APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT COURT	OF Adams	County, Indiana :	
Your informant respectfully represents that o now residing in said county, is insane and a fit	ne May Huffman subject for custody and treatment	in a State Hospital for Insane,	as he verily believes.
and he therefore asks that necessary steps be tak		condition, as the law provides in	
formant further states that to his best knowledge			
is in Indiana; that said per	son	came to Indiana	at Birth
from Adams County (Date) 1953	and became a resident This person's places of reside	of ence for three years prior to co	(Date) County ming to Indiana were
In making this petition, I do hereby certify that I a	ma Brother	(Relative or Friend)	of said
and that my address is R #2 Geneva,		State of Indiana,	Adams County,
In case of emergency, notify Mrs. Roy C Telephone	ox 186 - S.W. 17-St. Ric (Name Telegraph station	and Address of relative or friend)	
	PERSONAL HISTORY		
Of May Huffman			
Born (Month) April (Day) 16	(Year) 1914 Place	- Wells Co. Indiana	
Color white Sex F Married	Single x Widowed	Divorced	Separated
IF A WOMAN: Is she pregnant?	Number of children borne	Present age o	f youngest
Has she passed menopause?			
Birthplace of father Wells County	Birthplace of n	nother Wells County	

If person is of foreign birth, give date of entry into the United States

Reads only

Steamship line

If of foreign birth, is person naturalized?

Education: None

Estate: Value

High school

employed and how long?

College

Occupation Religion Lutheran

Reads and writes

Nature

Homer Huffman Guardian: Name

none

R Fr 2, Geneva, Indiana Address

HISTORY OF INSANITY

How long have you known this person? 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 insanc

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?

Has this person suffered serious physical injury? No

Has this person suffered any serious illness?

Has this person suffered any great mental shock or strain? Has this person required feeding, seclusion or restraint?

Has this person been addicted to any drugs?

(Answer yes or no.) Is person paralytic? Depressed? Homicidal? Has person ever suffered from syphilis? No Have you known this person intimately?

Where, when and how long?

If so, give particulars

State when and of what nature

Explain fully

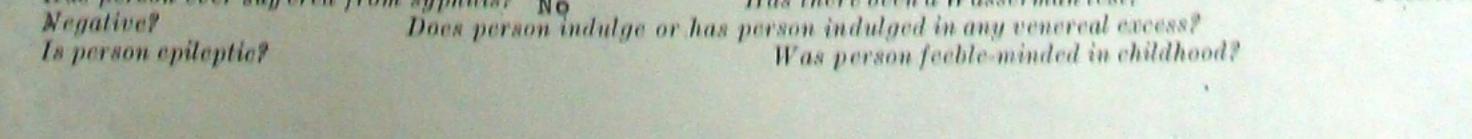
Explain fully

Excited? Violent? Destructive? Is there any physical defect or deformity? Suicidal? Positive? Has there been a Wasserman test?

Steamship

Common school

Where last



	NAME	ADDRESS	1F DEAD	
			Cause	Age at Death
Futher	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	A State State	A Charles
	Edward Huffman	Ft. Wayne, Indiana		
Sister	Glades Cox	106 S.W.17th St. Richmond.	Ind.	
	Mabel Carpenter	Ft. Wayne, Indiana	A CARLON	
	Edna Bittner	Ft. Wayne, Indiana	A STALLAL	
	Betty Adams	Fla.		

FAMILY HISTORY Give name and address of following relatives. (If dead, state cause of death and age at death.)

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 pro	ostration None	Hysteria	None
Feeble-mind	ledness	Tuberculosis	
Suphilis	Nate		

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. 62 19 Richard D' Lewton Notary Public or County Clerk STATEMENT OF ATTENDING PHYSICIAN Ι, Norval S. Rich Decatur, Indiana in the County of Adams M. D., of Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on 19 62 I did carefully and personally examine May Huffman the 29th day of October 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 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 behavior it is impossible to keep her there I further certify that patient is free from any contagious disease and from vermin. Norval S. Rich Physically she has been in fairly good health. M. D. Subscribed and sworn to before me this 29th day of 19 62 October Richard D. Lewton, Clerk, Adams Co. VACCINATION This is to certify that the said has been vaccinated for smallpox May Huffman by myself, or by another physician, to my positive knowledge within 60 days of this date. M. D. Date 19 STATEMENT OF MEDICAL EXAMINER in the County of Adams H.F. Zwick I. Decatur, Indiana M. D., of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage of said County, who is alleged to be insane and whom I have carefully and personally May Huffman to mentally sheis 19 62 : that I am of the opinion that examined this 31st day of October a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that ill and is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance she is Quite withdrawn and uncommunicative at first, then gradually more cooperative. and behavior of patient.) They were mean to her and Expressed hostility towards mother (new deceased) and brother at home.

