

746

CARLISLE INDIAN INDUSTRIAL SCHOOL.
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

| NUMBER | | ENGLISH NAME | | AGENCY | | NATION | | |
|------------------------|--|--|-----|-----------------------------|--------|--------------------|--------------|------|
| 1994 | | Rose Simpson | | | | Nez Perce | | |
| BAND | | INDIAN NAME | | HOME ADDRESS | | | | |
| | | | | Melvin Simpson Genesee Ida. | | | | |
| PARENTS LIVING OR DEAD | | BLOOD | AGE | HEIGHT | WEIGHT | FORCED INSP. | FORCED EXPR. | SEX. |
| FATHER, Living | | MOTHER, Dead | 1/2 | 14 | 5-2 | 35 | 33 | M |
| ARRIVED AT SCHOOL | | FOR WHAT PERIOD | | DATE DISCHARGED | | CAUSE OF DISCHARGE | | |
| March 3, 1905 | | Five years. | | Feb. 8, 1911 | | Time out | | |
| TO COUNTRY | | PATRONS NAME AND ADDRESS | | | | | FROM COUNTRY | |
| April 1-'05 | | Mrs. L. E. Walton, Swarthmore, Pa. | | | | | Pa. | |
| April 29-'05 | | M. J. Hawke, " " | | | | | 9-18-'05 | |
| APR. 9-1907 | | C. J. Woolston, Reverton, N. J. | | | | | 5-9-'08 | |
| 5-9-'08 | | G. C. Turner, Park Place, Chester, Pa. | | | | | 8-29-'08 | |
| 6-16-'09 | | Edith Hertz, Quincy, Pa. | | | | | 9-20-'09 | |
| Tr. 9-20-'09 | | U. G. Barbitz, Barnitz, Pa. | | | | | 3-31-'10 | |
| 6-20-'10 | | Home on leave | | | | | | |

SHAW-WALKER MUSKOGON 5178

Months in school before Carlisle, 48

Grade entered at Carlisle, 3d
7th

Grade at date of Discharge,

Trade or Industry,

Church, Presbyterian

Conduct _____

Brought here by Miss
M. A. Cogau.
miles to sch. 4

Readmitted 746

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

| | | | | | | | | | | |
|-----------------------------------|--|---|------------------|---|---------------------------------------|-------------------------------|---|----------------------------|--|---|
| NUMBER <i>2616</i> <i>3275</i> | | ENGLISH NAME <i>S Rose Simpson</i> | | | AGENCY <i>Nez Perce</i> | | | NATION <i>Nez Perce</i> | | |
| BAND | | INDIAN NAME | | | HOME ADDRESS <i>Genesee, Idaho</i> | | | | | |
| PARENTS LIVING OR DEAD | | BLOOD <i>1/2</i> | AGE <i>20</i> | HEIGHT <i>5-2</i> | WEIGHT <i>125</i> | FORCED INSP. <i>32 1/2</i> | FORCED EPXR. <i>29 1/2</i> | SEX. <i>F.</i> | | |
| FATHER, | | MOTHER, | | ARRIVED AT SCHOOL <i>April 4, 1911</i> | | | FOR WHAT PERIOD <i>To June 1913.</i> | | DATE DISCHARGED <i>June 9, 1913</i> | CAUSE OF DISCHARGE <i>Time out married</i> |
| TO COUNTRY | | PATRONS NAME AND ADDRESS | | | | | | FROM COUNTRY | | |
| <i>5-20-11</i> | | <i>Mrs. J. S. Waters, Jr. Jenkintown, Pa.</i> | | | | | | <i>8-21-11</i> | | |
| <i>5-2-12</i> | | <i>J. S. Buis, Moorestown, N.J.</i> | | | | | | <i>8-30-12</i> | | |
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THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church,

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

3314

Full name of child Rose Agnes Simpson Indian name is
Name of father Mel Simpson
Name of mother, Maggie Simpson Tribe Nez Perce
Reservation, Nez Perce Degree of Indian blood of child, one half
Is either parent white, if so, which? Father Are either or both allotted? mother
On what reservation? Nez Perce Age of child, 13 What
reservation school attended? Ft. Lapwai How long? Six yrs
If ever enrolled in a nonreservation school, name of school, no
When? _____ How long? _____ If ever
dismissed from a school, where, _____; when, _____
and for what reason? _____

(Signed.) Rose Agnes Simpson

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, Melville Simpson, parent, ~~guardian or next of kin~~ of the
above-named child, Rose Agnes Simpson, do hereby consent to her
transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.

Dated at Lapwai Idaho on the 20th
day of February, 1905

(Signed.) Melville Simpson ^{his} mark
[Parent, Guardian or next of kin.]

Witnesses { E. Waller
Edward Robin

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Rose Agnes Simpson, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Lapwai on the 20 day of Feb, 1905

(Signed) John N. Alley M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

July 20, 1905

The statements concerning the above-named Rose Agnes Simpson are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) J. G. Mattoon
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

Card made

CONSENT OF

Melville Simpson

OR THE ENROLLMENT OF

Rose Agnes Simpson

IN THE INDIAN SCHOOL AT

Carlisle Pa

For the term of 5 years.

