

NAME.

Anna Bibeau

TRIBE.

Chippewa

PARENT OR GUARDIAN.

DATE ENROLLED.

Aug. 9, 1910

TERM.

AGE.

16

HOME ADDRESS

Mahnomen, Minn.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

Jan. '11
July '11
Dec. '1110
10D
Dv.g.
U.P.Lam. S+ g
Lam. v.g. g.g. g.
v.g. g.

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. A. B. Larkin, Pentecost Pa*

Pupil's name *Genuine Bebeau*

General health of the pupil *Very 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?

For how long has he had it?

Give the pupil's weight *128 pounds*

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

Date *Pentecost Pa Aug. 3rd 1912*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

23
~~483~~

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE

FULL. ONE

NAME Annie Bebeau

AGE

DIAGNOSIS Acute Gastritis

ADMITTED Nov. 16th

DISCHARGED Nov. 22nd

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Allen

Chas. E. Diebly

REMARKS:

Case No.

	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 <i>number of</i> <i>movements</i>			0	0	0	0			1																			
Urine <i>Daily Am't</i>																												
F.																												
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
96°																												
95°																												

C. 42°
41°
40°
39°
38°
37°
36°
35°

DIAGNOSIS

Revise.....
Notes of Case

Name *Annie Bebeau* M.F.

Age..... S.M.W.

Nativity.....

Occupation.....

Residence.....

Date of admission *Nov. 16, 1911*

Diet

liquid
Solfr
up nov 22 up
Treatment

~~Bismuth Subnitrate~~
5 grains
every 2 hours

~~Egg Albumen 3T every~~
2 hours

~~Coleman 9W powder~~
1/2 minute for 6 doses

~~followed by Sug. Syphl.~~
~~3gr sat. solution~~

Discontinue above

Result.....

Clinical Memoranda

Details of Treatment

Day of Dis.
Pulse.
Resp.
Date.

<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>	<i>22</i>
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Patient Annie Belcham Carlisle, Pa., Nov 20 1911 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	Bismuth nitrate	10:00	albumen water		
					5 gr	12:00	"		
				9:30	Calomel	3:00	"	"	
					Mag & sulph.	5:00	"	"	
				10:00	Bismuth subnitrate	7:00	"	"	
				12:00	"	8:00	"		
				2:00	"	"			
				4:00	"	"			
				6:00	"	"			
					Nov 21				
				8:00	Bismuth Sub.	6:30	"	"	
8:00	99	80		9:00	"	7:30	Albumen water		
4:00	98	72		10:00	Bismuth Sub	8:30	"	"	
				12:00	"	9:30	"	"	
				2:00	"	10:30	Egg & toast		
				4:00	"	10:00	1 egg	"	
				6:00	"	8:00	1 "	"	
					Nov 22				
				8:00	Bismuth Sub	6:30	Albumen water		
				10:00	"	9:30	"	"	

Patient Annie Beben Carlisle, Pa., Nov 17 1911 Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						3:30	did not take nourishment		
					Nov 18				
7:00	99.6	92	18			6:30	Refused nourishment		
11:00	100	96	20	10:45	Bismuth Subnitrate	0.00	"		
					gr V	2:00	milk III 3	12:00	did not retain milk
				2:00	"	3:00	" "	" "	" "
				4:00	"	3:30	" "		
				6:00	"				
					Nov 18				
7:00	98	90	18			6:30	did not take milk		
				8:30	Bismuth Subnitrate gr V	2:00	milk		
				10:00	"	12:00	Albumen Water		
				12:00	"	12:00	ice cream		
				2:00	"	2:00	Albumen Water		
				4:00	"	4:00	" "		
					Nov 20				
7:00	100.4	90	18			7:30	" "		

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Anna Bebeau

AGE

DIAGNOSIS Diphtheria

ADMITTED Aug 17

DISCHARGED Aug 20

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Francis

REMARKS:

Case No. _____

DIAGNOSIS

Diarrhea

Revise _____

Notes of Case

Name *Anna Bebeau* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *Aug 17, 1912*

Diet

Treatment

Bis, Subint gr X

Tr Opie m II

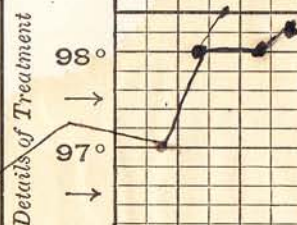
Elix Pep 3 1'

q 2 hrs.

