60/204

Indian Industrial School,

Carlisle, Pa. Aug 17, 1900.

Pratt, R. H.,

Major 10th Cav'y, Supt.

forwards Physician's certificate of Mattie Harn and Carrie L. Miller.

4 incl

To Secty August 21, 1900
To Carlisle Aug 27, 1900
For Incl 3 & 4 see 415-38/1900
4 Enclosures.
Files

Department of the Interior,

INDIAN SCHOOL SERVICE.

OFFICE OF SUPERINTENDENT.

CARLISLE, PA., August 17, 1900.

The Honorable,

The Commissioner of Indian Affairs,

Washington, D. C.

Sir:-

Complying with request in your letter of August 10th marked "Education 30406-1900", I enclose herewith Physician's certificate in the case of Miss Mattie A.Harn and Miss Carrie L. Miller.

Very respectfully,

R H Pratt

Major 10th Cavalry, Supt.

A J Standing

Per Asst. Supt. in Charge.

Dictated (M)

40485 | Indian Office. Incl. No. 1 | 1900

INDIAN SCHOOL.

Carlisle, Pa ~~Agency~~,

Aug. 17, 1900

Maj. R. H. Pratt, Superintendent.

Forwards application of

Miss Carrie L. Miller

for leave of absence.

E

8572b3m12-98

(5–244.)

Department of the Interior,

INDIAN SCHOOL SERVICE.

Indian Industrial School

CARLISLE, PA

~~School,~~ August 11, 1900.

The Honorable,

The Commissioner of Indian Affairs.

Sir:

I have the honor to request a leave of absence for the period of four (4) days, to date from and include the 9th day of May, 1900.

* I was sick during the four days mentioned.

Very respectfully,

Carrie L. Miller (Sign full name.) Clerk (Position of applicant.)

Through the Superintendent (Superintendent.) at Carlisle, Pa. (School.)

Respectfully forwarded. This applicant has been absent since July 1st of the present fiscal year as follows: Annual leave —— days; sick —— days; without pay —— days. This application is therefore —— (or dis) approved, with recommendation that the same be —— (not) granted with (with or without) pay, for the following reason:

Sickness, as per certificate of attending physician herewith

Very respectfully,

R H Pratt

Major 10th Cavalry, Supt. (Superintendent.)

I recommend that the above application be Asst Supt-in Chg

, U. S. Indian Agent.

* If leave of absence is asked at a time when the school is not in vacation, applicant will state here specifically the reason therefor.

6–812

1–044.

FORM OF PHYSICIAN'S CERTIFICATE
APPROVED BY THE DEPARTMENT OF THE INTERIOR,
TO ACCOMPANY APPLICATION FOR SICK LEAVE.

~~Washington, D. C.,~~ Carlisle Pa. Aug. 11, 1900. ~~1899~~

I, the undersigned, a duly qualified practitioner of medicine, do hereby certify that Miss Carrie L. Miller was sick from May 9, 1900 to May 12 inclusive, and during that period was wholly unable by reason of sickness to be present at the Department or to perform office work. I personally attended the said patient in my professional capacity on account of the sickness in question, and I make this statement of my own knowledge.

Signed, S. L. Diven

Office address, 15-3 N. Hanover St.
Carlisle Pa.

9638b3m3-99

40485 Indian Office. Incl. No. 3 1900

41538 Indian Office. Incl. No. 1 1900

INDIAN SCHOOL.

Carlisle, Pa. ~~Agency,~~

Aug. 17, 1900.

R. H. Pratt, *Superintendent.*

Forwards application of

Mattie A. Harn.

for leave of absence.

E

8572b3m12-98

June 26, 99

(5–244.)

Department of the Interior,

INDIAN SCHOOL SERVICE,

Indian Industrial School.
CARLISLE, PA

~~School,~~ August 11, ~~189~~ 1900.

The Honorable,
The Commissioner of Indian Affairs.

Sir:

I have the honor to request a leave of absence for the period of twelve (12) days, to date from and include the 25th day of April, ~~189~~ 1900

* Was sick during the twelve days mentioned.

Very respectfully,

Mattie A Harn. (Sign full name.) Laborer (Position of applicant.)

Through the Superintendent (Superintendent.) at Carlisle, Pa. (School.)

Respectfully forwarded. This applicant has been absent since July 1st of the present fiscal year as follows: Annual leave — days, sick —— days; without pay —— days. This application is therefore —— (or dis) approved, with recommendation that the same be —— (not) granted with (with or without) pay, for the following reason:

Sickness, as per certificate of attending physician herewith

Very respectfully,

R H Pratt
per C J Glendening

Major 10th Cavalry, Supt.
(Superintendent.)
Asst Supt in Chg

I recommend that the above application be

....., U. S. Indian Agent.

*If leave of absence is asked at a time when the school is not in vacation, applicant will state here specifically the reason therefor.

6–812

1—044.

FORM OF PHYSICIAN'S CERTIFICATE
APPROVED BY THE DEPARTMENT OF THE INTERIOR,
TO ACCOMPANY APPLICATION FOR SICK LEAVE.

~~Washington, D. C.,~~ Carlisle, Pa. Aug. 11, ~~1899~~ 1900.

I, the undersigned, a duly qualified practitioner of medicine, do hereby certify that Miss Mattie A. Harn was sick from April 25, 26, 27, 28, 29 & 30 and ~~from~~ May 1, 2, 3, 4, 5 & 6 inclusive, and during that period was wholly unable by reason of sickness to be present at the Department or to perform office work. I personally attended the said patient in my professional capacity on account of the sickness in question, and I make this statement of my own knowledge.

Signed, J. S. Bender M.D.

Office address, Carlisle Pa
35 South Hanover St

9638b3m3-99