Name of agency or place from which pupil came:

Nez Percé Idaho.

Date enrollment, 1900

Date of discharge, 1900

Cause of discharge, 1900

I, Melville Simpson

(Consent given)

Parent

consent given Simpson.

Melville Simpson

(Signed)

Melville Simpson

PHYSICIAN

Consent given

PHYSICIAN'S OR SURGEON'S CERTIFICATE

Received by me to be correct and I hereby recognize the transfer

(Signed) J. B. Simpson

1900

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

✓
746

Jan 14

, 191*4*

Name *Mrs John Biggie*
(Please give name by which enrolled and also present or married name.)

Tribe *Nez Perce*

Present Address *Winnebago Nebraska*

Former Address *Carlisle Penna*
(Address from which we heard from you last.)

Present Occupation *House Keeping*

Remarks:

The honor of your presence is
requested at the marriage of

740 Miss Row Q. Simpson
to

Mr. John Big Tires

Monday, June the ninth, at
two o'clock, at the residence
of Supt. M. Friedman
Carlisle Indian School
Carlisle, Penna.



Rose Simpson

746

NAME. **Simpson, Rose.** TRIBE. **Nez Perce.** PARENT OR GUARDIAN. **Melvin Simpson.**

DATE ENROLLED. **March 3, 1905.** TERM. **5 Years.** AGE. **14.** HOME ADDRESS. **Genessee, Ida.**

| DATE OF RECORD | ACADEMIC DEPARTMENT. | | | INDUSTRIAL DEPARTMENT. | | | DORMITORY. | | | OUTING | | SPECIAL REMARKS. |
|----------------|----------------------|-------------|----------|------------------------|----------|----------|------------|----------|---------|----------|----------|------------------|
| | ROOM NO. | Scholarship | Conduct. | Shop. | Ability. | Conduct. | Room No. | Neatness | Conduct | Ability. | Conduct. | |
| Apr. '07 | 6 | V. Good | Ex. | | | | | | | Good | Good | |
| Jan. '09 | 8 | V. Good | Good | Sew. | V. Ed. | V. Ed. | 3-8 | V. Ed. | Med. | Good | Good. | |
| July '09 | 9 | Good | Good | Lawn. | " | Poor | " | " | Poor | | | |
| Jan. '10 | | | | | | | | | | Fair | Ex | |
| July '10 | 9 | Outing | | House | V. Gd | Ex | | Ex | Ex | Good | Good | |
| Dec. '11 | | | | Lawn | Ex | " | | " | " | | | |

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

18362

Name of Student

Rose Simpson

Home Address

Melvin Simpson
Spaulding, Ida. Tribe
Nez Perce

Age at Entrance

14

Date of Entrance

3-3-05

Shop

| JAN. | FEB. | MAR. | APR. | MAY | JUNE | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. | TOTAL OR AVERAGE |
|------|------|------|------|-----|------|------|------|-------|------|------|------|------------------|
|------|------|------|------|-----|------|------|------|-------|------|------|------|------------------|

Patron

Mrs Edith Wertz

Locality

Farm

Days in School

Address

Minicy, Pa.

R. R. Station

Conduct

Ex. G.

Recommended by

Grade in School

Ability

Ex. G.

Grade of Home

Church

Presbyterian

Health

G. G.

Date of Outing

6-16-09.

Date Returned

Tr.

Wages

Earnings

5-6-

U. G. Barnitz
Barnitz, Pa.

Farm

1910

4 4 Ex
G. G. G.
7 G. G.

Ex Ex Ex Ex
7 7 7 7
G. G. 7 7

9-20-09.

3-31-'10

Mrs. T. S. Traters, Jr.
Jenkintown, Pa.

\$ 8. 8. 48
July Aug Sept Oct Nov. Dec Jan Feb Mar Apr May June

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2.9. 2.9.
G "
G G
3759.

5-20-'11

to 8-31-'11

4 2.9
2.9 4
G "
8. 8.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Idaho 62
 Nez Perce

Name of Student *Rosa Simpson*

Home Address *Mel. Simpson Spaulding*

Age at Entrance *14* Date of Entrance *3-3-05* Shop

| JAN. | FEB. | MAR. | APR. | MAY | JUNE | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. | TOTAL OR AVERAGE |
|------|------|------|------|-----|------|------|------|-------|------|------|------|------------------|
| 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | |

Patron *J. S. Buist* Locality

Days in School

Address *Moorestown, N.J.* R. R. Station

Conduct

Recommended by *J. S. Buist* Grade in School

Ability

Grade of Home Church

Health

Date of Outing *5-2-'12* Date Returned *8-30-'12* Wages

Earnings

y y
 y "
 y "
 8. 8.

y y
 " y
 " y
 8. 8.

