

## APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ <sup>CIRCUIT</sup> 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** <sup>(Date)</sup> 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** <sup>(Relative or Friend)</sup> 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.** <sup>(Name and Address of relative or friend)</sup>  
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				
Father's mother				
Mother's father				
Mother's mother				
Brother	Homer Huffman	R.R.2, Geneva, Ind.		
	Vern Huffman	Ft. Wayne, Indiana		
	Edward Huffman	Ft. Wayne, Indiana		
Sister	Glades Cox	106 S.W.17th St. Richmond, Ind.		
	Mabel Carpenter	Ft. Wayne, Indiana		
	Edna Bittner	Ft. Wayne, Indiana		
	Betty Adams	Fla.		

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		Tuberculosis	
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.* Homer Huffman  
Charles Morgan, Supt. Co. Home

Subscribed and sworn to before me this 29th day of Oct. 19 62

Richard D' Lewton

Notary Public or County Clerk

## 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 October 19 62 I did carefully and personally examine May Huffman  
and believe h er 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 h er mental and physical condition: This lady has been mal-  
adjusted 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 behavior it is impossible to keep her there  
I further certify that patient is free from any contagious disease and from vermin.

Physically she has been in a fairly good health.

Norval S. Rich *M. D.*

Subscribed and sworn to before me this 29th day of October 19 62

Richard D. Lewton, Clerk, Adams Co.  
Notary Public

## 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, H.F. Zwick *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 May Huffman of said County, who is alleged to be insane and whom I have carefully and personally  
examined this 31st day of October 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.) Quite withdrawn and uncommunicative at first, then gradually more cooperative.  
Expressed hostility towards mother (now deceased) and brother at home. They were mean to her and  
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, and 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. and wanting to end it all. Poor adjustment to surroundings. Apparently some sexual problems also.

Subscribed and sworn to before me this 31st day of October 19 62 H.F. Zwick M.D.

Clerk of Adams Circuit court  
Richard D. Lewton

STATEMENT OF MEDICAL EXAMINER

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

Subscribed and sworn to before me this 31st day of October 19 62 J.M. Burk M.D.

Richard D. Lewton, County Clerk  
Notary Public

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 Hoffman who filed application for the commitment of May Hoffman  
to the Richmond State Hospital, alleging therein that said May Hoffman 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 Miles 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.

Miles 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 commit-  
ment 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] 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 \_\_\_\_\_ 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 \_\_\_\_\_ State Hospital, as a patient was referred to the Judge of \_\_\_\_\_ Court 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

day of

19

Clerk

P. O. Address of Patient

St.

Indiana.

## SUPERINTENDENT'S RECEIPT

STATE HOSPITAL.

RECEIVED, this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 19\_\_\_\_, the patient named in the above order of court

M. D.

Medical Superintendent

## RETURN ON COMMITMENT

CAME TO HAND \_\_\_\_\_ and committing \_\_\_\_\_ to the \_\_\_\_\_, and served by conveying the within named \_\_\_\_\_ as shown by the Superintendent's receipt hereon endorsed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, 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