



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  
Bv.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. Lamm. Pentkoston Pa*

Pupil's name..... *Gwendine 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..... *Pentkoston Pa Aug. 3<sup>rd</sup> 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 Bellean

AGE .....

DIAGNOSIS Acute Gastritis

ADMITTED Nov. 16th

DISCHARGED Nov. 22nd

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Allen

Chas. E. Diebly

REMARKS:



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	"	4:00	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				
7:55	99.6	92	18			6:30	Refused nourishment		
11:00	100	96	20	10:45	Bismuth Subnitrat	0.00			
					gr V	2.00	milk III 3	12.00	did not retain milk
				2:00	"	3:00	" "		" " " "
				4:00	"	5:30	" "		
				6:00	"				
					Nov 18				
7:00	98	90	18			6:30	did not take milk		
				8:30	Bismuth Subnitrat 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:







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 <sup>F</sup> Bis Subnit-opii Pep 3I.				
				7:30	" " pill II				
					Bis Subnit-gr <sup>F</sup>				
					Aug 18				
8:00	98								
4:00	98 <sup>e</sup>	74		8:00	Bis Subn opi Pep.	6:30	milk-ice cream		
				9:00	" " " "	1:00	" " " "		
				9:00	Styph 1/30				
				10:00	Po 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,* 191*2* 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 ʒ Glycer Peps</i>					
				<i>7:30</i>	<i>Bis Subri 10gr Opi ʒ 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>98<sup>2</sup></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. Fralin.*

REMARKS:



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 77 Ex Cascara April 12.				
4:00	99	90	28	4:00	Salol + Phen Styck 77 Ex Cascara April 14				
8:00	98.2	90	24	8:00	Salol + Phen Styck 77 Ex Cascara April 15				
4:00	99.8	90	24						
8:00	100.2	90	26	8:00	Salol + Phen Styck 77 Ex Cascara April 15				
				12:00	Salol + Phen Styck 77 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 + Phen				
				2M	" "				
				4.	" "				
					ap 9				
				8W	Salol + Phen 8tych Surt 7ℓ Ex Casca				
					april 9				
8:00	99.8	84	18						
					april 10				
8:00	99.6	84	22	8W	Salol + Phen 8tych Surt 7ℓ Ex Casca				
4:00	104	91	30	8:W	Salol + Phen 8tych 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 <sup>4</sup>	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				
4:00	98	80	28		Strych.				
					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 8 1* 191 ..... Physician .....  
 Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	-H.	Nourishment	H.	Remarks
70	99	88	84	80	Fl. Ext Cascara	630	Full	400	Not here
				900	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 <sup>25</sup>				
					Strych Sulph				
					Fl. Ext Cascara				
					April 2				
8:00	99.4	104	24	8:00	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.
				8:00	Strych				
					Fl Ext Cascara				
8:00	100.4	94	15	1200	Strych & Fl Ext				
4:00	100	90	20	4:00	Strych & Fl Ext.				

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

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
3:30	99 <sup>8</sup>	102	32	8:00	Fl. Ext. Cascara	6:30	Full		
				9:00	Strych Sulph	12:00	"		
				12:00	Fl. Ext Cascara	5:30	"		
				12:00	Strych Sulph				
				6:00	G. C. + S				
				9:00	Strych -				
					March 29				
7:00	984	90	36	8:00	Fl. Ext Cascara	6:30	Full.		
4:00	984	<del>84</del>	32	9:00	Strych Sulph.	12:00	"		
				12:00	March. 29 Strych Sulph	5:30	"		
					$\frac{1}{30}$ gr.				
					Fl. Ext. Cascara				
				3:00	Strych. Sulp.				
				6:00	" "				
				9:00	" "				
7:00	98,8	88	30		March 30	6:30	Full		
4:00	99	84	32	8:00	Fl. Ext Cascara	12:00	"		
				9:00	Strych Sulph	5:30	"		

Patient ..... Carlisle, Pa., March 28<sup>th</sup> 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 castor oil.
					<u>March 25</u>				
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	10	98		8.00	Phenac & Salol	6.30	7 ml		
				10.00	" "	12.00	"		
						5.30	"		
Mar 18									
				8.00	Phenac & Salol	6.30	7 ml		
				9.00	Mg SO <sub>4</sub>	12.00	"		
				10.00	Phenac & Salol	5.30	"		
March 19.									
7.60	99	76				6.30	7 ml		
						12.00	7 ml		
						5.30	7 ml		
March 20									
7.10	110	120		9.00	Strech Sulph <sup>1/2</sup> gr	6.30	7 ml		
						12.00	7 ml		
						5.30	7 ml		