62

REPORT OF Rose Simpson pupil of Carlisle Indian School, who went May 20 to live with Mrs. Thos. Walters

of Jenkintown (Post Office), (County) _____, _____

Pennsylvania, Jenkintown (State) _____ Railroad Station

Conduct Excellent

Health Good

Ability "

Cleanliness "

Economy "

Situation of Room 3rd floor

Condition of Room Good

Condition of Clothing "

Wages 10⁰⁰

Are careful accounts kept by patron? Yes

Are careful accounts kept by pupil? Yes

Number of days at school _____

Distance to school _____

Grade or quality of school _____

Name and address of teacher _____

Qualifications of teacher _____

In what grade was pupil at Carlisle? 6th

In what grade is pupil at present? "

Attends what church and Sunday school? None

Distance to church 3 blocks

Is there a Catholic church in locality? Yes

Who compose patron's family? Mrs. & Mr. W. 3 chil. 15, 13, 9

What other help is employed? Ind. girl, & heavy work put out.

Locality of home Town

Home life and environments Excellent

Trade at school _____

Nature of work Gen. house work.

Pupil's age 20 Experience 3 yrs

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

New patron, has handsome house and ex-
houswife Rufina says Rose is satisfactory
she is willing & tries, a fair work
performer. displease, Rose says she likes
the house, but she finds the work
too heavy, is patient since house a
woman to do all the work, she will
take less wages & she can stand
the work. Patron is willing to make
the change to lighten the work
for Rose

Mollie V. Gault
Field Agent

June 6-1911.

REPORT OF Rose Simpson pupil of Carlisle Indian School, who went May 20 to live with Mrs. J.S. Waters, Jr. of Washington Lane Jenkintown Pa (Date) (Patron) (Post Office) (County) Mont. Jenkintown Railroad Station (State)

Conduct ✓ good

Health ✓ good

Ability Ex.

Cleanliness Ex.

Economy good

Situation of Room 3rd floor side.

Condition of Room Fair

Condition of Clothing good

Wages \$8.00 per month

Are careful accounts kept by patron? yes

Are careful accounts kept by pupil? yes.

Number of days at school For summer.

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle?

In what grade is pupil at present?

Attends what church and Sunday school? Methodist.

Distance to church 1/2 mile

Is there a Catholic church in locality? yes.

Who compose patron's family? Man, wife, 3 children.

What other help is employed? wash woman - Another Indian girl.

Locality of home In village

Home life and environments Pleasant.

Trade at school

Nature of work Cook.

Pupil's age 20 yrs. Experience 2 1/2 years.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A series of horizontal dotted lines for writing.

4

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

62

NAME OF PUPIL Simpson, Rose DATE 177 1908AGE 17 YEARS } NEW } STUDENT. TRIBE Nez Perce STATE Idaho
RETURNED }

DEGREE OF INDIAN BLOOD.....

INSPECTION Scars on neckPALPATION NormalPERCUSSION Normal

AUSCULTATION { RESONANCE.....

{ RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 32 1/2 RESPIRATION 20 PULSE 78{ EXP. 29 1/2TEMPERATURE 98.6 degs. HEIGHT 5 FT 2 IN. WEIGHT 125 LBS.VISION 10/10 VACCINATION good. Rev 17/2/08.MENSTRUATION Dysmenorrhoea

FAMILY HISTORY:

| | Living. | Condition of Health. | Dead. | Cause of death. |
|-------------|------------|----------------------|------------|--|
| FATHER..... | <u>Yes</u> | <u>good</u> | | |
| MOTHER..... | | | <u>Yes</u> | <u>Consumption</u> |
| BROTHERS { | <u>1</u> | <u>good</u> | <u>1</u> | <u>Drowned</u> |
| SISTERS { | <u>1</u> | <u>good</u> | <u>2</u> | <u>1 Consumption</u> <u>1 small pox</u> |

PERSONAL HISTORY:

Haemoptysis two years ago (here) and last winter in country. Lost 8 lbs. since Sept.

REMARKS:

Has slight cough at present. No expectoration.

(over)

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

June 10 - 09
April, 23, 1912

Good
O.K.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *A. Buist - Moorestown N.J.*

Pupil's name *Rose Simpson*

General health of the pupil *Fair*

Has pupil been ill the past two months? *Yes*

Name of disease *- Malaria + Ear treated*

Name and address of the physician in attendance *Dr. Antustin*

Moorestown - New Jersey

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *116*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed?

Remarks: *- Rose was ill one day with*

Malaria - she had a discharge from the ear when she came - it needed attention and she made several visits to the doctor for treatment. It is all right now

Date *July 2 - 1912.*

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mr. T. S. Grains Jenkins Iowa*

Pupil's name *Rose Simpson*

General health of the pupil *excellent*

Has pupil been ill the past two months? *no*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *no*

For how long has he had it?

