

DOCKET NO. 173

Number	Term	Year
303	February	1961

In Re: Commitment of John W. Hepburn

to Warren State Hospital

Versus

COMMITMENT OF AN INEBRIATE

In the COMMON PLEAS Court of CLEARFIELD County
 In the matter of February Term, 1961
JOHN W. HEPBURN No. 303
 An Alleged Inebriate

ORDER FOR ISSUANCE OF WARRANT

And now, to wit, the 1 day of February, 1961, upon the
 within petition and certificates let warrant issue to bring the alleged inebriate before us for a hearing on
 the 1 day of February, 1961.

ORDER FOR COMMITMENT

And now, March 13 1961, upon consideration of the within petition and the
 exhibits and certificates thereto attached, and after hearing duly held as required by law, the Court is
 satisfied that JOHN W. HEPBURN is an inebriate and a proper subject for
 detention, care and treatment in a hospital or institution for inebriates or for mental illness.

It is therefore, ordered, adjudged and Decreed that said JOHN W. HEPBURN
 is an inebriate and that he be and hereby is committed to the WARREN STATE
 Hospital there to remain for one year unless sooner discharged as provided by law.

NOTE: No order shall authorize the Commitment unless admission is secured within thirty days from its date.

5. That attached hereto and marked Exhibit "B" and "C" are the certificates of two physicians to the effect that John W. Hepburn is, in the opinion of the said physicians, an inebriate and in need of treatment and care in a hospital or institution for inebriates or for mental illness:

6. That attached hereto and marked Exhibit "D" is the statement of the superintendent of the Hospital consenting to the admission of the patient:

7. That Section 328 of the Act approved the 12th day of June, A.D. 1951, P.L. 533, No. 141, as amended, "An Act Relating to mental health, including mental illness, mental defect, epilepsy and inebriety; and amending, revising, consolidating and changing the laws relating thereto" empowers your Honorable Court to commit said Hogn W. Hepburn to a State or licensed hospital or institution for inebriates or for mental illness.

Wherefore, your Petitioners pray your Honorable Court to commit said John W. Hepburn

to said hospital

And they will ever pray, etc.

Helen H. Brown
(Petitioner)

Elmer M. Hepburn
(Petitioner)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Clearfield

SS:

Helen H. Brown

and

Elmer M. Hepburn

the

(First Petitioner's Name)

(Second Petitioner's Name)

Petitioners above-named, having been duly ^{sworn} ~~affirmed~~ according to law, depose and say that the facts set forth in the foregoing petition are true to the best of their knowledge, information and belief.

Helen H. Brown, the
(Subscriber's Name)

{ Affirmed }
{ Sworn } to and subscribed before me
this 7th day of March 1961

John T. Heger

PROTHONOTARY

My Commission Expires

1st Monday Jan. 1962

RECORDED & INDEXED
FEBRUARY 1, 1962

EXHIBIT "A"
HISTORY OF THE PATIENT

1. Full name of patient John W. Hepburn religion Protestant

2. Sex male Color white Single, married, widowed, divorced, separated single

Date of birth and age June 17, 1920 - 41 years Birthplace Grampian, Pa.

If foreign, how long in U.S.? _____ Is he a citizen of U.S.? _____

Is he a legal resident of Pennsylvania? yes If so, of what county, city or town? Clearfield, Pa.

How long has he resided in Pennsylvania life

If not a resident of Pennsylvania, where is his legal residence? _____

Name and birthplace of father Elmer M. Hepburn, Grampian, Pa.

Maiden name and birthplace of mother Mary E. Fallon, Clearfield, Pa.

Legal residence of father if living Clearfield, Pa.

Legal residence of mother if living Clearfield, Pa.

3. Profession, trade or employment of patient Unemployed

If a female, that of husband or father _____

4. Has patient had mentally ill relatives? no

5. If so, state relationship, and whether paternal or maternal _____

6. If relatives ever in mental hospitals, state name, relationship and give name and location of institution _____

7. Has patient been considered of normal mental standard? yes

8. Number of previous attacks of mental disorder or inebriety numerous

9. Institution or institutions where cared for in previous attacks none

10. Was recovery complete? _____

11. How long has he shown symptoms of inebriety? excessively over several years, and for five years

12. Was present attack gradual or sudden in onset? gradual

13. Give date of onset of this attack and statement of symptoms manifested at that time _____

Recently - drinking excessive

14. Why do you think he is an inebriate? In answering the question, state facts on which your opinion is based Cannot overcome appetite for liquor

15. What was the patient's natural temper or disposition, and has the disease produced any change? disposition varies, has a bad temper, drinking increased this state

16. Has the patient a tendency to suicide? no

Has the patient ever made an attempt, if so in what manner? no

17. Has the patient manifested a tendency to injure others, or destroy clothing, furniture and so on?

no

18. What is supposed cause of the present attack? excessive drinking

19. Has any restraint been resorted to? If so, of what kind and for how long? no

20. Has the patient received any medical treatment during this attack? no

If so, who were h... physicians?

