APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT COURT OF ADAMS

County, Indiana:

Your informant respectfully represents that one Mary Elizabeth Winteregg 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 h er condition, as the law provides in such cases. Your in-

formant further states that to his best knowledge and belief, the legal settlement of saidy Mary Elizabeth Winteregg

in Indiana; that said is

Mary Elizabeth Winteregg

came to Indiana

entire life in Indiana from 12-26-32 (Date)

and became a resident of Monroe Township, Adams This person's places of residence for three years prior to coming to Indiana were 566 N. Baltimore St. Berne, Ind (entire life)

In making this petition, I do hereby certify that I am a

mother

of said

Mary Elizabeth Winteregg

; that I am a legal resident of

(Relative or Friend)

Adams

County,

and that my address is 566 N. Baltimore St. Berne Indiana

In case of emergency, notify

Elmer Winteregg Sr. 566 Baltimore St. Berne. Indiana

(Name and Address of relative or friend) 2-2875 or 3-2503, Decatur, India 1a Telegraph station Telephone

PERSONAL HISTORY

Number of children borne

Mary Elizabeth Winteregg Of

December Born (Month)

(Day)

no

(Year) 26

1932 Place

Berne. Indiana

Color white Sex

Birthplace of father

Married Fe

Single

Widowed

Divorced

none

Separated

IF A WOMAN: Is she pregnant?

Has she passed menopause?

Adams Co. Indiana

Birthplace of mother

Adams Co. Indiana

Present age of youngest

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

None

Steamship line

Steamship

If of foreign birth, is person naturalized?

Education: None None

Reads only

Reads and writes

Common school

High school

College

Religion Mennon1te Occupation

None

Where last

Port of entry

employed and how long? None

Estate: Value

Nature

no

Guardian: Name

Address

HISTORY OF INSANITY

How long have you known this person? Lifetime When was the first sign of insanity observed by you?

as an 111 child Have you known this person intimately? about a year

not conforming

What was the first sign of insanity observed by you? Was the present attack gradual or sudden in its onset?

Within the last year getting very difficult to handle. Slamming door, screaming, threatening to kill picking up chairs and wanting to throw them. State what leads you to believe this person is insance

What moral deficiencies have been shown?

No suicidal threat

What was the mental and moral disposition in health?

She is a cretin

Number of previous attacks of mental disorder? Since Has this person been a patient in any hospital for insanc?

birth 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

Was person feeble-minded in childhood?

Has this person been addicted to any drugs?

Thyroid since birth Explain fully Medication- Tranquilizer(Butisol sodium)

Excited?

(Answer yes or no.) Is person paralytic? Homicidal? Depressed? Has person ever suffered from syphilis? Does person indulge or has person indulged in any venereal excess?

Fiolent? Suicidal? Has there been a Wasserman test?

Is there any physical defect or deformity? Positive?

ye.n

Negative? Is person epileptic? Has fits of anger Destructive?

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	Elmer Winteregg S r	Berne, Indiana		
Mother (Maiden Name)	Dora Hirschy Winteregg	Berne. Indiana		
Father's father	David Winteregg	Berne, Indiana	Cancer	63
Father's mother	Louise Baumgartner Winteregg	Berne, Indiana	Eancer	67
Mother's father	Samuel B. Hirschy	Berne, Indiana	Pneumonia	8
fother's mother	Ehristine Luginbill Hirschy	Berne, Indiana	Cancer	1
rother	Elmer W. Winteregg Jr.	Decaltur, Indiana		
ster	Christeen L. Moser	Elwood, Indiana		

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

Insanity

Epilepsy

Pearl Hirschy

Spasms

Fainting spells

Aunt

Nervous prostration

Hysteria

Feeble-mindedness

Tuberculosis

Syphilis

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, in the County of Adams Robert L. Boze M. D., of Berne, Indiana Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on 19 63 I did carefully and personally examine Mary Elizabeth Winteregg June 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 her mental and physical condition: She is a 31 yr. old cretin who has developed severe maniac depressive manic episodes. the past 1 year she has become increasing difficult for the family to live with. She has frequent fits of anger during which she strikes her father and mother and threatens to kill them and tells them they aren't really her parents. Yesterday she attempted to throw a chair through a window. I further certify that patient is free from any contagious disease and from vermin.