Give the pupil's weight *121 lbs.*

Has the pupil any trouble with the eyes? *no*

Are the eyelids inflamed? *no*

Remarks: *Have not heard pupil complain in any way as to health since she has been with me.*

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs T. S. Waters Lenkinton Pa*

Pupil's name *Rose Simpson*

General health of the pupil *excellent*

Has pupil been ill the past two months? *no*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *no*

For how long has he had it?

Give the pupil's weight *119 lbs.*

Has the pupil any trouble with the eyes? *no*

Are the eyelids inflamed? *no*

Remarks:

POPUL'S HEALTH REPORT.

Wm. H. ...
...

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Anna S. Buist*

Pupil's name *Rose Simpson*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks: *I have forgotten Rose
weight. She is in English
now.*

A. Buist

Date *September 2 - 1912*

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR

TRIBE

FULL. ONE

NAME *Rose Simpson*

AGE

DIAGNOSIS *Abscess of ear.*

ADMITTED *March 25, 12.*

DISCHARGED *April 15, 12.*

RESULT *Good.*

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen.

H. B. Fralio.

REMARKS:

Case No. _____

DIAGNOSIS

abcess of ear

Revise _____

Notes of Case

Name *Rose Simpson* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission _____

Diet

Treatment

Result _____

| | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E |
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| Day of Dis. | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse. | 80 | | | | | | | | | | | | | | | | | | | | | | | |
| Resp. | 20 | | | | | | | | | | | | | | | | | | | | | | | |
| Date. | 15 | | | | | | | | | | | | | | | | | | | | | | | |

C. 42°
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40°
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39°
38°
37°
36°
35°

Patient Carlisle, Pa., *April 8* 191 Physician
 Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|-------|-------|----|----|----|------------------|----|-------------|----|---------|
| 98.4 | 70 | 26 | | | | | | | |
| | | | | | <i>April 8</i> | | | | |
| 8:00 | 98.6 | 80 | 28 | | | | | | |
| | | | | | <i>April 10</i> | | | | |
| 8:00 | 98.6 | 82 | 26 | | | | | | |
| | | | | | | | | | |
| 4:00 | 102.4 | 72 | | | | | | | |
| | | | | | <i>April 11</i> | | | | |
| 8:00 | 98.2 | 82 | 26 | | | | | | |
| | | | | | <i>April 11.</i> | | | | |
| 11:00 | 98.4 | 88 | 24 | | | | | | |
| | | | | | <i>April 12</i> | | | | |
| 8:00 | 98.6 | 82 | 26 | | | | | | |
| | | | | | <i>April 12</i> | | | | |
| 4:00 | 99.2 | 96 | 24 | | | | | | |
| | | | | | <i>April 13</i> | | | | |
| 8:00 | 98.2 | 80 | 24 | | | | | | |
| 4:00 | 98.6 | 82 | 22 | | | | | | |

Patient Carlisle, Pa., *March 31* 191..... Physician

Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|------|-----------------|----|----|----|----------------|------|----------------|------|------------------|
| 7:00 | 98 | 74 | 34 | | | 6:30 | <i>F. acc.</i> | 4:00 | <i>not here</i> |
| 8:00 | 98.6 | 68 | 24 | | | | | | |
| | | | | | <i>April 2</i> | | | | |
| 8:00 | 98.8 | 96 | 24 | | | | | | |
| | | | | | <i>April 3</i> | | | 4:00 | <i>not here</i> |
| 8:00 | 99.2 | 76 | 17 | | | | | | |
| | | | | | <i>April 4</i> | | | | |
| 7:00 | 99.2 | 78 | 18 | | | | | | |
| | | | | | <i>April 4</i> | | | 4:00 | <i>not here.</i> |
| | | | | | <i>April 5</i> | | | | |
| 8:00 | 98.6 | 72 | 28 | | | | | | |
| 4:00 | 98 ⁴ | 70 | 20 | | | | | | |
| | | | | | <i>April 6</i> | | | | |
| 8:00 | 98.6 | 72 | 22 | | | | | | |
| | | | | | | | | | |
| 4:00 | 98 ⁴ | 70 | 20 | | | | | | |
| | | | | | <i>April 7</i> | | | | |
| 8:00 | 98.6 | 74 | 28 | | | | | | |
| 4:00 | 99 | 80 | 34 | | | | | | |