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		
				1:00	" "				
				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 <sup>00</sup>	Phena & Salol	12 <sup>00</sup>	Full		
				2 <sup>00</sup>	" "	5 <sup>30</sup>	Full		
				4 <sup>00</sup>	" "				
				6 <sup>00</sup>	" "				
					March 14				
645	99.	120		8 <sup>00</sup>	Phena & Salol	6 <sup>30</sup>	Full		
				10 <sup>00</sup>	" "				
				12 <sup>00</sup>	" "				
				2 <sup>00</sup>	" "				
				4 <sup>00</sup>	" "				
				6 <sup>00</sup>	" "				
				8 <sup>00</sup>	" "				
					Mag Sulfur				
					March 15				
645	160	120		8 <sup>00</sup>	Phena & Salol	6 <sup>30</sup>	Full		
				10 <sup>00</sup>	" "				
				12 <sup>00</sup>	" "				
				2 <sup>00</sup>	" "				
400	100	90		4 <sup>00</sup>	" "				



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 <sup>8</sup>	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 <sub>4</sub>	530	Full.		
				1200	Phena Sulph				
				2000	" "				
7000	99			400	" "				
				600	" "				
March 10									
800	99	120		800	Phena + Salol	630	Full		
				9-30	mag Sulph $\frac{1}{2}$ <del>gr</del>				

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
700	100	100		800	Phen & Salol	630	Full		
400	102	102		1000	" "	1200	"		
				1200	" "	530	"		
				200	" "				
				400	" "				
				600	" "				
				800	" "				
85					March 4.				
860	99	102		850	Phen & Salol	630	Full		
				1000	" "	1200	Full		
				1200	" "				
				200	" "	530	Full		
2100	99	700		400	" "				
				600	" "				
					Mar. 5				
850	101	104		850	Phen & salol.	630	Full		
				1000	Phen & salol.				
				1200	" "				
				200	" "				
				400	" "				

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

Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>200</i>	<i>99</i>	<i>80</i>		<i>800</i>	<i>Phen. Salol.</i>	<i>630</i>	<i>Full.</i>		
<i>400</i>	<i>101</i>	<i>90</i>		<i>1200</i>	<i>" "</i>				
				<i>800</i>	<i>" "</i>	<i>1200</i>	<i>"</i>		
						<i>830</i>	<i>"</i>		
					<i>Mar 1</i>				
<i>200</i>	<i>100</i>	<i>100</i>		<i>9:00</i>	<i>Phen. &amp; Salol</i>	<i>630</i>	<i>"</i>		
<i>400</i>	<i>100</i>	<i>100</i>		<i>8:00</i>	<i>" "</i>				
				<i>8:00</i>	<i>" "</i>	<i>1200</i>	<i>"</i>		
						<i>530</i>	<i>"</i>		
					<i>Mar 2</i>				
<i>7:00</i>	<i>100</i>	<i>104</i>		<i>9:00</i>	<i>Phen. &amp; Salol</i>	<i>630</i>	<i>"</i>		
<i>400</i>	<i>99</i>	<i>98</i>		<i>1200</i>	<i>" "</i>				
				<i>300</i>	<i>" "</i>	<i>1200</i>	<i>"</i>		
						<i>630</i>	<i>"</i>		

Patient

Carlisle, Pa.,

Feb 25

1912

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks		
7:00	182	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	<i>Feb 22</i>				
7:00	98	80		7:00	Phen & Salol	6:30	"		
4:00	99	80		12:00	" "				
				3:00	" "	1:00	"		
				9:00	" "	5:30	"		
					<i>Feb 23</i>				
7:00	95	80				6:30	Full		
						12:00	"		
						5:30	"		
					<i>Feb 24</i>				
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 <sup>4</sup>	78		8:00	Pheno & Salol	6:30	Full		
4:00	110	80		10:00	Lans. Tab.			12:00	Nothing
				12:00	" "	12:00	"		
				2:00	" "				
				4:00	" "	5:30	"		
				6:00	" "				
				8:00	" Tab 9:00				
7:00	98 <sup>4</sup>	86		8:00	" "	6:30	"		
4:00	98 <sup>4</sup>	80		9:00	Pheno & Salol				
				10:00	Lans. Tab.				
				11:00					
				12:00	Lans. Tab.	12:00	"		
				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* 191<sup>2</sup> ..... 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	<del>Soft</del>		
4:00	98.4	70				1200	Full		
						5:30	Full.		
<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.				



No. \_\_\_\_\_

**DIAGNOSIS**

*Injury to back*

Revise \_\_\_\_\_  
Notes of Case

Name *Anna Bebeau* M.F.

Age \_\_\_\_\_ S.M.W.

