

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Mrs. Emma Allspaw 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 Emma Allspaw

is in Indiana; that said Emma Allspaw came to Indiana 1899 (Date) from Ohio and became a resident of Adams County 1899 (Date) This person's places of residence for three years prior to coming to Indiana were

Van Wert Co., Ohio that his present address is Berne, Indiana In making this petition, I do hereby certify that I am a Son (Relative or Friend) of said Emma Allspaw ; that I am a legal resident of Adams County, and that my address is Berne, Indiana

In case of emergency, notify Orval Allspaw (Name and Address of relative or friend) Telephone 314 Berne Telephone Telegraph station Berne, Indiana

PERSONAL HISTORY

Of Mrs. Enna Allspaw Born (Month) Feb. (Day) 22 (Year) 1875 Place Van Wert, Co., Ohio Color White Sex Fem. Married Single Widowed Divorced Separated IF A WOMAN: Is she pregnant? No. Number of children borne 8 Present age of youngest 28 Has she passed menopause? Yes Birthplace of father Ohio Birthplace of mother Ohio 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 Yes Common school High school College Religion Protestant Occupation Housewife. Where last employed and how long? Estate: Value None Nature Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? All our lives Have you known this person intimately? yes When was the first sign of insanity observed by you? Nov. 1943 What was the first sign of insanity observed by you? Imaginary illness and failure of memory. Couldn't talk intelligently. Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane Can't talk intelligently. Doesn't want to eat or do anything she is asked to do. Can't understand what is told to her. Locks companion out of house, wants to run away and gets violent when restrained. What moral deficiencies have been shown? None (house, wants to run away and gets violent when restrained. What was the mental and moral disposition in health? Good Number of previous attacks of mental disorder? None Where, when and how long? Has this person been a patient in any hospital for insane? No If so, give particulars Has this person suffered serious physical injury? State when and of what nature Light stroke of paralysis, about Nov. 10, 1943. Has this person suffered any great mental shock or strain? Yes, when son left for navy. Explain fully Has this person required feeding, seclusion or restraint? Yes Has to be watched constantly to keep her from running away. Explain fully Has this person been addicted to any drugs? No Violent? Yes Destructive? No Excited? Yes Depressed? Yes Homicidal? No Suicidal? No Is there any physical defect or deformity? NO Positive? () Has person ever suffered from syphilis? No Has there been a Wasserman test? No Negative? Does person indulge or has person indulged in any venereal excess? NO Is person epileptic? No Was person feeble-minded in childhood? No

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	Lewis Seitz		Senile Dementia	84
Mother (Maiden Name)	Ruth Sarder		Asthma	75
Father's father	Andrew Seitz		Unknown	Unknown
Father's mother	Emmily //		"	"
Mother's father	Henry Sarber		"	"
Mother's mother	Julia Ann //		"	"
Brother	Orva Seitz.	Geneva, Ind.		
	Lyman G. Seitz	Star City, Ind.		
Sister	Wm. Seitz	Laporte, Ind. RR#		
	None			

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

Insanity Father, Lewis Seitz Epilepsy None
 Semile Dementia

Spasms None Fainting spells None

Nervous prostration none Hysteria No

Feeble-mindedness No Tuberculosis No

Syphilis NO

Was either of the person's parents or grandparents intemperate in the use of alcohol? No

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? NO

The statement of DD Jones.

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.

Orval Allspaw, Paul A. Allspaw

Subscribed and sworn to before me this 16 day of February 19 44

Comm. Ex. Feb. 13, 1948.

Charlotta B. Stengel
 Notary Public of Adams County, Ind.

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones M. D., of Berne, 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 14th day of 1944, Feb. 19 44 I did carefully and personally examine Emma Allspaw and believe her 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: Talks incoherent at times. Change in personal habits, obsession of persecution.

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

Subscribed and sworn to before me this 18 day of February 19 44

D. D. Jones, M. D.
 19 44
 Clyde O. Troutner, Clerk

VACCINATION

This is to certify that the said Emma Allspaw has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date Feb. 17th 19 44

D. D. Jones M. D.

STATEMENT OF MEDICAL EXAMINER

I, Myron L. Habegger M. D., of Berne 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 Emma Allspaw of said County, who is alleged to be insane and whom I have carefully and personally examined this 27 day of February 19 44; 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.) Patient unable to carry out commands. Unable to talk loud enough to be understood.

I have also received the following information from others relative to the patient's condition: Has hallucinations of hearing people, in other rooms. For several weeks has not talked coherently. Apparently had a cerebral accident last Nov. right side of face shows paralysis. Patient has to be fed.

Myran L. Habegger M. D.

Subscribed and sworn to before me this 28 " day of February 19 44

Clyde O. Troutner, Clerk

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne, 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 Emma Allspaw of said County, who is alleged to be insane, and whom I have carefully and personally examined this 25 day of February 19 44 ; 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 is Apathetic, did not take any notice of my presence, did not answer any questions, was murmuring to herself, unable to realize anything about her.

I have also received the following information from others relative to the patient's condition: Sleeps only on sedatives, requires feeding, her condition resulted suddenly, apparently due to some cerebral pressure, at first talkative now quiet.

Amos Reusser M. D.

Subscribed and sworn to before me this 28 day of Feb. 19 44

Clyde O. Troutner, Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Emma Allspaw to the Richmond State Hospital: Comes now Orval & Paul Allspaw who filed application for the commitment of Emma Allspaw to the Richmond State Hospital, alleging therein that said Emma Allspaw is a resident of Adams County and has her 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 J. Fred Fruchte Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Emma Allspaw 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 Emma Allspaw 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.

J. Fred Fruchte Judge of the Adams Circuit Court

STATE OF INDIANA

Adams COUNTY } SS: I, Clyde O. Troutner 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 Emma Allspaw 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 2" day of March 19 44 [SEAL] Clyde O. Troutner, 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 State Hospital, as a patient was referred to the Judge of to the 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 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 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 19 , and served by conveying the within named State Hospital, as shown by the Superintendent's receipt hereon endorsed this day of 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 Clerk

A. D. 19

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