

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **Charles E. McGonagle** 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 **Charles E. McGonagle** is **Adams Co., Indiana**; that said **resident since birth** came to Indiana

from **_____** and became a resident of **_____** County
 This person's places of residence for three years prior to coming to Indiana were **_____** County

In making this petition, I do hereby certify that I am a **Norval A. Witte, guardian and nephew** of said **Charles E. McGonagle**; that I am a legal resident of **Allen County** County,
 and that my address is **R. # 7 Fort Wayne, Indiana**

In case of emergency, notify **Norval A. Witte, guardian** (Name and Address of relative or friend)
 Telephone **8806 Monroeville** Telegraph station **_____**

PERSONAL HISTORY

Of **Charles E. McGonagle**
 Born (Month) **August** (Day) **12** (Year) **1888** Place **Monroeville, Indiana**
 Color **white** Sex **M** 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 **Harrison Co. Ohio** Birthplace of mother **unknown**
 If person is of foreign birth, give date of entry into the United States **native born** Port of entry **_____**
 Steamship line **_____** Steamship **_____**
 If of foreign birth, is person naturalized? **_____**
 Education: None Reads only Reads and writes Common school
 High school **8,9** College Religion **Protestant** Occupation **retired railroader** Where last
 employed and how long? **last employed by Pennsylvania Railroad in 1924 for approximately four years**
 Estate: Value **_____** Nature **_____**
 Guardian: Name **_____** Address **_____**

HISTORY OF INSANITY

How long have you known this person? **36 years** Have you known this person intimately? **_____**
 When was the first sign of insanity observed by you? **always mentally incompetent as long as I have know**
 What was the first sign of insanity observed by you? **talked to self; reminisced about past**
 Was the present attack gradual or sudden in its onset? **relatives have advised that illness was sudden approximately**
 State what leads you to believe this person is insane **failure to remember; inability to learn to care for himself; talking to himself, etc.** forty years ago
 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? **none** If so, give particulars **_____**
 Has this person suffered any serious illness? **none** 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 **possibly restraint**
 Has this person been addicted to any drugs? **no** 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	unknown McCaslan McGonagle			
Mother (Maiden Name)	unknown unknown- Sarah P. McGonagle			
Father's father	unknown			
Father's mother	unknown			
Mother's father	unknown			
Mother's mother	unknown			
Brother				
Sister	Myrtle Frisbie Minnie Rankin Goldia Witte Edith Grosier Carrie Gleckler	Nursing Home Lima, Ohio deceased deceased deceased	stroke diphtheria heart attack	52 31 52

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	none	Fainting spells	none
Nervous prostration	none	Hysteria	none
Feeble-mindedness	none	Tuberculosis	none
Syphilis	none		

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 h _____ knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 19 _____

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, **C. W. Edmonds** M. D., of **Richmond, Indiana** in the County of **Wayne** Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the **30th** day of **January** 19 **63** I did carefully and personally examine **Charles McGonagle** and believe h **is** 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 h **is** mental and physical condition: He has a neurary defect for recent things, and is not going to change except for the worse. He has General Arteriasclerosis and is worse now than when he first came here 10-22-1962.

s/ **C. W. Edmonds. M. D.**

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

M. D.

Subscribed and sworn to before me this **13** 31st day of **January**

19 **63**
s/ **Noami F. Davis**
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, **Ogilvie M. Larimore** M. D., of **Richmond, Indiana** in the County of **Wayne** Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to **Charles McGonagle** of **Adams** county, who is alleged to be insane and whom I have carefully and personally examined this **31st** day of **January** 19 **63**; 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.) **Senile white male, aged 74 (says he is 66(thinks the year is 1955, thinks he has been at R.S. H. 2 mon. (actually 4 mon.) who shows sings & symptions of generalized arteriosclerosis. He lives almost entirely in the past. Marked memory defect, especially for recent events & immediate recall. Improvement of mentation is of such severity as to render him unable to care for himself & to need continuous supervision & care. 11/5/62, Diagnosed by R.S. H. Staff as Chronic Brain Syndrome & Cerebral arteriosclerosis & psychotic manifestatious.**

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

s/ Ogilvie M. Larimore

Subscribed and sworn to before me this

31st day of January

19 63

M. D.

s/ Naomi F. Davis
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, K/ J. Klepfer M. D., of Richmond, Indiana the County of Wayne
(Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage,
to Charles McGonagle Adams of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 31st day of January 19 63 ; 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.) Senility, confusion, disoriented for time, lives in past, realizes memory
has failed him. Has cerebral artenosclerosis

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

forgetful

s/ J. Klepfer

M. D.

Subscribed and sworn to before me this
(SEAL)

31st day of

January

19 63

My commission expires June 25, 1966

s/ Moami F. Davis
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of CHARLES E. McGONAGLE

to the RICHMOND State Hospital:

Comes now Norval A. Witte who filed application for the commitment of Charles E. McGonagle

to the Richmond State Hospital, alleging therein that said Charles E. McGonagle 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 Myles F. Parrish Judge of the Circuit Superior Court of the County of Decatur Indiana,

do hereby find and determine that the said Charles E. McGonagle is insane and is
in need of hospital care, and do hereby order h him 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

Charles E. McGonagle 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

(SEAL)

STATE OF INDIANA

Adams COUNTY } SS:
Clerk of the Superior Court of said county,

I, Richard D. Lewton

Clerk of the Circuit Court, and ex-officio

of the attending physician, for the commitment of Charles E. McGonagle 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 commit-
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 14th day of February, 19 63

[SEAL]

s/ Richard D. Lewton

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 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 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

STATE HOSPITAL

RECEIVED, this 22nd day of Oct.

A. D. 19 62 the patient named in the above order of court

J. Klepper Richmond M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND October 17, 1962, and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this 22nd day of October 1962 to the State Hospital, of Roger S. Singleton Sheriff Adams Co.

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