Patient Carlisle, Pa., *March 26* 191..... Physician

Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|-----------------|-------------|------------|-----------|----|----------|-------------|--------------|----|---------|
| <i>630</i> | <i>98.4</i> | <i>88</i> | | | | <i>630</i> | <i>Full,</i> | | |
| | | | | | | <i>1200</i> | <i>"</i> | | |
| | | | | | | <i>530</i> | <i>"</i> | | |
| <i>March 27</i> | | | | | | | | | |
| <i>645</i> | <i>98.4</i> | <i>80</i> | <i>36</i> | | | <i>630</i> | <i>Full.</i> | | |
| <i>3:00</i> | <i>98.6</i> | <i>76.</i> | | | | <i>1200</i> | <i>"</i> | | |
| | | | | | | <i>530</i> | <i>"</i> | | |
| <i>March 28</i> | | | | | | | | | |
| <i>645</i> | <i>98.4</i> | <i>88.</i> | <i>36</i> | | | <i>630</i> | <i>Full,</i> | | |
| <i>3:00</i> | <i>98.6</i> | <i>98</i> | | | | <i>1200</i> | <i>"</i> | | |
| | | | | | | <i>530</i> | <i>"</i> | | |
| <i>March 29</i> | | | | | | | | | |
| <i>7:00</i> | <i>98.4</i> | <i>88</i> | <i>36</i> | | | <i>630</i> | <i>Full.</i> | | |
| | | | | | | <i>1200</i> | <i>"</i> | | |
| | | | | | | <i>530</i> | <i>"</i> | | |
| <i>March 30</i> | | | | | | | | | |
| <i>7:00</i> | <i>98.6</i> | <i>80</i> | <i>34</i> | | | <i>630</i> | <i>Full</i> | | |
| <i>4:00</i> | <i>98.4</i> | <i>84</i> | <i>34</i> | | | <i>1200</i> | <i>"</i> | | |
| | | | | | | <i>530</i> | <i>"</i> | | |

Patient Rose Simpson Carlisle, Pa., Mar. 21 1912 Physician _____
 Address _____ Nurse _____

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|------|------|-----|----|------|----------|-------|-------------|----|---------|
| 7:00 | 98.4 | 100 | | | | 6:30 | Full | | |
| | | | | | | 12:00 | " | | |
| | | | | | | 8:30 | " | | |
| | 98.4 | 68 | | 3:00 | | | | | |
| | | | | | March 22 | | | | |
| 7:00 | 98.4 | 80 | | | | 6:30 | Full | | |
| | | | | | | 12:00 | " | | |
| | | | | | | 5:30 | " | | |
| | | | | | March 23 | | | | |
| 7:00 | 98.4 | 80 | | | | 6:30 | Full. | | |
| | | | | | March 24 | 6:30 | Full. | | |
| | | | | | | 12:00 | Full. | | |
| | | | | | W | 5:30 | Full | | |
| | | | | | March 25 | | | | |
| 6:30 | 98.4 | 88 | | | | 6:30 | Full | | |
| 3:00 | | | | | | 12:00 | " | | |
| | | | | | | 5:30 | " | | |

Patient Carlisle, Pa., *March 16* 191..... Physician

Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|------------------|-------------|-----------|----|----|---------------|--------------|---------------|----|---------|
| <i>7:00</i> | <i>98.6</i> | <i>80</i> | | | | <i>4:30</i> | <i>7 uel.</i> | | |
| | | | | | | <i>12:00</i> | <i>"</i> | | |
| | | | | | | <i>5:30</i> | <i>"</i> | | |
| <i>March 17.</i> | | | | | | | | | |
| <i>7:00</i> | <i>98.4</i> | <i>80</i> | | | | <i>6:30</i> | <i>Full</i> | | |
| | | | | | | <i>12:00</i> | <i>"</i> | | |
| | | | | | | <i>5:30</i> | <i>"</i> | | |
| <i>March 18</i> | | | | | | | | | |
| <i>7:00</i> | <i>99</i> | <i>88</i> | | | | <i>6:30</i> | <i>Full</i> | | |
| <i>3:00</i> | <i>99</i> | <i>75</i> | | | <i>Mar 19</i> | <i>6:30</i> | <i>7 uel</i> | | |
| <i>7:00</i> | | | | | | <i>12:00</i> | <i>7 uel</i> | | |
| | | | | | | <i>5:30</i> | <i>7 uel</i> | | |
| <i>March 20</i> | | | | | | | | | |
| <i>6:45</i> | <i>98.4</i> | <i>80</i> | | | | <i>6:30</i> | <i>Full</i> | | |
| | | | | | | <i>12:00</i> | <i>"</i> | | |
| | | | | | | <i>5:30</i> | <i>"</i> | | |

Patient Carlisle, Pa., *March 9*, 191..... Physician

Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|------------------|-----------------|-----|----|----|----------|-------|-------------------|----|---------|
| 8.00 | 98 | 70 | | | | 6.30 | <i>Soft.</i> | | |
| | | | | | | 12.00 | <i>Soft.</i> | | |
| | | | | | | 5.30 | <i>Soft.</i> | | |
| <i>March 10.</i> | | | | | | | | | |
| 8.00 | 100 | 90 | | | | 6.30 | <i>Soft.</i> | | |
| | | | | | | 12.00 | <i>Soft.</i> | | |
| 4.00 | 99 ⁸ | 108 | | | | 5.30 | <i>Soft.</i> | | |
| <i>March 11</i> | | | | | | | | | |
| 8.60 | 99 | 80 | | S | | 6.30 | <i>Soft.</i> | | |
| | | | | | | 12.00 | <i>Soft.</i> | | |
| | | | | | | 5.30 | <i>Soft.</i> | | |
| <i>March 12.</i> | | | | | | | | | |
| 6.45 | 99 | 80 | | | | 6.30 | <i>Soft.</i> | | |
| <i>Mar 14</i> | | | | | | | | | |
| | | | | | 8.00 | | <i>Cough mix'</i> | | |
| | | | | | 1.00 | | <i>" "</i> | | |
| <i>Mar 15</i> | | | | | | | | | |
| 4.00 | 100 | 90 | | | | | | | |

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Rose Simpson

AGE

DIAGNOSIS Abscess of Middle Ear.