Result *Aug 17*

	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			2	0																						
Urine Daily Amt																										
F.																										
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
96°																										
95°																										
94°																										
93°																										
92°																										
91°																										
90°																										
89°																										
88°																										
87°																										
86°																										
85°																										
Day of Dis.																										
Pulse.																										
Resp.																										
Date.																										

8:00 a.m.
9:00 a.m.
10:00 a.m.
11:00 a.m.
12:00 p.m.
1:00 p.m.
2:00 p.m.
3:00 p.m.
4:00 p.m.
5:00 p.m.
6:00 p.m.
7:00 p.m.
8:00 p.m.
9:00 p.m.
10:00 p.m.
11:00 p.m.
12:00 a.m.



47
17 / *18* / *19* / *20*

Patient Anna Bebeau Carlisle, Pa., Aug 17 1912 Physician H. B. Fralic
 Address _____ Nurse Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6:30	97			6:30	gr ^F Bis Subnit-opii Pep 3I.				
				7:30	" " pill II				
					Bis Subnit-gr ^F Aug 18				
8:00	98								
4:00	98 ^e	74		8:00	Bis Subn opi Pep.	6:30	milk-ice cream		
				9:00	" " " "	1:00	" " " "		
				9:00	Styph 1/30				
				10:00	Bis Subn, opi + Pep.				
				12:00	" " " "				
					Styph 1/30				
				2:00	Bis Subn opi Pep.				
				3:00	Styph 1/30				
				4:00	Bis Subn opi Pep.				
				6:00	" " " "				
					Styph 1/30				
					Aug 19				
8:00	98			4:00	Styph Sulph.				

Patient *Anna Bebeau* Carlisle, Pa., *Aug 17*, 1912 Physician _____
 Address _____ Nurse *Agnes Bartholmeu*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks	
<i>6:30</i>	<i>97</i>			<i>6:30</i>	<i>Bis Subri 10gr Opi 1/2 Glycer Peps</i>					
				<i>7:30</i>	<i>Bis Subri 10gr Opi 1/2 Glycer Peps</i>					
				<i>Aug 18.</i>						
<i>8.00</i>	<i>98</i>					<i>1.30</i>	<i>milk + ice cream</i>			
<i>4.00</i>	<i>98²</i>	<i>74</i>				<i>1.00</i>	<i>" " " "</i>			
				<i>Aug 19</i>						

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR

TRIBE

FULL. ONE

NAME *Anna Bebeaut.*

AGE

DIAGNOSIS *Injury to Spine Hysteria.*

ADMITTED *Feb. 14, 1912.*

DISCHARGED *April 15, '12.*

RESULT *Good*

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen.

H. B. Fralich.

REMARKS:

Case No. _____

DIAGNOSIS

*Injury to spine
Hysteria*

Revise _____
Notes of Case _____

Name *Anna Bebeau* M.F.

Age _____ S.M.W.

Nativity _____

Occupation *Student*

Residence *Carlisle*

Date of admission *July 14, 1912*

Diet

Full.

Treatment

Result _____

	BOWELS NUMBER OF MOVEMENTS																			
	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
Urine Daily Am't	1	1	1	1	1	0			0	1	1	1	0					1	0	1
F.																				
107°																				
106°																				
105°																				
104°																				
103°																				
102°																				
101°																				
99°																				
98°																				
97°																				
96°																				
95°																				
Pulse.	104	80	96	88	90	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88
Resp.	86	84	86	82	86	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82
Date.	27	28	29	30	31	23	4	5	6	7	8	9	10	11	12	13	14	15		

Patient Anna Bebeau Carlisle, Pa., April 12 191... Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	101.6	100	24	8:00	Styck Salol + Phen R Ex Cascara April 12.				
4:00	99	90	28	4:00	Salol + Phen Styck R Ex Cascara April 14				
8:00	98.2	90	24	8:00	Salol + Phen Styck R Ex Cascara April 15				
4:00	99.8	90	24						
8:00	100.2	90	26	8:00	Salol + Phen Styck R Ex Cascara April 15				
				12:00	Salol + Phen Styck R Ex Cascara				not here

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

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100	96	18	8:W	7l Ex Casca				
3:00 PM	99.3	88	24		8lych Salol + Phenol				
				24	" "				
				4.	" "				
					ap 9				
				8:W	8 Salol + Phenol 8 tych Surt 7l Ex Casca				
					April 9				
8:00	99.8	84	18						
					April 10				
8:00	99.6	84	22	8:W	8 Salol + Phenol 8 tych Surt 7l Ex Casca				
4:00	104	91	30	8:W	8 Salol + Phenol 8 tych Surt 7l Ex Casca				