21. Give name and address of relatives to be notified in case of emergency

Elmer M. Hepburn, Clearfield, Pa.

22. Have any criminal charges been preferred against the patient? If so, specify no

23. In case of recovery, or sufficient improvement for consideration of discharge, should he be returned to court? yes

FINANCIAL STATEMENT

24. A. Who is legally liable and able to pay for commitment expenses?

Answer: Name and address Clearfield County Institution District

B. Who is legally liable and able to pay for support and maintenance?

Answer: Name and address Clearfield County

(If the facts called for, or any of them, are unknown to the applicant, it should be so stated.)

Dated at Clearfield, Pa. this 7th day of March 19 61

Signed Helen H. Brown
(Signature of Person Giving Above Information)

Residence Clearfield, Pa.

Occupation Housewife

Degree of relationship if any, or other circumstances of connection with patient: Sister

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Clearfield

ss:

Before me the subscriber a Prothonotary personally appeared Helen H. Brown

(Show Office Held)

(Name of Person Shown Above)

above-named who being duly sworn according to law doth depose and say that the facts set forth in the above history of patient and financial statement are true to the best of h... knowledge and belief.

Sworn } to before me this 7th

Affirmed } day of March A.D. 19 61

I certify that the signature to the foregoing petition is genuine.

(Subscriber's Signature)

PROTHONOTARY

My Commission Expires

62

EXHIBIT "B"

CERTIFICATE OF PHYSICIAN

I, the undersigned, hereby certify that I reside at No. 507 Ogden Ave Street, in Cleopold County, Commonwealth of Pennsylvania; that I have resided in this Commonwealth for more than one year; that I have been licensed to practice medicine or osteopathy in this Commonwealth and have had at least one year's experience as physician in a hospital for mental patients or have been in the actual practice of medicine or osteopathy for at least three years; that I am not related by blood or marriage to the patient hereinafter named, or to the applicants for the admission of said patient to a mental hospital, or any of them; that I am not connected in any way as medical attendant or otherwise with the said hospital; that I have examined the said patient with care and diligence within one week prior to the date of this certificate; and that in my opinion the said patient is an inebriate and is in need of treatment and care in a hospital or an institution for inebriates or for mental illness.

I further certify that I examined John W. Hepburn of 102 Cemetery Road, Cleopold, Pa. at his home in the County of Cleopold on the 17th day of Feb A.D. 1961, and that I have formed my opinion that he is an inebriate from the following facts indicating inebriety observed by me. (Describe physical and mental conditions, appearance and behavior of the patient and record what patient said).

Admitted by patient to have been drinking at least 4 pints of whiskey a day. Has been vomiting repeatedly - been sick from 1 when assessed was preparing for work at workhouse. State he is unable to give up drinking. & does not care what happens to him. Under Eucalypt & is Emaciated

I have also received the following information from others relative to the patient. (Here state especially any change in the patient's behavior and bodily health with date of same as furnished you by other persons).

Drinks constantly - refuses to eat - frequently falls on floor is unable to get to his feet. Vomits repeatedly & upon floor. Has had severe cramps for weeks. Language of old doctor. The doctor Dr. Reppin Medical Aid - stating that if kept alone he will murder

(Signed) J. H. Aughinbaugh, M.D.
Dated at Cleopold, Pa. this 17th day of Feb A.D. 1961

AFFIDAVIT

(This affidavit must be taken before a Judge, Magistrate or other person authorized to administer oaths in the Commonwealth.)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Cleopold

SS:

Before me the subscriber, a

Prothonotary

(Show Office Held)

personally appeared

J. H. Aughinbaugh

(Examiner's Name)

above-named who being duly

sworn

affirmed

according to law doth depose and say that the facts set forth in the foregoing certificate are true to the best of his knowledge and belief.

{ Sworn } to before me this

{ Affirmed } March day of 1961A.D. 1961

I certify that the signature to the foregoing certificate is genuine and that the Affiant is a physician of good standing and repute.

John T. Hagerty
(Subscriber's Signature)

PROTHONOTARY

My Commission Expires

1st Monday Jan. 1962

EXHIBIT "C"
CERTIFICATE OF PHYSICIAN

115 E. Cherry

I, the undersigned, hereby certify that I reside at No. _____ Street, in
Clearfield County, Commonwealth of Pennsylvania; that I have resided in this Commonwealth
for more than one year: that I have been licensed to practice medicine or osteopathy in this Commonwealth
and } have had at least one year's experience as physician in a hospital for mental patients;
or } have been in the actual practice of medicine or osteopathy for at least three years; that
I am not related by blood or marriage to the patient hereinafter named, or to the applicants for the admis-
sion of said patient to a mental hospital, or any of them; that I am not connected in any way as medical
attendant or otherwise with the said hospital; that I have examined the said patient with care and dili-
gence within one week prior to the date of this certificate; and that in my opinion the said patient is an
inebriate and is in need of treatment and care in a hospital or an institution for inebriates or for mental
illness.