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		H.F. Zwick	M. D.
		October	19 62	
	STATEMENT OF ME	DICAL EXAMINER	Clerk of Adams Circuit Notary Public Richard D Lewton	court
I, James M. Burk Indiana, do hereby certify that I am duly May Huffman	M. D., of De licensed to practice medic			marriage,

to May Hurrman 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

s he 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 if have uncommunicative for information from others relative to the patient's condition; -

Subscribed and sworn to before methis 31st day of

October

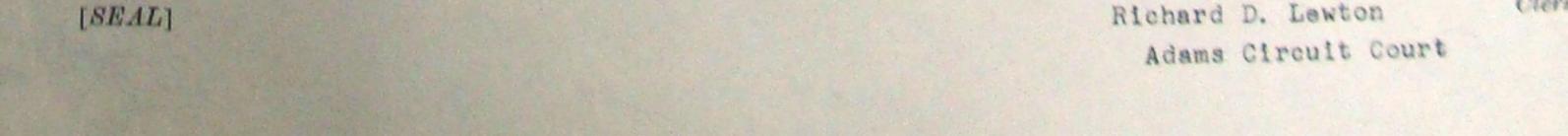
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Richard D. Lewton, County Cler

JUDGE'S ORDER OF COMMITMENT

May Huffman In the matter of the application for the commitment of to the Richmond State Hospital: May Hoffman Homer Hoffman who filed application for the commitment of Comes now Richmond is a to the State Hospital, alleging therein that said May Hoffman legal settlement in the State of Indiana, and is insane. And County and has resident of Adams a having read such application and heard such other evidence as was deemed necessary to a full investigation of the facts stated in such Judge of the Circuit Court of the County of Adams Indiana. Miles F. Parrish application, I insane and is do hereby find and determine that the said is May Huffman State Hospital; and in need of hospital care, and do hereby order h er committed to the Richmond this shall be sufficient warrant and authority for her admission, confinement and detention for care and treatment in said hospital S he shall be restored to health, or removed or discharged according to law. And the clerk of this court is hereby directed to until State Hospital for the admission of the said apply forthwith to the superintendent of the Richmond and to transmit with said application to said superintendent for his information, copies of all May Huffman statements and certificates submitted, and to certify thereto under seal of this court. Adams ProoD. Miles F Parrish Judge of the STATE OF INDIANA SS: Adams Clerk of the Circuit Court, and ex-officio Richard D. Lewton COUNTY Clerk of the Superior Court of said county, do hereby certify that the foregoing is a true copy of the application, including statement State Hospital: Richmond May Huffman to the of the attending physician, for the commitment of 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. 19 62 November 3rdday of In witness whereof, I hereunto set my hand and fix the seal of said court, this Clerk



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To the Clerk of the

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 day of 18 , an answer was received as follows:

STATE HOSPITAL

10

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

Court,

M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of State Hospital, as a patient was referred to the Judge of to the County, Indiana, and being fully advised he made an order directing that Court of 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 19 day of Clerk P. O. Address of Patient St. Indiana, SUPERINTENDENT'S RECEIPT STATE HOSPITAL A. D. 19 the patient named in the above order of court RECEIVED, this day of M. D. Medical Superintendent RETURN ON COMMITMENT CAME TO HAND , and served by conveying the within named 10 and committing to the State Hospital, as shown by the Superintendent's receipt hereon endorsed this day of 19

ORDER OF DISCHARGE

STATE HOSPITAL

	Indiana		19
o the Clerk of the	Court,	County, Indiana 1	
According to the provisions of an Act	Concerning Insanity Inquests, etc.,	approved March 4th, 1927, the proper author	rity has this day dis-
harged	of	County, Indiana, heretofo	re an inmate of this
lospital; and you are hereby respectfully rec	juested to cause removal i	to said County, agreeable to said Act.	
PROVIDED, That said removal has no	t otherwise been accomplished, as l	herein noted.	
N. H.	Ve	ery respectfully,	
		N	M, D, dedical Superintendent
	ORDER FOR PATIENT	"S RETURN	
TATE OF INDIANA,	COUNTY, 8	um 1	
To the Sheriff of		County, Greeting :	
WHEREAS, the proper authority has ate Hospital, from this County, be removed)	directed that from said Hospital. You are theref	a patient in the ore hereby commanded forthwith to remove a	rid patient and return
to	Township, in this Con	unty.	
WITNESS, my hand and the seal of the		Court, this	day a
A. D. 10			Clerk
SHERIFF	S RETURN ON ORDER F	FOR PATIENT'S RETURN	

CAME TO HAND

10 , and duly served same by removing said patient to