Patient Anna Debeau Carlisle, Pa., April 5 191... Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100.8	102	24	8:00	Strych Sulph Fl Ex Cascara				
				1:00	Strych Sulph.				
				1:20	Fl. Ex. Cascara.				
4:00	98 ⁴	100	26	4:00	Strych Sulph.				
				4:00	Fl. Ex. Cascara.				
					April 6				
8:00									
	101	90	24	8:00	Fl Ex Cas - Strych.				
				1:00	Fl. Ex Cascara Strych.				
				4:00	Fl. Ex Cascara Strych.				
4:00	98	80	28		April 7				
8:00	100.4	100	24	8:00	Fl ex Cascar Strych.				
4:00	98.4	91	32	12:00	Strych Fl. Ex Cascar				

Patient Carlisle, Pa., *March 81* 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	-H.	Nourishment	H.	Remarks
70	99	88	84	800	Fl. Ext Cascara	630	Full	400	Not here
				400	Strych Sulph.				
				1200	Strych Sulph.				
				1200	Fl. Ext Cascara				
				300				300	not here.
				600	Strych Sulph.			400	" "
8:00am	100.2	84	26		Apr. 1 ²⁵				
					Strych Sulph				
					Fl. Ext Cascara				
					April 2				
8:00	99.4	104	24	800	Strych Sulph			300	not here.
					Fl. Ext Cascara			400	not here.
				1200	Strych Sulph.				
				1200	Fl. Ext Cascara				March 4.
					Apr 3			300	not here.
				800	Strych				
					Fl Ext Cascara				
8:00	100.4	94	15	1200	Strych + Fl Ext				
400	100	90	20	400	Strych + Fl Ext				

Patient Carlisle, Pa., *Mar 28* 191 *2* Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
3530	99 ⁸	102	32	8:00	Fl. Ext. Cascara	630	Full		
				9:00	Strych Sulph	1200	"		
				12:00	Fl. Ext Cascara	530	"		
				12:00	Strych Sulph				
				6:00	G. Q. + S				
				9:00	Strych				
					March 29				
700	984	90	36	8:00	Fl. Ext Cascara	630	Full.		
4:00	984	84	32	9:00	Strych Sulph.	1200	"		
				12:00	March 29 Strych Sulph	530	"		
					$\frac{1}{30}$ gr.				
					Fl. Ext. Cascara				
				3:00	Strych. Sulp.				
				6:00	" "				
				9:00	" "				
700	98,8	88	30		March 30	630	Full		
400	99	84	32	8:00	Fl. Ext Cascara	1200	"		
				9:00	Strych Sulph	530	"		

Patient _____ Carlisle, Pa., March 28 191 _____ Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
3:00	99.6	80		3:00	stry sulph	6:30	7 ml		
				4:00	aq cascara	12:00	"		
				6:00	stry sulph	5:30	"		
				9:00	" "			9:00	Could not take
					<u>March 25</u>				castor oil.
6:30	98.4	90				6:30	Full.		
3:00	96.8	84		3:00	strych sulph	12:00	"		
				6:00	" "	5:30	"		
				9:00	" "				
					<u>March 26</u>				
6:30	98.4	88		8:00	fl. Cascara	6:30	7 ell.		
				9:00	strych sulph.	12:00	"		
				6:00	strych sulph.	5:30	"		
					<u>March 27</u>				
6:45	98.4	104	80	12:00	strych. Sulph	4:30	7 ml		
8:00	99.	80	34	6:00	" "	12:00	7 ml		
						5:30	Full		
					<u>March 28</u>				
6:45	99	96	86			6:30	Full		

Patient Carlisle, Pa., *March 21* 191..... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
710	98.4	108		9:00	strych sulph	6:30	Full		
				1:00	strych sulph.	1:20	"		
	10.2	89		3:00	" "	5:30	"		
				9:00					
					<i>March 22</i>				
800	100	70		9:00	strych sulph $\frac{1}{30}$ gr	6:30	Full		
						1:00	"		
						5:00	"		
					<i>March 23.</i>				
760	98	70		12:00	strych sulph $\frac{1}{30}$ gr	6:30	Full.		
				9:00	" "				
					<i>Mar 24.</i>				
700	98.	70		9:00	stry. Sulph				
				8:00	Op Cascara.				
				12:00	" "				
				1:00	stry. Sulph.				

