

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one William Rodenbeck 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 his condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said William Rodenbeck

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

That his present address is R#1, Decatur, Indiana. In making this petition, I do hereby certify that I am a

William Rodenbeck; that I am a legal resident of Adams County, and that my address is R#1, Decatur, Indiana

In case of emergency, notify Paula Rodenbeck, R#1, Decatur, Indiana. Telephone Telegraph station (Name and Address of relative or friend)

PERSONAL HISTORY

Of William Rodenbeck

Born (Month) April (Day) 27 (Year) 1895 Place Adams Co., Indiana. Color White Sex Male Married Single Yes Widowed Divorced Separated

IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest

Has she passed menopause?

Birthplace of father Adams Co., Indiana Birthplace of mother Adams Co., Indiana

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 7" grade.

High school College Religion Lutheran Occupation Farming Where last

employed and how long? Self-employed.

Estate: Value \$5000.00 Nature 1/2 interest

Guardian: Name Paula Rodenbeck Address R#1, Decatur, Indiana

HISTORY OF INSANITY

How long have you known this person? All my 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? About a year ago. He became absent-minded.

Was the present attack gradual or sudden in its onset? Gradual

State what leads you to believe this person is insane Tried to hang himself.

What moral deficiencies have been shown? None

What was the mental and moral disposition in health? Very despondent.

Number of previous attacks of mental disorder? one

Has this person been a patient in any hospital for insane? Yes Where, when and how long? Richmond State

Hospital. April 30, 1932 to April 7, 1934.

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 been restrained because of

tendency to commit suicide. Explain fully

Has this person been addicted to any drugs? No.

(Answer yes or no.) Is person paralytic? No. Violent? Yes Destructive? No. Excited? Yes.

Depressed? Yes Homicidal? No. Suicidal? Yes 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? 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	Wm. H. Rodenbeck		Heart	69
Mother (Maiden Name)	Louise Gallmeyer		Anemia	56
Father's father	Carl Rodenbeck		Cancer	
Father's mother	Bernedine Rodenbeck		Tuberculosis	
Mother's father	Conrad Gallmeyer		Old Age.	98
Mother's mother	Christina Gallmeyer		Kidney Trouble	75
Brother				
Sister	Paula Rodenbeck	R#1, Decatur, Ind.		

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

Insanity Bernadine Rodenbeck, Aunt.

Epilepsy

Spasms

Fainting spells

Nervous prostration

Hysteria

Feeble-mindedness

Tuberculosis Bernadine Rodenbeck, Grandmother

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 Dr. G. J. Kohne

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 12 day of April

Paula Rodenbeck
1944Clyde O. Troutner
Notary Public or County Clerk

(Seal)

STATEMENT OF ATTENDING PHYSICIAN

I, G. J. Kohne, M. D., of Decatur, Ind. in the County of Adams, Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 1 day of April 1944 I did carefully and personally examine Wm. Rodenbeck and believe him to be suffering from mental disease, and I am of the opinion that he is a proper person for admission to a State Hospital. I have observed the following facts regarding his mental and physical condition: Anxious and worries over non-existing physical condition. Failure of concentration. Attempts suicide. I certify that, in my opinion, said he 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 12th day of AprilG. J. Kohne M. D.
1944

Comm. Exp: 7/1/47

Ferd L. Litterer
Notary Public

VACCINATION

This is to certify that the said _____ 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, W. E. Smith, M. D., of Decatur 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 William Rodenbeck of said County, who is alleged to be insane and whom I have carefully and personally examined this 14th day of April 1944; that I am of the opinion that he 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) General physical condition is good. Is mentally apprehensive and worries about his health and business affairs unnecessarily.

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 Richmond State Hospital together with application for his admission as a patient in said hospital 28 day of April 19 44, an answer was received as follows:

RICHMOND STATE HOSPITAL Apr. 26 19 44

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of William Rodenbeck 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 accepted provided a full supply of clothing is brought with the patient, etc.

PAUL D. WILLIAMS M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of William Rodenbeck to the Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that William Rodenbeck 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 Adams Circuit Court, Adams County, this 3rd day of May 19 44. CLYDE O. TROUTNER Clerk P. O. Address of Patient R. # St. Decatur Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 3rd day of May A. D. 19 44 the patient named in the above order of court PAUL D. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND May 3 19 44, and served by conveying the within named William Rodenbeck and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 3rd day of May 19 44. LEO T. GILLIG Sheriff of Adams Co., Ind. Sheriff Fees \$11.84

ORDER OF DISCHARGE

STATE HOSPITAL Indiana 19

Clerk of the Court, Adams 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 Adams 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

OF INDIANA, COUNTY, ss: County, Greeting: To the Sheriff of

WHEREAS, the proper authority has directed that a patient in the 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 Sheriff County