

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Maxine Werst 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 Maxine Werst

is in Indiana; that said Maxine Werst came to Indiana Birth (Date) from Adams County and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were Birth (Date)

In making this petition, I do hereby certify that I am a Maxine Werst; that I am a legal resident of Adams County, Indiana, and that my address is 716 Schirmeyer St., Decatur, Ind.

In case of emergency, notify Anna Werst 716 Schirmeyer, St., Decatur, Ind. Telephone Telegraph station Decatur.

PERSONAL HISTORY

Of Maxine Werst Born (Month) Jan (Day) 5" (Year) 1922 Place Decatur, Indiana Color White Sex Fem. Married no. Single yes Widowed Divorced Separated IF A WOMAN: Is she pregnant? NO Number of children borne Present age of youngest Has she passed menopause? No Birthplace of father Adams Co., Ind Birthplace of mother Ohio If person is of foreign birth, give date of entry into the United States Steamship line Steamship If of foreign birth, is person naturalized? Education: None Reads only Reads and writes Yes Common school 5" Grade High school College Religion Protestant Occupation None Where last employed and how long? Estate: Value None Nature Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? All her life. Have you known this person intimately? Yes When was the first sign of insanity observed by you? About a year ago. What was the first sign of insanity observed by you? Mind is blank. Does not remember. Runs away from home. Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane Runs away from home. Isn't able to carry on conversation at times. Seems to have lost control of bowels. What moral deficiencies have been shown? "one What was the mental and moral disposition in health? Good Number of previous attacks of mental disorder? Since she was a year old she hasn't been exactly normal. Has this person been a patient in any hospital for insane? No Where, when and how long? Has this person suffered serious physical injury? No If so, give particulars Has this person suffered any serious illness? No State when and of what nature Has this person suffered any great mental shock or strain? No Has this person required feeding, seclusion or restraint? Yes Explain fully Has required restraint. Has this person been addicted to any drugs? No. Explain fully (Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? Yes Depressed? Yes Homicidal? No Suicidal? has threatened Is there any physical defect or deformity? No Has person ever suffered from syphilis? No Has there been a Wasserman test? No Positive? Negative? Does person indulge or has person indulged in any venereal excess? No Is person epileptic? No Was person feeble-minded in childhood? Hasn't been normal since she was 1 yr. old.

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	Rufus Werst	Decatur, Indiana		
Mother (Maiden Name)	Hester Young	deceased	Pneumonia	46
Father's father	Charles Werst		Tuberculosis	
Father's mother	Lydia Bodle	Decatur, Indiana		
Mother's father	Joby Young		Pneumonia	76
Mother's mother	Mary J. Young		Paralysis	70
Brother	Joby Werst Ollie Werst George Werst	R#, Decatur, Indiana Jetersville, Va. Maritime Service		
Sister	Mrs. Ralph Holle Anna Werst Luella Werst Betty Werst	Ft. Wayne, Ind. Decatur, Ind. " "		

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

Insanity
 Epilepsy
 Spasms
 Fainting spells
 Nervous prostration
 Hysteria
 Feeble-mindedness
 Tuberculosis Charles Werst
 Syphilis

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 W. E. Smith 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 her knowledge and belief.

Subscribed and sworn to before me this 11th day of March 1944
(Seal)

Anna Werst
Clyde O. Troutner
County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, W. E. Smith M. D., of Decatur in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 13th day of Mch. 19 44 I did carefully and personally examine Maxine Werst 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: Physically well developed and healthy, mentally her condition is that of about an eight or ten year old child. I certify that, in my opinion, said Maxine Werst is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted. I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 13th day of March 1944
(Seal)

W. E. Smith M. D.
Clyde O. Troutner
County Clerk

VACCINATION

This is to certify that the said Maxine Werst has been vaccinated for smallpox 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, 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 Maxine Werst of said County, who is alleged to be insane and whom I have carefully and personally examined this 15th day of March 1944: 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.) Physically well, obese, and well developed. Exhibits definite manic depressive psychosis. Has lightning like changes of temperment, threatens bodily harm to parents and friends, next moment is calm and quiet, or may be very depressed, cries, believes various people are plotting against her. Shows a paranoid trend at times, marked sex association of ideas. Thinks people want to attack her. Runs away ect..

I have also received the following information from others relative to the patient's condition: This girl has lucid moments however and talks sensibly, but is very sensible to flattery. She writes very nicely, has an excellent memory for past events, but thought trend is very shallow and flighty.

I certify, that in my opinion, said Maxine Werst is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

James M. Burk M. D.

Subscribed and sworn to before me this 16" day of March 1944

(Seal)

Clyde O. Troutner, Clerk

STATEMENT OF MEDICAL EXAMINER

I, Richard K. Parrish M. D., of Decatur, Ind. 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 Maxine Werst of said County, who is alleged to be insane, and whom I have carefully and personally examined this 16 day of March 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.)

Well developed, well nourished obese young white female of apparent stated age. Paranoid tendencies, unruly, unstable, cries and laughs for no apparent reason. Delusions of persecution. "allucinations. Has at times seen a large man "after her". Conversation marked with sex.

I have also received the following information from others relative to the patient's condition: Condition has come on gradually since menstruating started at 16 yrs. of age. Was taken out of school in 6" grade. Lately has become unruly and violent. Probably a simple Dementia Praecox.

I certify that, in my opinion, said Maxine Werst is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Richard K. Parrish, M. D.

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

(Seal)

Clyde O. Troutner Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Maxine Werst

to the Richmond State Hospital:

Comes now Anna Werst who filed application for the commitment of Maxine Werst

to the Richmond State Hospital, alleging therein that said Maxine Werst 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 J. Fred Fruchte Judge of the Circuit Superior Court of the County of Adams Indiana,

do hereby find and determine that the said Maxine Werst 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

Maxine Werst 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 Superior 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 Maxine Werst 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 18" 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 and afterwards, to wit: On the day of admission as a patient in said hospital, 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. P. O. Address of Patient Clerk

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 as shown by the Superintendent's receipt hercon endorsed this day of State Hospital, 19

ORDER OF DISCHARGE

STATE HOSPITAL

To the Clerk of the Court, Indiana 19 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