Patient Carlisle, Pa., *March 17.* 191..... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6.45	110	98		8.00	Phenac & Salol	6.30	7 full		
				10.00	" "	12.10	"		
						5.30	"		
Mar 18									
				8.00	Phenac & Salol	6.30	7 full		
				9.00	Mg SO ₄	12.10	"		
				10.00	Phenac & Salol	5.30	"		
March 19.									
7.60	99	76				6.30	7 full		
						12.00	7 full		
						5.30	7 full		
March 20									
7.10	110	120		9.00	Strech Sulph ^{1/2} gr	6.30	7 full		
						12.11	7 full		
						5.30	7 full		

Patient Carlisle, Pa., 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				6:00	Phena & Salol.	12:00	Soft.		
				8:00	" "	5:30	Full		
					March 16				
6:45	1:00	1:08		8:00	Phena & Salol.	6:30	Full		
				10:00	" "				
				8:00	" "				
					2 col. pills				
					March 17				
7:00	9:4	1:20		8:00	Phena & Salol.	6:30	Full.		
				10:00	" "		"		
				12:00	" "	12:00			
				2:00	" "				
				4:00	" "	5:30	"		
				6:00	" "				
				8:00	" "				

Patient Anna Bebeau Carlisle, Pa., Mar. 18 1912 Physician _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				12 ⁰⁰	Phena & Salol	12 ⁰⁰	Full		
				2 ⁰⁰	" "	5 ³⁰	Full		
				4 ⁰⁰	" "				
				6 ⁰⁰	" "				
					March 14				
645	99.	120		8 ⁰⁰	Phena & Salol	6 ³⁰	Full		
				10 ⁰⁰	" "				
				12 ⁰⁰	" "				
				2 ⁰⁰	" "				
				4 ⁰⁰	" "				
				6 ⁰⁰	" "				
				8 ⁰⁰	" "				
					Mag Sulfur				
					March 15				
645	180	120		8 ⁰⁰	Phena & Salol	6 ³⁰	Full		
				10 ⁰⁰	" "				
				12 ⁰⁰	" "				
				2 ⁰⁰	" "				
400	100	90		4 ⁰⁰	" "				

Patient Carlisle, Pa., 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				10:00	Phena + Salol				
				12:00	" "				
				2:00	" "				
4:00	97 ⁸	120		4:00	" "				
				6:00	" "				
				8:00	" "				
					March 11				
8:00	99	110		8:00	Phena + Salol	6:30	Full		
				10:00	" "	12:00	Full		
				8:00	" "	8:00	milk		
						4:30	Full		
						9:00	milk.		
					March 12				
6:45	99	120		8:00	Phena + Salol	6:30	Full		
				10:00	" "	12:00	Full		
						5:30	Full		
					March 18.				
7:30	101	88				6:30	Full.		

Patient Carlisle, Pa., 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
458	161	102		1200	Phena + Salol	1200	Full		
				200	" "				
				400	" "	530	Full		
				600	" "				
				800	" "				
March 9									
800	162	108		800	Phena. + Salol	630	Full.		
				1000	" "	1200	Full		
				1000	MgSO ₄	530	Full.		
				1200	Phena Sulph				
				2000	" "				
7000	99			400	" "				
				600	" "				
March 10									
800	99	120		800	Phena + Salol	630	Full		
				9-30	mag Sulph $\frac{1}{2}$ $\frac{1}{2}$				

Patient Anna Bebeau Carlisle, Pa., March 6 1912 Physician Dr. Fualie
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	100	108		8:00	Phena + Salol.	6:30	Full diet		
				10:00	" " "	12:00	" "		
				12:00	" " "				
				2:00	" " "				
				4:00	" " "				
				6:00	" " "				
				8:00	" " "	5:30	" "		
March 7.									
8:10	102	120		8:00	Phen. + Salol.	6:30	Full.		
				10:00	" " "	12:00	" "		
				12:00	" " "				
				2:00	" " "	5:30	Full		
				4:00	" " "				
3:00	99.6	96		6:00	" " "				
				8:00	" " "				
March 8									
8:00	99.3	120		8:00	Phena + Salol.	6:30	Full.		
				10:00	" " "				