ADMITTED March 4

DISCHARGED Mar. 11

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

Dr. A. Allen

Dr. Fraley

REMARKS:

Patient Carlisle, Pa., *March 4* 191 Physician

Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|----------------|--------------------|------|----|------|-----------------------|-------|---------------|----|---------|
| 8:00 | 1:10 | 9:00 | | | | 12:00 | <i>Liquor</i> | | |
| | | | | | | 5:30 | <i>Soft.</i> | | |
| <i>March 5</i> | | | | | | | | | |
| 8:00 | 9:00 | 8:00 | | | | 6:30 | <i>Soft.</i> | | |
| | | | | | | 12:00 | <i>soft.</i> | | |
| | | | | | | 5:30 | <i>Soft.</i> | | |
| <i>March 6</i> | | | | | | | | | |
| 8:00 | 9:00 | 8:00 | | | | 6:30 | <i>Soft.</i> | | |
| | | | | | | 12:00 | <i>"</i> | | |
| | | | | | | 2:30 | <i>"</i> | | |
| <i>March 7</i> | | | | | | | | | |
| 8:00 | 9:00 | 9:00 | | | | 6:30 | <i>Soft.</i> | | |
| | | | | | | 12:00 | <i>Soft.</i> | | |
| | | | | | | 5:30 | <i>Soft.</i> | | |
| <i>March 8</i> | | | | | | | | | |
| 8:00 | 9:00 | 9:00 | | | | 6:30 | <i>Soft.</i> | | |
| 4:00 | 10:00 ² | | | 3:00 | $\frac{1}{4}$ gr mor. | 12:00 | <i>Soft.</i> | | |
| | | | | | | 5:00 | <i>Soft.</i> | | |

Case No. _____

DIAGNOSIS

Revise *Noises of middle ear.*
Notes of Case

Name *Boe Simpson* M.F.

Age _____ S.M.W.

Nativity *Student*

Occupation _____

Residence *Carlisle Penna*

Date of admission *March 4: 12*

Diet

Full.

Treatment

*Carache drops
hot water bottle
to ear.*

| | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E |
|----------------------------------|----|----|----|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|----|---|---|---|---|
| BOWELS NUMBER OF MOVEMENTS | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Urine Daily Am't | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse. | 90 | 80 | 76 | 40 | 90 | 40 | 70 | 80 | 108 | 80 | 68 | 90 | 90 | 80 | 86 | 88 | 84 | 75 | 80 | 90 | 120 | 68 | 80 | 92 | 80 | 75 | 80 | 72 | 86 | 86 | | | | |
| Resp. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date. | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | | | | | | | | | | | | |

Result _____

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name *Bar Liepsoul* M.F.

Age _____ S.M.W.