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

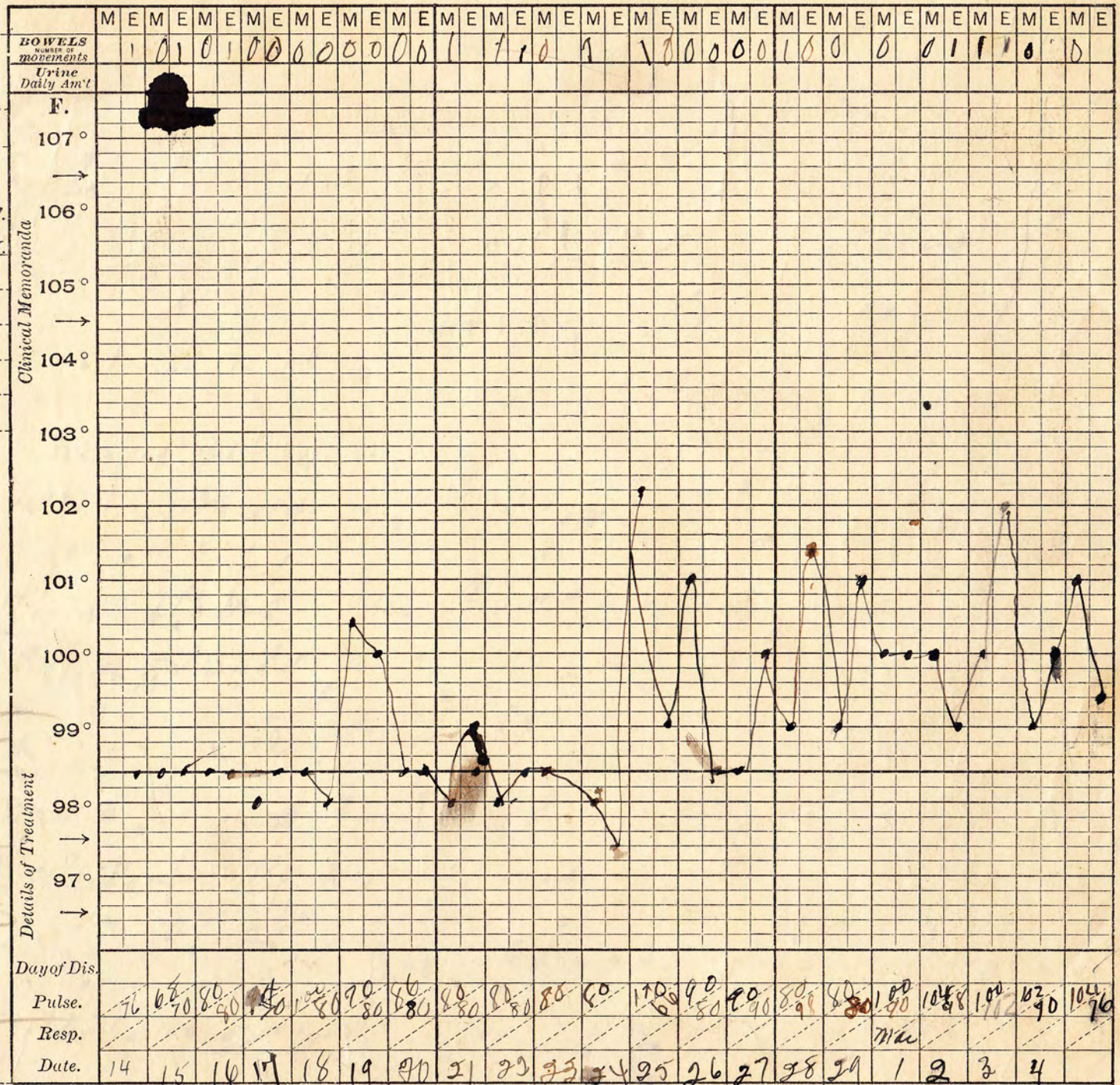
Date of admission *Feb 14*

**Diet**

*Full*

**Treatment**

*Order to back  
in adhesive plaster  
back  
3x4 of phenace  
one every 2 hrs  
stimulants tab  
every 2 hrs  
sulfate salt*



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:





Ed. Sch.  
41269-1910  
57776-1910  
65673-1910  
78453-1910  
79125-1910  
C. H. 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 Annue 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 &amp; 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 Miss.* 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 \_\_\_\_\_

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 need 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 Minn.  
 { RETURNED

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 52

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,

Ball Club. Minn.

Sir,

There is enclosed herewith checks closing the account of Jennie and Annie Bibeau in the sums of 73.40 and 54.33 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,

Mammoner,

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 unity 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 E. Carl



July 27, 1892

Woman

Carlisle Pa.

Dear Sir,

The girls Geneva & Anna Bibeau arrived here at Ball Club, the 22<sup>nd</sup> 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. Debeau

Miss Ridenow

His attent to the  
money paragraph  
Miller

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

A.H.R.



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*