Patient Carlisle, Pa., *Mar 3* 191..... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	100	100		8:00	Phen & Salol	6:30	Full		
4:00	102	102		10:00	" "	12:00	"		
				12:00	" "	5:30	"		
				2:00	" "				
				4:00	" "				
				6:00	" "				
				8:00	" "				
8:5					March 4.				
8:50	99	102		8:50	Phen & Salol	6:30	Full		
				11:00	" "	12:00	Full		
				12:00	" "				
				2:00	" "	5:30	Full		
11:00	99	710		11:00	" "				
				6:00	" "				
					Mar. 5				
8:50	101	104		8:50	Phen & salol.	6:30	Full		
				10:00	Phen & salol.				
				12:00	" "				
				2:00	" "				
				4:00	" "				
				8:00	" "				

Patient Carlisle, Pa., *Feb 29* 191 *2* . Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7:00</i>	<i>99</i>	<i>80</i>		<i>8:15</i>	<i>Phen. Salol.</i>	<i>6:30</i>	<i>Full.</i>		
<i>4:00</i>	<i>101</i>	<i>91</i>		<i>12:00</i>	<i>" "</i>				
				<i>8:00</i>	<i>" "</i>	<i>12:00</i>	<i>"</i>		
						<i>5:30</i>	<i>"</i>		
					<i>Mar 1</i>				
<i>7:00</i>	<i>100</i>	<i>100</i>		<i>9:00</i>	<i>Phen. & Salol</i>	<i>6:30</i>	<i>"</i>		
<i>4:00</i>	<i>100</i>	<i>100</i>		<i>8:15</i>	<i>" "</i>				
				<i>8:00</i>	<i>" "</i>	<i>12:00</i>	<i>"</i>		
						<i>5:30</i>	<i>"</i>		
					<i>Mar 2</i>				
<i>7:00</i>	<i>100</i>	<i>104</i>		<i>9:00</i>	<i>Phen. & Salol</i>	<i>6:30</i>	<i>"</i>		
<i>4:00</i>	<i>99</i>	<i>98</i>		<i>12:00</i>	<i>" "</i>				
				<i>3:00</i>	<i>" "</i>	<i>1:00</i>	<i>"</i>		
						<i>6:30</i>	<i>"</i>		

Patient

Carlisle, Pa.,

Feb 25

1912

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	102	110		9:00	Phena, Salol	6:30	Full		
				12:00	" "	12:00	Full		
				3:00	" "	5:30	"		
				6:00	" "				
Feb 26 -									
7:00	101	80		9:00	Phena & Salol	6:30	Full		
4:00	98.4	80		12:00	" "	12:00	"		
				3:00	" "	5:30	"		
Feb 27									
7:00	98.4	90		9:00	Phena & Salol	6:30	Full		
4:00	100	90		12:00	" "	12:00	"		
				3:00	" "	5:30	"		
				6:00	" "				
				9:00	" "				
Feb 28									
7:00	99	80			Phen & Salol	6:30	"		
4:00	101.4	98		12:00	" "	12:00	"		
				3:00	" "	5:30	"		

Patient _____ Carlisle, Pa., Feb 21 191 _____ Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	99	80		12:00	Phen & Salol	1:30	Full		
				8:00	" "	5:30	"		
				4:00	Feb 22				
7:00	98	80		7:00	Phen & Salol	6:30	"		
4:00	99	80		12:00	" "				
				3:00	" "	1:30	"		
				9:00	" "	5:30	"		
					Feb 23				
7:00	98	80				6:30	Full		
						12:00	"		
						5:30	"		
					Feb 24				
7:00	98	80		9:00	Phen & Salol	6:30	Full		
				10:00	" "	12:00	"		
				12:00	" "	5:30	"		
				2:00	" "				
				4:00	" "				

Patient Carlisle, Pa., Feb 19 1912 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	100 ⁴	78		8:00	Pheno & Salol	6:30	Full		
4:00	110	80		10:00	Lans. Tab.			12:00	Nothing
				12:00	" "	1:00	" "		
				2:00	" "				
				4:00	" "	5:30	" "		
				6:00	" "				
				8:00	" Tab 9:00				
7:00	98 ⁴	86		8:00	" "	6:30	" "		
4:00	98 ⁴	80		9:00	Pheno & Salol				
				10:00	Lans. Tab.				
				11:00					
				12:00	Lans. Tab.	1:30	" "		
				1:00	Pheno & Salol				
				2:00	Lans Tab				
				3:00	Pheno & Salol				
				4:00	Lans Tab.				
				5:00	" "				
				8:00	Pheno & Salol	5:30	" "		
					Feb 21				
7:00	98	80		9:00	Pheno & Salol	6:30	" "		

