1" day of March 1944 Clyde O. Troutner, Clerk

[SEAL]

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 8th day of March 1944, an answer was received as follows:

RICHMOND STATE HOSPITAL March 7 1944.

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 John Yeoman 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 John Yeoman to the Richmond Adams County, Indiana, State Hospital, as a patient was referred to the Judge of Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that John Yeoman 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 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 8th day of March 19 44. CLYDE O. TROUTNER Clerk P. O. Address of Patient St. Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 9th day of March 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 8th of March 19 44, and served by conveying the within named John Yeoman and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 9th day of March 19 44. Sheriff Fees \$15.04.

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

ORDER OF DISCHARGE

To the Clerk of the Court, County, Indiana: STATE HOSPITAL Indiana 19

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