I further certify that I examined John W. Hepburn
of 102 Cemetery Road March 61
in the County of Clearfield on the fourth day of _____ A.D. 19____,
and that I have formed my opinion that he is an inebriate from the following facts indicating in-
ebriety observed by me. (Describe physical and mental conditions, appearance and behavior of the patient
and record what patient said.)
This man admits excessive drinking. States that at times he is confused, without
any ambition. Lives without any purpose. Eats poorly. has been unemployed
for a long time because of drunkenness. He appears rather thin, shaky, but
fairly well oriented and co-operative.

I have also received the following information from others relative to the patient. (Here state especially
any change in the patient's behavior and bodily health with date of same as furnished you by other persons.)
Relatives substantiate his statements: they say that he is unable to manage
his affairs and they are unable to manage him.

Diagnosis: Chronic alcoholism.

RUSSEL A. BOYKIW, M.D.
115 EAST CHERRY STREET
CLEARFIELD, PA.
(Signed) *[Signature]*

M.D. **61**

Dated at Clearfield, Pa. this sixth day of March A.D. 19____

AFFIDAVIT

(This affidavit must be taken before a Judge, Magistrate,
or other person authorized to administer oaths in the Commonwealth.)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Clearfield } ss:

Before me the subscriber a Prothonotary personally appeared Russel Boykiw
(Show Office Held) (Examiner's Name)
above-named who being duly { sworn } according to law doth depose and say that the facts set forth in the
affirmed } foregoing certificate are true to the best of his knowledge and belief.

{ Sworn } to before me this 7th
{ Affirmed } day of March A.D. 1961

RUSSEL A. BOYKIW, M.D.
115 EAST CHERRY STREET
CLEARFIELD, PA.
(Examiner's Signature) *[Signature]*

I certify that the signature to the foregoing cer-
tificate is genuine and that Affiant is a physician of
good standing and repute.

Am. T. Sagarty
(Subscriber's Signature)

PROTHONOTARY
My Commission Expires
1st Monday Jan. 1962

[illegible]

Национално и социјално единство

and recent what said (His justice said) (I) describe physical and mental conditions, experiences and behavior of the defendant and that I have formed my opinion that he is an inmate from the following facts indicating in the County of _____ on the _____ day of _____ A.D. 19____.

(.bisa tuoitne tuiw hioet uue

I have also received the following information from officers relative to the person (name redacted) (phonetic) who was arrested on 10/10/68 and held in custody at the Federal House of Detention in New York City:

Dated at Warren this 16 day of February A.D. 1901

Warren, Pennsylvania

[illegible]

Warren State Hospital

Supervident or Board of Trustees

АИЗАНУИЗУИИ МО ИТЛАНУОИМО

ЧО УТИУОЗ

an alleged inebriate, to the Warren State Hospital

Consent is hereby given to the admission of John W. Hepburn

CONSISTENT OF SUPERINTENDENT

EXHIBIT D

1. I certify that the information furnished on this form is true and correct. I am aware that this form is subject to review by the Internal Revenue Service.

(overseas) & 'indigenous' (local)

3

303 Jul 1964

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

In re:

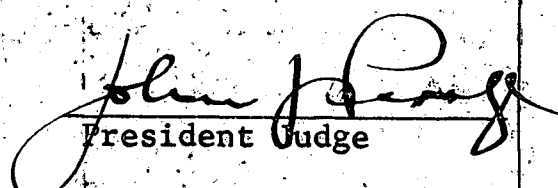
: No. 303 February Term 1961

: JOHN W. HEPBURN

O R D E R

NOW, June 23, 1961, subject to the approval of the Superintendent and staff of Warren State Hospital, John W. Hepburn will be allowed leave of absence for the remainder of the period for which he was committed to the Hospital. Upon resumption of alcoholic habits, to be forthwith returned for the remainder of the period for which he was committed.

BY THE COURT


President Judge

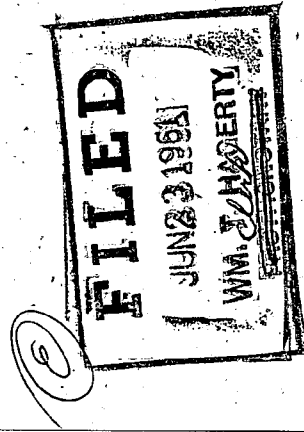
IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNA.

No. 303 February Term 1961

In re:

JOHN W. HEPBURN

ORDER



JOHN J. PENTZ
PRESIDENT JUDGE
CLEARFIELD, PENNSYLVANIA