Patient Carlisle, Pa., *Feb 14* 191² Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98.4	76				1200	Soft		
						8:30	Soft		
<i>Feb 15</i>									
7:00	98.4	68				6:30	Soft		
4:00	98.4	70				1200	Full		
						5:30	Soft.		
<i>Feb 16</i>									
7:00	98.4	80				6:30	Full.		
						1200	Full		
4:00	98.4	80				5:30	Full.		
<i>Feb 17</i>									
4:00	98	94				6:30	Full.		
4:00	98.4	70				1200	Full.		
						8:30	..		
<i>Feb 18</i>									
7:50	98.4	100		1200	Phena + Salol.	6:30	Full.		
				300	Phena + Salol.	1200	Full.		
				600	Phena + Salol.	5:30	Full.		
4:200	98	80		900	Phena + Salol.				

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name *Anna Bebeau* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

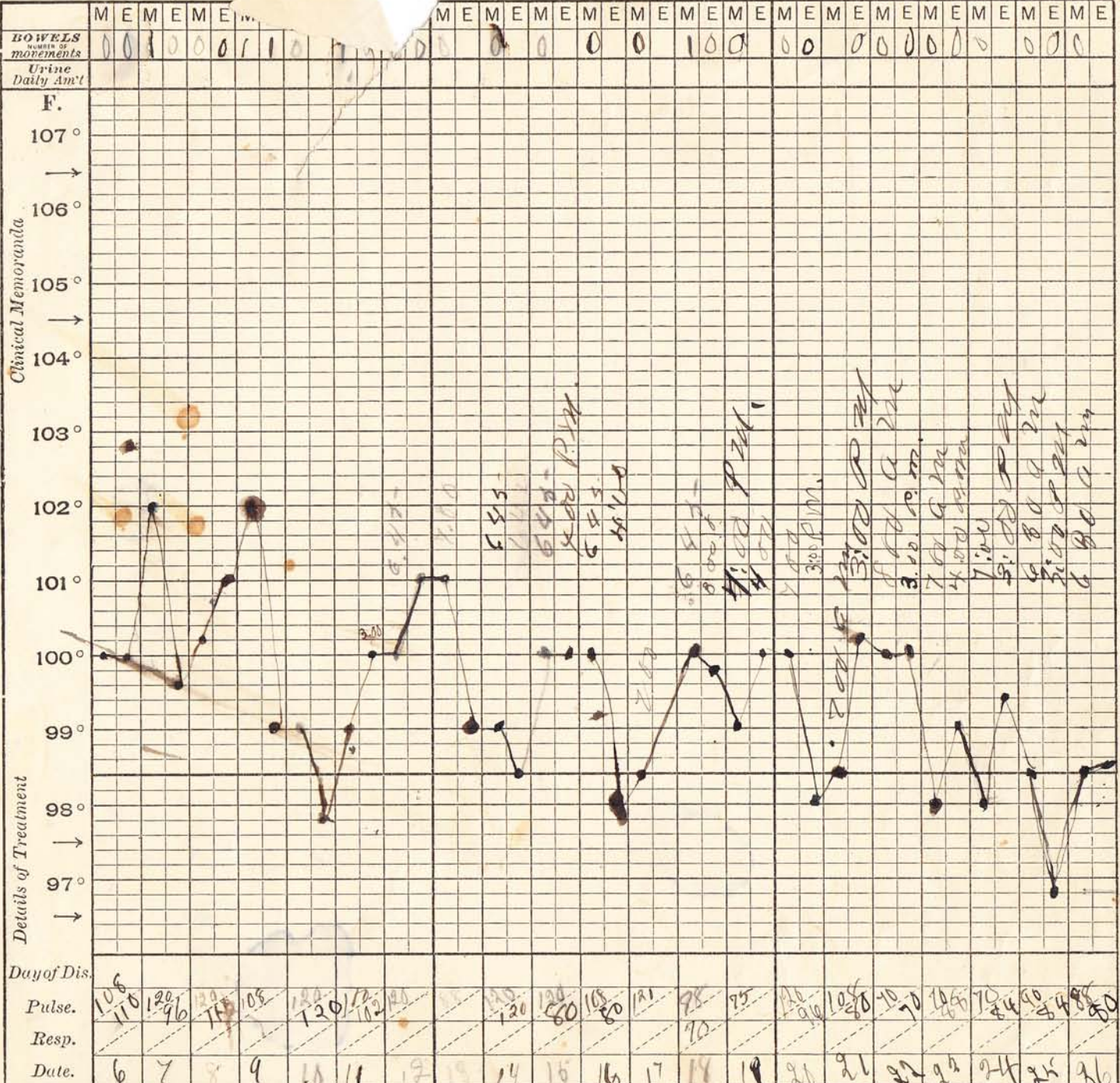
Date of admission *Feb 14 '12*

Diet

Full

Treatment

*Phena & salol
every 2 hrs.*



No.

