

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **May Huffman** 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 **person** came to Indiana **at Birth** from **Adams County** **1953** ^(Date) and became a resident of **Wabash** **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 **Brother** ^(Relative or Friend) of said **person**; that I am a legal resident of **the State of Indiana, Adams County,** and that my address is **R #2 Geneva, Ind**

In case of emergency, notify **Mrs. Roy Cox 186 - S.W. 17-St. Richmond, Ind.** ^(Name and Address of relative or friend)
Telephone **Telegraph station**

PERSONAL HISTORY

Of **May Huffman**

Born (Month) **April** (Day) **16** (Year) **1914** Place - **Wells Co. Indiana**

Color **white** Sex **F** 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 **Wells County** Birthplace of mother **Wells County**

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 **Lutheran** Occupation **Where last**
employed and how long?

Estate: Value **none** Nature

Guardian: Name **Homer Huffman** Address **R # 2, Geneva, Indiana**

HISTORY OF INSANITY

How long have you known this person? **Have you known this person intimately?**

When was the first sign of insanity observed by you?

What was the first sign of insanity observed by you?

Was the present attack gradual or sudden in its onset?
State what leads you to believe this person is insane

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? **No** **If so, give particulars**

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? **No** **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	William Huffman			
Mother (Maiden Name)	Millie Huffman			
Father's father	not known			
Father's mother	- - - -			
Mother's father				
Mother's mother				
Brother	Homer Huffman Vern Huffman Glades Cox	R R 2, Geneva Ft. Wayne Ind 186 - S.W. 17 St. Richmond, Ind.		
Sister	Edward Huffman Anabel Carpenter Betty Adams Edna Bittner	Ft. Wayne, Ind Ft. Wayne Ind Florida Ft. Wayne Ind		

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

Insanity	None	Epilepsy	No
Spasms	No	Fainting spells	No
Nervous prostration		Hysteria	
Feeble-mindedness		Tuberculosis	
Syphilis	No		

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 **Norval S. Rich** 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.

Subscribed and sworn to before me this 29 day of October 19 62
 (SEAL) **Richard D. Lewton, Clerk** Adams Co. Circuit Court
 s/ HOMER HUFFMAN
 s/ CHARLES H. MORGAN Supt County Home
 s/ RICHARD D. LEWTON
 Adams Co. Circuit Court

STATEMENT OF ATTENDING PHYSICIAN

I, **Norval S. Rich** M. D., of **Decatur, Indiana** in the County of **Adams** Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 29th day of Oct. 19 62 I did carefully and personally examine **May Huffman** and believe her 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 her mental and physical condition: This lady has been maladjusted for many years. She does have a persecution complex and has tried to injure herself however very slight. She does tend to hide and does not respond to questioning. Previously she was able to be at the County home, but with her behaviour it is impossible to keep her there. Physically she has been in fairly good health. I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 29 day of October 19 62
 (SEAL) **Richard D. Lewton, Clerk** Adams Co. Circuit Court
 s/ NORVAL S. RICH M. D.
 s/ RICHARD D. LEWTON

VACCINATION

This is to certify that the said **May Huffman** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date 19 _____ M. D.

STATEMENT OF MEDICAL EXAMINER

I, **James M. Burk** 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 **May Huffman** of said County, who is alleged to be insane and whom I have carefully and personally examined this 31 day of Oct 19 62; 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.) Pt states there are people who dislike her & would do her physical harm. She gets emotionally upset at times, tears bed linen & has scratched her wrists & arm with hairpins because she "couldt take it any longer". She detests the County Home. Her ambition is to get a job & do housework or get married. Actually she appears to be of low average mentality, but not criminally insane. She is one of those poor unfortunates whom life has passed by. As a result she has become paranoid. At times she is very uncommunicative and unco-operative, but today she was very pleasant and talkative. She just wants to be "out".

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

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

s/ J. M. BURK

M. D.

Subscribed and sworn to before me this 31 day of October 19 62

(SEAL)

Richard D. Lewton
Clerk, Adams Co. Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, H. F. Zwick 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 May Huffman of said County, who is alleged to be insane, and whom I have carefully and personally examined this 31st day of Oct 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.) Quite withdrawn & uncommunicative at first then gradually more cooperative. expressed hostility toward mother (now deceased) & brother at home. They were mean to her & mistreated her. The same situation existed at the county home. Mainly because they would not let her do as she wanted. Wants to get out, get a job, & make some money - wants her freedom.

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

Quite destructive at times - tears bed linens etc. - some self mutilation - apparently assoc & wanting to end it all. Poor adjustment to surroundings. Apparently some sexual problems also.

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

s/ H. F. Zwick

M. D.

Subscribed and sworn to before me this 31st day of Oct 19 62

(SEAL)

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

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of May Huffman

to the Richmond State Hospital:

Comes now Homer Huffman who filed application for the commitment of May Huffman

to the Richmond State Hospital, alleging therein that said May Huffman is a resident of Adams County and has a 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 May Huffman 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

May Huffman 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/ 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 May Huffman 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 3rd day of November, 19 62

[SEAL]

s/ RICHARD D. LEWTON,
Adams Circuit Court

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 State Hospital together with application for h 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 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 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

Court,

County, this Clerk

day of P. O. Address of Patient

19

St.

Indiana.

SUPERINTENDENT'S RECEIPT

STATE HOSPITAL

RECEIVED, this 14 day of Nov.

A. D. 1962 the patient named in the above order of court

J. Klepper

M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 13th day of November 19 62, and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this May Jefferson and committing her to the Richmond State Hospital, 14th day of November 19 62

Roger L. Singleton 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 Township, in said County.

19 , and duly served same by removing said patient to

This

19

Sheriff

County