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# PHYSICAL RECORD,

## CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Charles, Lucile* DATE *12/7* 19*08*

AGE *17* YEARS } NEW } STUDENT. TRIBE *Seneca* STATE *Ny.*

DEGREE OF INDIAN BLOOD \_\_\_\_\_

INSPECTION *Good development*

PALPATION *About normal*

PERCUSSION *About normal*

AUSCULTATION { RESONANCE \_\_\_\_\_  
 { RESP. MURMUR *Slight increase in breath sounds  
 left lobe posteriorly*

HEART SOUNDS \_\_\_\_\_

MENSURATION { INSP. *35* RESPIRATION *20* PULSE *72*  
 { EXP. *31*

TEMPERATURE *98.2* degs. HEIGHT *5* FT. *3 1/2* IN. WEIGHT *137* LBS.

VISION *10/20* VACCINATION *good. Ren 12/2/08*

MENSTRUATION *Becoming scanty*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER			<i>yes</i>	<i>Consumption.</i>
BROTHERS {	<i>1</i>	<i>good</i>		
SISTERS {	<i>1</i>	<i>good</i>	<i>2</i>	<i>?</i>

PERSONAL HISTORY:

*Had cough for long time. Haemoptysis in Sept. Some  
 fever. Cough remains about same. Lost 2 lbs in last 2 weeks.*

REMARKS:

*Says she has rales in chest at night.*  
*Alte Reaction - slight*

(over)



2959

CARLISLE INDIAN INDUSTRIAL SCHOOL  
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2295	ENGLISH NAME Lucy Charles	AGENCY N. Y. (Akron)	NATION Seneca				
BAND	INDIAN NAME	HOME ADDRESS Lucinda A. Parker, Basom, N. Y.					
PARENTS LIVING OR DEAD	BLOOD Full	AGE 16	HEIGHT 5-4	WEIGHT 132 <sup>2</sup>	FORCED INSP. 33 <sup>2</sup>	FORCED EXPR. 32	EX. F
FATHER: L	MOTHER: D	ARRIVED AT SCHOOL Apr. 26-08		FOR WHAT PERIOD 5 yrs.	DATE DISCHARGED Sept. 30, 1910	CAUSE OF DISCHARGE Married.	
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
6-20-08	Isaac Cassman, W. Chester, Pa.					10-9-08	
4-8-09	On leave						

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33677

Months in school before Carlisle, 72

Grade entered at Carlisle, 6th

Grade at date of Discharge, 7

Trade or Industry, Gen'l work.

Church, Presbyterian  
miles to sch.

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NAME. *Lucy Charles*

TRIBE. *Seneca*

PARENT OR GUARDIAN.

DATE ENROLLED *April 26, 1908.*

TERM. *Five Years.*

AGE. *16*

HOME ADDRESS *Lucinda A. Parker,  
Basom, N. Y.*

DATE OF RECORD

ACADEMIC DEPARTMENT.  
ROOM NO. Scholarship Conduct.

INDUSTRIAL DEPARTMENT.  
Shop. Ability. Conduct.

DORMITORY.  
Room No. Neatness Conduct.

OUTING  
Ability. Conduct

SPECIAL REMARKS

*June '10  
Jan. '11*

*Home*



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# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... *Lucy Charles* ..... Indian name is  
 Name of Father..... *Anderson Charles*  
 Name of Mother..... ..... Tribe..... *Seneca*  
 Reservation..... *Townawanda* ..... Degree of Indian blood of child..... *full*  
 Is either parent white, if so, which?..... Are either or both allotted?.....  
 On what reservation?..... Age of child..... *sixteen*  
 What reservation school attended?..... How long?.....  
 If ever enrolled in a non-reservation school, name of school..... *Thomas Indian School*  
 When?..... *1901* ..... How long?..... *six years*  
 If ever dismissed from a school, where?..... *Cattaraugus* When?..... *July 1907*  
 and for what reason?..... *save the term*  
 (Signed)..... *Lucy Charles*

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

## CONSENT BLANK

I,..... *Lucinda A. Parker* ..... parent, guardian or next of kin of the  
 above-named child,..... *Lucy Charles* ..... do hereby consent to..... *recommnd* .....  
 transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at..... *Basom N. Y.* ..... on the..... *twenty fifth*  
 day of..... *October* ..... 1907.  
 (Signed)..... *Lucinda A. Parker*  
 (Parent, Guardian or next of kin.)  
*Sister and*

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named..... *Lucy Charles*  
 ..... and have found..... *her* ..... physically sound, and recommend  
 the transfer so far as..... *her* ..... health conditions are concerned. Dated at..... *Indian Falls N.Y.*  
 on the..... *7th* ..... day of..... *Oct* ..... 1907.  
 (Signed)..... *John W. Gashen M.D.*  
*Indian Falls N.Y.*

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

..... *Nov 5* ..... 1907.  
 The statements concerning the above named..... *Lucy Charles* ..... are  
 believed by me to be correct, and I hereby recommend the transfer.  
 (Signed)..... *Q. M. McEwen*  
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

*note L.A. Parker*  
*11-15-07*

**CONSENT OF**

.....  
**FOR THE ENROLLMENT OF**

.....  
**IN THE INDIAN SCHOOL AT**

.....  
For a term of.....years.

.....  
*Name of agency or place from which pupil came.*

.....  
Date of enrollment..... 190.....

Date of discharge..... 190.....

Cause of discharge..... 190.....