

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Areeda Lichtensteiger 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 Areeda Lichtensteiger is in Indiana; that said Areeda Lichtensteiger came to Indiana at birth and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were Adams County.

In making this petition, I do hereby certify that I am a husband of said Areeda Lichtensteiger; that I am a legal resident of Adams County,

and that my address is 1015 Jackson St., Decatur, Indiana

In case of emergency, notify Elias Lichtensteiger Telephone Telegraph station Decatur, Indiana.

PERSONAL HISTORY

Of Areeda Lichtensteiger
 Born (Month) January (Day) 13 (Year) 1906 Place Preble, Indiana
 Color White Sex Female Married Yes Single Single Widowed Widowed Divorced Divorced Separated Separated
 IF A WOMAN: Is she pregnant? No Number of children borne 4 Present age of youngest 13
 Has she passed menopause? No
 Birthplace of father Indiana Birthplace of mother 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 Common Reads only English Reads and writes English Common school _____
 High school _____ College _____ Religion Christian Occupation _____ Where last employed and how long? _____
 Estate: Value _____ Nature _____
 Guardian: Name _____ Address _____

HISTORY OF INSANITY

How long have you known this person? 25 years Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? 4 years ago
 What was the first sign of insanity observed by you? By having funny ideas
 Was the present attack gradual or sudden in its onset? Gradual
 State what leads you to believe this person is insane by the way she acts and talks
 What moral deficiencies have been shown? She imagines all kind of things and wants to die. She has tried to drown herself.
 What was the mental and moral disposition in health? Dreamy
 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, Ind., 3 years ago -2 months.
 Has this person suffered serious physical injury? No If so, give particulars _____
 Has this person suffered any serious illness? Yes State when and of what nature 14 years ago-a kidney poison after child birth.
 Has this person suffered any great mental shock or strain? No
 Has this person required feeding, seclusion or restraint? Doesn't eat very much very little. Explain fully She don't have to be fed but
 Has this person been addicted to any drugs? No Explain fully She has been taking sleeping medicine from Dr. Burk since her last attack.
 (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	Albert Werling	Preble, Indiana		
Mother (Maiden Name)	Rosa Scherry	" "	Cancer	60
Father's father	David Werling			
Father's mother				
Mother's father	Christ Scherry			
Mother's mother	Margret Scherry		Comp.	70
Brother	Ora Werling		Epilepsy	3
	Milton Werling			
	Lewis Werling		Heart Trouble	18
	Doris Werling		Shot	31
Sister	Pearl Gnarr	Phenix, Arizona		
	Florence Bumgardner	Preble, Indiana		
	Cleo Arnold	" "		
	Iverna Werling	" "		

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

Insanity	Epilepsy	Ora Werling-Brother
Spasms	Fainting spells	
Nervous prostration	Hysteria	
Feeble-mindedness	Tuberculosis	
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. Burk 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.

Elias Lichtensteiger

Subscribed and sworn to before me this 20 day of July 1944.
 (SEAL) CLYDE O. TROUTNER
~~XXXXXXXXXX~~ County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, James M. Burk 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 12 day of July 1944 I did carefully and personally examine Arede Lichtensteiger 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: (1) Attempts at suicide (2) adopts a negative attitude-will not eat, dress, talk, rest, etc. (3) very depressed and melancholy, cries all the time (4) has religious hallucinations.

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

Subscribed and sworn to before me this 19 day of July 1944.
 (SEAL) James M. Burk M. D.
CLYDE O. TROUTNER, Clerk.
~~XXXXXXXXXX~~

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 19

has been vaccinated for smallpox

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 Arede Lichtensteiger of said County, who is alleged to be insane and whom I have carefully and personally examined this 21 day of July 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.) Fairly well nourished. Heart and lungs normal. Extremely nervous and confused. Insists she don't want to live. Weeps continually with no apparent cause.

I have also received the following information from others relative to the patient's condition: Has attempted suicide and has some religious hallucinations. Insists she does not want to remain at home.

W. E. Smith

Subscribed and sworn to before me this 21 day of July 19 44. M. D.

(SEAL)

CLYDE O. TROUTNER, Clerk.

STATEMENT OF MEDICAL EXAMINER

I, Richard K. Parrish 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 Areda Lichtensteiger of said County, who is alleged to be insane, and whom I have carefully and personally examined this 23 day of July 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.) Persecution complex. Physical condition fair. Looks anemic. Nervous. History of former institution care-metrazol therapy. Incoherent at times but oriented. She feels that she will die and doesn't want to live. Depressed.

I have also received the following information from others relative to the patient's condition: the patient's son is in the army and this is probably an exciting factor concerning her relapse. She is apparently greatly attached to this boy.

Richard K. Parrish M.D.

Subscribed and sworn to before me this 2 day of August 19 44.

(Seal)

CLYDE O. TROUTNER, Clerk.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Areda Lichtensteiger

to the Richmond State Hospital:

Comes now Elias Lichtensteiger who filed application for the commitment of Areda Lichtensteiger to the Richmond State Hospital, alleging therein that said Areda Lichtensteiger 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 Superior Court of the County of Adams Indiana, do hereby find and determine that the said Areda Lichtensteiger 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 Areda Lichtensteiger 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 Areda Lichtensteiger 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 5 day of August 1944.

[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
 Richmond State Hospital together with application for her admission as a patient in said hospital
 and afterwards, to wit: On the 17 day of September 19 44, an answer was received as follows:

Richmond STATE HOSPITAL September 16 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 Areda Lichtensteiger 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 hereby accepted, providing a full supply of clothing as listed on the accompanying clothing requisition 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 Areda Lichtensteiger to the Richmond State Hospital, as a patient was referred to the Judge of Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that Areda Lichtensteiger 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 one 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 18 day of September 19 44
 P. O. Address of Patient St. Decatur Indiana.
 Clyde O. Troutner Clerk

SUPERINTENDENT'S RECEIPT

Richmond STATE HOSPITAL

RECEIVED, this 19 day of September 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 September 18th 19 44, and served by conveying the within named Areda Lichtensteiger and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 19th day of September 19 44.
 Mileage--\$11.84
 Assistant 5.00
\$16.84
 Leo T. Gillig, Sheriff

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 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

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W. E. Smith

M. D.

Subscribed and sworn to before me this 21 day of July 19 44.

(SEAL)

CLYDE O. TROUTNER, Clerk.

STATEMENT OF MEDICAL EXAMINER

I, Richard K. Parrish 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 Areda Lichtensteiger of said County, who is alleged to be insane, and whom I have carefully and personally examined this 23 day of July 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.) Persecution complex. Physical condition fair. Looks anemic. Nervous. History of former institution care-metrazol therapy. Incoherent at times but oriented. She feels that she will die and doesn't want to live. Depressed.

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Richard K. Parrish

M. D.

Subscribed and sworn to before me this 2 day of August 19 44.

(Seal)

CLYDE O. TROUTNER, Clerk.

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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 Areda Lichtensteiger 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 5 day of August 1944.

[SEAL]

CLYDE O. TROUTNER

Clerk