DIAGNOSIS

Discharge to back

Revise
Notes of Case

Name *Anna Bebeau* M.F.

Age S.M.W.

Nativity

Occupation

Residence

Date of admission *Feb 14*

Diet

Full

Treatment

*iodine to back
in adhesive plaster
back
Iodine & phenace
one every 2 hrs
1/2 tablets tab
every 2 hrs
Iodine salt*

	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	M	E
BOWELS number of movements	1	0	1	0	1	0	0	0	0	0	0	1	1	0	1	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	1	0	0	
Urine Daily Am't	[Redacted]																																			
F.	[Redacted]																																			
107°																																				
106°																																				
105°																																				
104°																																				
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102°																																				
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100°																																				
99°																																				
98°																																				
97°																																				
96°																																				
95°																																				
Day of Dis.	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	1	2	3	4																
Pulse.	76	67	70	80	80	80	80	80	80	80	80	80	80	110	90	90	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80		
Resp.																																				
Date.	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	1	2	3	4																

C. 42°
41°
40°
39°
38°
37°
36°
35°

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE

FULL. ONE

NAME Anna Behan.

AGE

DIAGNOSIS nausea.

ADMITTED Jan 19.

DISCHARGED Jan 19

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Anna Belcher M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission Jan 19-13

Diet

Treatment

Result Jan

	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																								
Urine Daily Amt																								
F.																								
107°																								
→																								
106°																								
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97°																								
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Day of Dis.																								
Pulse.	<u>70</u>																							
Resp.	<u>23</u>																							
Date.	<u>19</u>																							

C.
42°
41°
40°
39°
38°
37°
36°
35°

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

749

NUMBER <i>2494</i> <i>3093</i>	ENGLISH NAME <i>Anna Bibeau</i> <i>Annie</i>			AGENCY <i>White Earth</i>			NATION <i>Chippewa</i>		
BAND		INDIAN NAME		HOME ADDRESS <i>Mary Bibeau</i> <i>Mahnomen, Minn.</i>					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER: <i>D</i>	MOTHER: <i>L</i>	<i>1/4</i>	<i>16</i>	<i>5'2"</i>	<i>120 1/2</i>	<i>35</i>	<i>32</i>	<i>F</i>	
ARRIVED AT SCHOOL <i>Aug. 9, 1910</i>		FOR WHAT PERIOD <i>Three years</i>		DATE DISCHARGED <i>5-19-13</i>		CAUSE OF DISCHARGE <i>Home-expelled</i>			
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Member in school before Carlisle, *80*

Grade entered at Carlisle, *7*

Grade at date of Discharge,

Trade or Industry,

Church, *Catholic*

Miles to school

E.d. Sch.

41269-1910

57776-1910

65673-1910

78453-1910

79125-1910

C. H. S.

Ed. Sch.
41269-1910
57776-1910
65673-1910
78453-1910
79125-1910
C. I. S.

23

65673



5-192 a.

BRIEF.

APPLICATION OF

John W. Leavel

FOR THE ENROLLMENT OF

Annie Bibaux

IN THE INDIAN SCHOOL AT

Carlisle Indian School

NAME OF AGENCY FROM WHICH PUPIL CAME:

White Earth, Minn.

Date of enrollment, _____, 190

Term of enrollment, _____ (_____) years.

NAME OF COLLECTING AGENT:

Position, _____

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Leaulish Indian School
Leaulish, Pa.

of Annie Bibman; Female; date of birth 1894;
(Name of child.) (Sex.)

Chippewa
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Louis Bibman</u>	<u>Dead</u>			
NAME OF MOTHER. <u>Ah Kah-King</u> <u>May Bibman</u>	<u>Living</u>			

I, _____, do hereby voluntarily consent and agree to _____
(Parent, guardian, or next of kin.)
enrollment in said school for a period of _____ years, and also obligate myself to abide by
(Not less than 3.)
all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1.				
2.				
3.				
4.				

John W. Lewis
(Parent, guardian, or next of kin.)