Nativity *Student*

Occupation *Carriage*

Residence *Penna*

Date of admission *March 25*

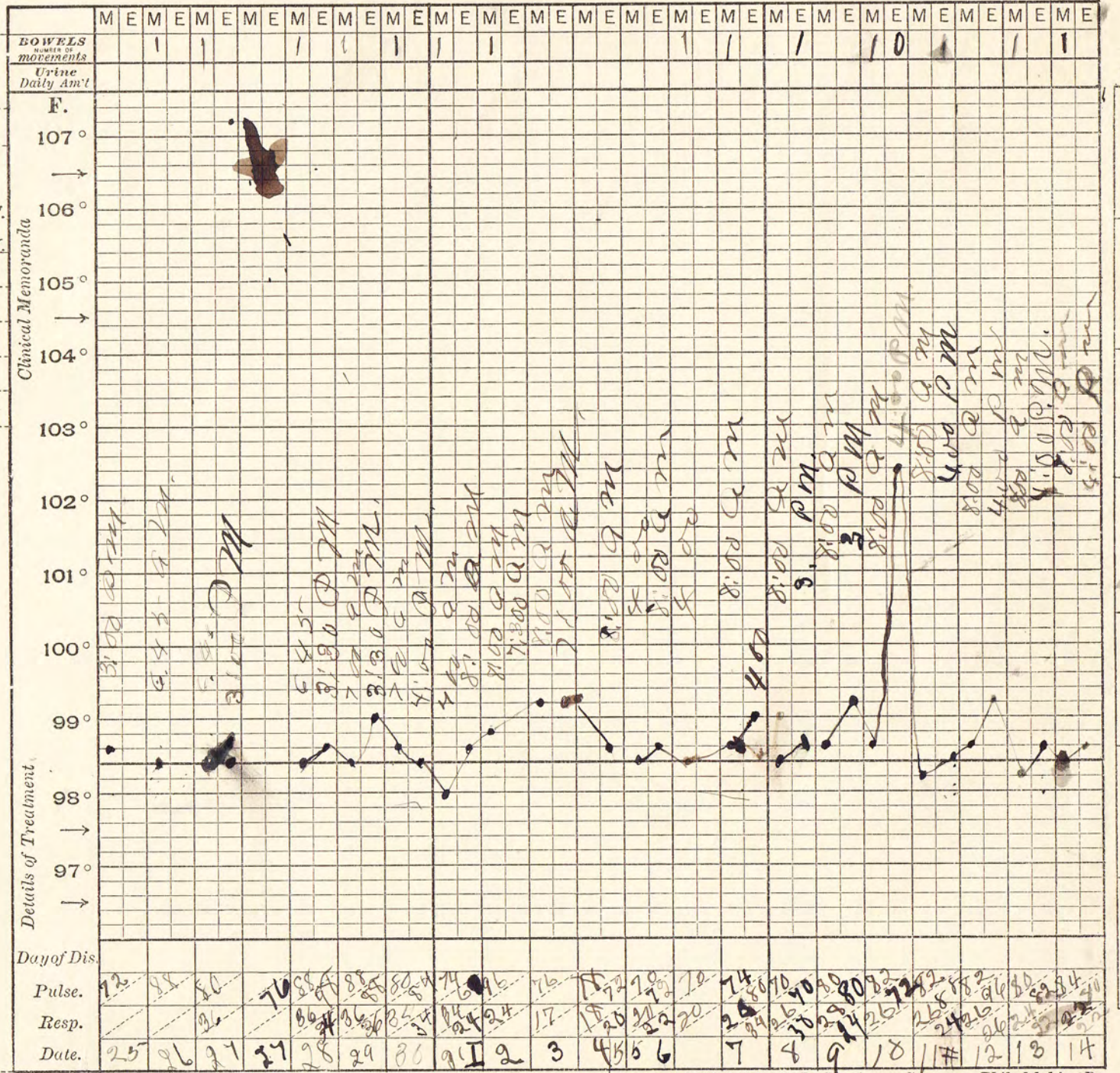
Diet

Full

Treatment

*Caruche drops
Hot water bottle
to ear.*

Result _____



NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1913

TRIBE

FULL ONE

NAME Rose Simpson

AGE

DIAGNOSIS Incipient tooth abscess,

ADMITTED May 27

DISCHARGED May 28,

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No. _____

DIAGNOSIS

concurrent with others

Revise _____

Notes of Case

Name *Rose Simpson* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *May-27-12*

Diet *7:30-8 A.M.*

Full

Treatment

Result _____

| | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E | M | E |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BOWELS <small>NUMBER OF MOVEMENTS</small> | | | | | | | | | | | | | | | | | | | | | | | | |
| Urine Daily Amt | | | | | | | | | | | | | | | | | | | | | | | | |
| F. | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | |
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| 102° | | | | | | | | | | | | | | | | | | | | | | | | |
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| 101° | | | | | | | | | | | | | | | | | | | | | | | | |
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| 100° | | | | | | | | | | | | | | | | | | | | | | | | |
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| 99° | | | | | | | | | | | | | | | | | | | | | | | | |
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| 98° | | | | | | | | | | | | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | | | | | | | | | | | | |
| Day of Dis. | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse. | | | | | | | | | | | | | | | | | | | | | | | | |
| Resp. | | | | | | | | | | | | | | | | | | | | | | | | |
| Date. | | | | | | | | | | | | | | | | | | | | | | | | |

C.
42°
41°
40°
39°
38°
37°
36°
35°

Mr. Theo. Sharp, Supt.,

Lapwai, Idaho.

Dear Sir: --

We beg to enclose herewith check #3178
Farmers Trust Co., Carlisle, Pa. \$159.09 as you will
note on looking at the check that the same has not been
signed.

Yours very truly,


Teller.

DEPARTMENT OF THE INTERIOR

Check
Rose
Simpson.

UNITED STATES INDIAN SERVICE

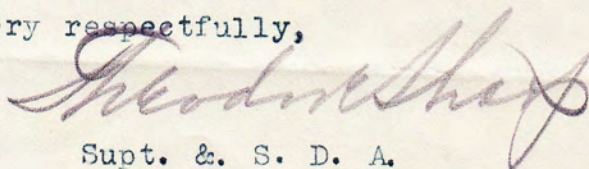
Lapwai, Idaho June 18, 1913

Supt. Moses Friedman,
Carlisle, Pa.

