

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **Alzada McMillen** 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 **Alzada McMillen** is in Indiana; that said **Alzada McMillen** came to Indiana **childhood** (Date) from **Ohio** and became a resident of **Adams** County (Date) **1885** This person's places of residence for three years prior to coming to Indiana were **Mercer Co., Ohio**

In making this petition, I do hereby certify that I am a **Husband** of said **Alzada McMillen**; that I am a legal resident of **Adams** County,

and that my address is **Pleasant Mills, Indiana**
In case of emergency, notify **Asa McMillen, Pleasant Mills, Indiana.** (Name and Address of relative or friend)
Telephone **(R. H. Everett--#8835)** Telegraph station **Decatur, Indiana.**

PERSONAL HISTORY

Of **Alzada McMillen**
Born (Month) **March** (Day) **6** (Year) **1872** Place **Ohio**
Color **White** Sex **Female** Married **Yes** Single **--** Widowed **--** Divorced **--** Separated **--**
IF A WOMAN: Is she pregnant? **No** Number of children borne **3** Present age of youngest **47**
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 **Yes**
High school **- -** College **- -** Religion **Methodist** Occupation **Housewife** Where last employed and how long? **Housewife**
Estate: Value **None** Nature **- -**
Guardian: Name **- -** Address **- -**

HISTORY OF INSANITY

How long have you known this person? **fifty-five years** Have you known this person intimately? **yes**
When was the first sign of insanity observed by you? **18 years ago**
What was the first sign of insanity observed by you? **Melancholy, Obsessions mental--mind wanders from one thing to another--Homicidal, suicidal**
Was the present attack gradual or sudden in its onset? **Gradual**
State what leads you to believe this person is insane if she gets an opportunity. **From above observations--Loss of memory--leaves home**
What moral deficiencies have been shown? **Has nothing to do with her husband--thinks she isn't married--mind on subject continuously.**
What was the mental and moral disposition in health? **Good until attack of Spinal Meningitis**
Number of previous attacks of mental disorder? **Mental disorder by spells--then two years ago became permanent**
Has this person been a patient in any hospital for insane? **No** Where, when and how long? **- -**
Has this person suffered serious physical injury? **None** If so, give particulars **- - -**
Has this person suffered any serious illness? **Yes** State when and of what nature **Spinal Menengitis--1924**
Has this person suffered any great mental shock or strain? **No**
Has this person required feeding, seclusion or restraint? **Restraint** Explain fully **Watch her continuously--Keep her shut in.**
Has this person been addicted to any drugs? **No** Explain fully **-----**
(Answer yes or no.) Is person paralytic? **No** Violent? **Yes** Destructive? **No** Excited? **Yes**
Depressed? **Yes** Homicidal? **Yes** Suicidal? **Yes** Is there any physical defect or deformity? **None**
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	William Custer	Deceased	Complications	80
Mother (Maiden Name)	-----Street	" -Softening of Brain		70
Father's father	Don't Know			
Father's mother	Don't Know			
Mother's father	Don't Know			
Mother's mother	Don't Know			
Brother	Lee Custer John Custer	Pleasant Mills, Indiana Deceased	Heart	55
Sister	Mrs. Hattie Beery Iva Aspy Carrie Watkins	Decatur, Indiana. Deceased Deceased	Heart Heart	50 55

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

Insanity	None	Epilepsy	None
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. Floyd Grandstaff 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.

Subscribed and sworn to before me this 25 day of June 1942. ASA McMILLEN
 (SEAL) CLYDE O. TROUTNER County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Floyd L. Grandstaff 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 25 day of June 1942 I did carefully and personally examine Alzada McMillen 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: General physical condition poor. Mal nourished, has chronic hypertinsion--Paranoid type of insanity--homicidal and suicidal at times. I certify that, in my opinion, said Alzada McMillen is not 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 27 day of June 1942. FLOYD L. GRANDSTAFF M. D.
 (SEAL) CLYDE O. TROUTNER, CLERK

VACCINATION

This is to certify that the said Alzada McMillen has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. FLOYD L. GRANDSTAFF M. D.
 Date July 2nd 1942.

STATEMENT OF MEDICAL EXAMINER

I, James M. Burk 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 Alzada McMillen of said County, who is alleged to be insane and whom I have carefully and personally examined this 30 day of June 1942: 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.) Attempts at suicide--Attempts to break out of home and run away--does not recognize family--Paranoid type of insanity. General health--poor. Violent mental aberrations, usually at night.

I have also received the following information from others relative to the patient's condition: Patient jumps out of windows and runs to neighbors' houses, tries to break in.

I certify that, in my opinion, said Alzada McMillen 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 30 day of June 19 42.

(SEAL)

CLYDE O. TROUTNER, CLERK.

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STATEMENT OF MEDICAL EXAMINER

I, S. D. Beavers 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 Alzada McMillen, of said County, who is alleged to be insane, and whom I have carefully and personally examined this 30 day of June 19 42 ; 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.) That she must be constantly watched--& bodily harm to herself and others-- use force--running away.

I have also received the following information from others relative to the patient's condition: Attempts to kill herself and and injury others.

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

S. D. BEAVERS
M. D.

Subscribed and sworn to before me this 30 day of June 19 42.

(SEAL)

CLYDE O. TROUTNER, CLERK ~~XXXXXX~~

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Alzada McMillen to the Richmond State Hospital:
Comes now Asa McMillen who filed application for the commitment of Alzada McMillen to the Richmond State Hospital, alleging therein that said Alzada McMillen 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 Alzada McMillen 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 Alzada McMillen 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
~~Superior~~

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 Alzada McMillen 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 2nd day of July 1942.

[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 15th day of July 1942, an answer was received as follows:

Richmond STATE HOSPITAL July 14 19 42.

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 Alzada McMillen 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 as listed on the accompanying clothing requisition is brought with the patient, and a person who is able to give a complete history accompanies the patient. This patient will be admitted July 15, 16, 17, 18, or 21, 1942. PAUL D. WILLIAMS M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Alzada McMillen 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 Alzada McMillen 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 15th day of July 1942. CLYDE O. TROUTNER Clerk P. O. Address of Patient St. Pleasant Mills Indiana.

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL RECEIVED, this 15th day of July A. D. 19 42 the patient named in the above order of court PAUL D. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND July 15th and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 15th day of July 1942, and served by conveying the within named Alzada McMillen to the Richmond State Hospital, 1942.

SHERIFF'S FEES Mileage----- 77.88

ED. P. MILLER, 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 19, and duly served same by removing said patient to Township, in said County.

This 19 Sheriff County