P. O. address: Mahomet

Min

Two witnesses:

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find *her* to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This *5* day of *Aug*, 19*00*

J. E. Keiland

Physician at *Wahmona Mission* Agency.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of _____ (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This _____ day of _____, 190

Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found _____ to be _____

(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190

School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

749

2/3

Bell Club Minn

May 23 1910

Supt Mrs Freyman
Carlisle Pa

Dear friend

Just few lines to say
Please send that money
belongs to Sam & Annie. Believers
right away they are all here
now they needs money
now as all

truly yours

Joseph Platt

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Anna B. Beau DATE Aug. 11, 1910

AGE 16 YEARS NEW STUDENT. TRIBE Chippewa STATE Minnesota

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 35
EXP. 32 RESPIRATION 18 PULSE 92

TEMPERATURE 98 degs. HEIGHT 5 FT 2 IN. WEIGHT 120 1/2 LBS.

VISION fair VACCINATION Good scar

MENSTRUATION Normal

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>No</u>			
MOTHER	<u>Yes</u>	<u>Good</u>		
BROTHERS {	<u>5</u>	<u>Good</u>		
			<u>1</u>	<u>?</u>
SISTERS {	<u>1</u>	<u>Good</u>		
			<u>1</u>	<u>?</u>

PERSONAL HISTORY:

REMARKS:

749
June 9th, 1913.

Mr. Joseph T. Bibeau,

Bell Club. Minn.

Sir,

There is enclosed herewith checks closing the account of Jennie and Annie Bibeau in the sums of 73.40 and 54.33 respectively. Also another check in the sum of 1.00 for Annie's signature to pay her dentist bill. Please have this check signed and returned to me.

Respectfully,

W.H.M.

Superintendent,

749
June 9th, 1913.

Mr. Joseph T. Bibeau,
Ball Club. Minn.

Sir,

There is enclosed herewith checks closing the account of Jennie and Annie Bibeau in the sums of 73.40 and 54.23 respectively. Also another check in the sum of 1.00 for Annie's signature to pay her dentist bill. Please have this check signed and returned to me.

Respectfully,

W.H.M.

Superintendent,

Matmomen, Minn.

June 4th, 1913.

Hon. M. F. Friedman,
Carlisle, Penn.

Dear Sir:-

Anna Bibeau has requested me to write and ask that you send her a draft for the balance of her funds on deposit at the School Bank. The amounts deposited are annuity checks as follows:-

1911 -	6.00
1912 -	9.65
1913 -	75.00
Total deposits -	90.65

The amounts drawn	1911 -	3.00
	1912 -	5.00
	1913 -	18.00
		26.00
Balance due - - - - -		64.65

Kindly let me hear from you at once, and oblige,
Yours respectfully
Alice Clark

Carlisle Pa.,

Dear Sir.

The girls, Geneva & Ann Bibeau arrived here at Ball Club, the 22nd of May all O.K. I was certainly surprised. But was not surprised at the Matron showing off her authority at a circus. There are many Matrons who would not do the same for a whole month's salary, for instance, Miss Macy of Haskell Institute would have waited until she got the girls in her office, not at a circus or outside of school in public.

I understand that the girls were sent away in a hurry and did not get all their

Belongings, Please see that
their things are sent, and their
money also.

Yours Respectfully
Joseph T. Deane

Her things were all sent
up to the office Thursday or
Friday ready for shipment.
A.H.R.

Miss Ridenow

His attent to the
money paragraph
Miller

Febr. 23rd, 1915.

Mr. John R. Howard,
Superintendent, White Earth Agency,
White Earth, Minn.

My dear Sir:

Replying to your letter of February the 19th,
this is to advise that the records at this school show
Annie Bibeau does not have any money to her credit at
~~the school~~
this school.

Referring further to your letter this is to state
that on April the 5th of 1913 her account was credited
with an amount of \$75.00.

Very respectfully,

HKM.

Supervisor in Charge.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

White Earth Agency,

White Earth, Minn.,

Feb. 19, 1915.

Superintendent Carlisle Indian School,
Carlisle, Pennsylvania.

Sir:

I would be pleased to be advised as to whether Annie Bibeau of this reservation, has to her credit any individual Indian money under your jurisdiction. She was formerly a student at Carlisle and left there about two years ago. I am specially anxious to know whether her account was credited with \$75.00 about March 30, 1913, which amount was forwarded in your care and represented her annuity payment for that year.

Very respectfully,

John R. Howard
Superintendent.

BPS/p

*Nothing to her credit
Acct Credited 75.00 Apr 5-1913*