Dear Sir:

I am returning herewith check No. 20645 drawn to my order and sent to me for the signature of Rose Simpson as a transfer of this young womans funds. I have received a letter from Rose dated Winnebago, Nebraska stating that she has married a Winnebago boy, and is now residing in Nebraska. For her convenience, I suggest that the check be made payable to the Superintendent of the Winnebago Reservation and forwarded to him, to be disbursed for the benefit of Rose.

Very respectfully,



Supt. & S. D. A.

TS-FH
Enc. ck.

62

July 7th, 1913.

Mr. John S. Spear.

Supt. Winnebago Agency, Neb.,

Dear Sir,

I have your favor of the 28th, enclosing check for \$159.09 transfer of funds of Rose Simpson made payable in error to Mr. Kneale. A new check in your favor for the same amount is enclosed herewith.

Respectfully,

W.H.M.

Superintendent,

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Winnebago Agency, Nebr.,

June 28, 1913.

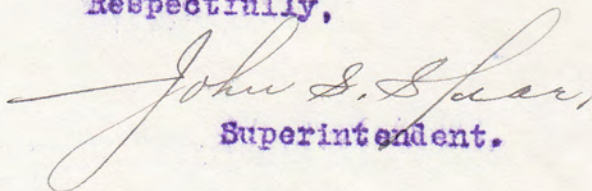
Mr. M. Friedman,
Supt., Carlisle Indian School,
Carlisle, Pa.

Dear Sir:

I am returning check of Rose Simpson with request that it be made payable to my order. When it is returned to me I will comply with request made in your letter of the 25th.

I would send it to Mr. Kneale for his endorsement, but I am not certain where he is or where it would find him.

Respectfully,


Superintendent.

Enc.
JSS/FG

746

Carlisle, Pa. September 13th, 1913

Rose Simpson,

Winnebago, Neb.

Dear madam:

There is herewith enclosed check for \$3.21 closing your account. Please sign the face of check before presenting to bank.

Your friend,

S/N

Superintendent.

746 67

June 9th, 1913.

Mr. Theodore Sharp,
Superintendent,
Nez Perce Agency,
Fort Lapwai, Idaho.

Sir,

There is enclosed herewith check for 159.00 in your favor closing the account of Rose Simpson. This amount should be treated as transfer of funds and disbursed under your direction.

Respectfully.

W.H.M.

Superintendent,

770 62

Winnebago Neb

June 30. 1913.

Dear friend.

I am writing these few lines to thank you for your kindness which was shown us by Mrs Friedman and yourself.

We had a very pleasant journey and arrived safely.

I like the country here and the people are all very kind to me.

With best regards to you and Mrs Friedman I remain

Mrs John Bigfire

July 2nd 1910.

Miss Rose Simpson,
#700. Gregory St.,
Pensacola, Florida.

Dear Rose,

I have your card telling of your arrival and requesting \$25.00 from your account. Check for this amount is enclosed herewith. Remember to sign the check before presenting for payment.

Sincerely your friend,

W.H.M.

Superintendent,

THE SPACE BELOW MAY BE USED FOR CORRESPONDENCE.



POSTAL CARD

THE SPACE BELOW IS FOR THE ADDRESS ONLY.

SUPT. M. FRIEDMAN,

U. S. Indian School,

CARLISLE, PA.

Dear Sir.

Will ask you to excuse my
writing sooner. Arrived safely enjoyed the
trip. Will you please have a check for
\$25.00 sent to me as I left my money
there.

I remain yours truly
Rose Simpson

700 Gregory St.
Pensacola Florida.

746

2 Quincy Pa.

Aug. 4, 1909

My dear Mr. Friedman

Will it be possible
for me to keep Rose Simpson
until my Father and I
leave here about the twenty
first of September? I shall
need her more the last
few weeks than any other
time, and she is quite
willing to stay.

Since she is not-

consideration above of my
Father's comfort - puts her
above any girl we have
had.

Very truly yours
Edw. B. West

one of the advanced pupils
I have hoped that it
could be arranged,
especially as I shall be
glad to help her with
any necessary school work
if you wish it, - since
I am a teacher.

It would scarcely
have been possible for
Rose to be more satisfactory
for our purpose this
summer. Her thoughtful

August 9, 1909.

Miss Edith Wertz
Quincy, Pa.
Dear friend:-

I have your letter asking if Rose Simpson may remain with you until the 20th of September when you leave your home for the winter. Since Rose is to remain out this winter with Mrs. Barnitz, this arrangement will be satisfactory to me.

Will you tell Rose for me that I am very much pleased with her report for the summer and that I hope she will make her winter report just as good.

Very truly yours,

Superintendent.

NRD

REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE *Rose Simpson*

PRESENT NAME *Mrs. John Big Fire*

| DATE | INFORMATION THROUGH | ADDRESS | OCCUPATION | ITEMS OF INTEREST | GRADE |
|------|---------------------|------------------------------------|------------------|-------------------|-------|
| 1914 | <i>Self</i> | <i>Minneapolis ^{Nebr}</i> | <i>Housewife</i> | | |
| 1915 | " | " | " | " | " |