These episodes are perpetrated when the parents attempt to get her to the bathroom or table M.D. Notary Public Howard E Baumgartner by shouting and sla mming doors. My com. expires July 6, 1966

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

M, D.

has been vaccinated for small pox

STATEMENT OF MEDICAL EXAMINER

Berne, Indiana in the County of Adams Howard M. Luginbill M. D., of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanquinity or marriage to Mary Elizabeth Winteregg of said County, who is alleged to be insane and whom I have carefully and personally 19 63 : that I am of the opinion that she is examined this day of 7th June 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 and behavior of patient.) She is an obese female, age 31 years, who gives appearance of a cretin with manicdepressive outb ursts. She exhibits severe resentment to suggestions or instructions, even though given kindly and for her own good welfare. In one of these manic outbursts she attempted to strike her parents and shouted threatening remarks to them.

I have also received the following information from others relative to the patient's condition; The patient has become progressively more disturbed during the past year, and now is so difficult to manage that it is impossible to continue caring for her in the home.

Howard M. Luginbill

M, D,

Subscribed and sworn to before me this

day of

7th

June

63

My comm. expires July 6, 1966

Howard E. Baumgartner Notary Public

STATEMENT OF MEDICAL EXAMINER

Norman E. Beaver M. D., of Berne, Indiana in the County of Andiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage,

Mary Elizabeth Winteregg of said County, who is alleged to be insane, and whom I have carefully and personally

19 63 ; that I am of the opinion that day of June 7th examined this she is mentally

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 and she is

This 31 year old obese female manifests feelings of self pity. depression behavior of patient.) and mixed emotions in rapid mixed sequence. She shows some degree of mental deterioration and confusion.

I have also received the following information from others relative to the patient's condition: Her mood alternates to periods of violence without provocation and she threatens and attempts violence on her parents and others around her. This condition has been continually progressive for the past year, but only recently has violence been attempted.

Norman E. Beaver

M, D,

Subscribed and sworn to before me this

7th day of June

63

My Comm. expires July 6, 1966

Howard R. Baumgartner Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Mary Elizabeth Winteregg

Richmond to the

State Hospital:

Comes now Elmer Winteregg Sr. who filed application for the commitment of Mary Elizabeth

Winteregg Richmond to the

resident of

Adams County and has

State Hospital, alleging therein that said Mary Elizabeth Winteregg

legal settlement in the State of Indiana, and is insane, And

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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 A dams Indiana,

Mary Elizabeth Winteregg

insane and is

do hereby find and determine that the said committed to the in need of hospital care, and do hereby order her

Richmond

State Hospital; and

this shall be sufficient warrant and authority for h or admission, confinement and detention for care and treatment in said hospital

3 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

Mary Elizabeth Winteregg 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

Adams Judge of the

Marky Court

STATE OF INDIANA

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

State Hospital; of the attending physician, for the commitment of to the 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

day of

[SEAL]

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 , an answer was received as follows: day of and afterwards, to wit: On the STATE HOSPITAL 19 County, Indiana: Court, To the Clerk of the 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 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. Court. Witness my hand and the seal of County, this 19 day of Clerk St. Indiana. P.O. Address of Patient SUPERINTENDENT'S RECEIPT STATE HOSPITAL RECEIVED, this 10 The day of A. D. 196 3 the patient named in the above order of court J. Kleffer M. D. Medical Superintendent M. D. RETURN ON COMMITMENT , and served by conveying the within named CAME TO HAND and committing State Hospital. to the as shown by the Superintendent's receipt hereon endorsed this day of 19 ORDER OF DISCHARGE STATE HOSPITAL Indiana 19 County, Indiana: To the Clerk of the Court, According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day dis-County, Indiana, heretofore an inmate of this charged of removal to said County, agreeable to said Act. Hospital; and you are hereby respectfully requested to cause

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. , and duly served same by removing said patient to

Sheriff

County