

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

~~91148~~ 752 Dec. 26 - 1913

Name Miss Ida Mae Warren
(Please give name by which enrolled and also present or married name.)

Tribe Chippawa

Present Address Ogema, Minn.

Former Address _____
(Address from which we heard from you last.)

Present Occupation House Keeping.

Remarks: It was pleased to hear from Carlisle. Wish all a Happy New Year.

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE

FULL ONE

NAME *Eda Mae Warren.*

AGE

DIAGNOSIS *Tonsilitis*

ADMITTED *Jan 13.*

DISCHARGED *Jan 18.*

RESULT *Good.*

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Samuel Warren M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission Jan 13-13

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	M	E		
BOWELS <small>NUMBER OF MOVEMENTS</small>			F	F	O	I	D																					
Urine <small>Daily Amt</small>																												
F.																												
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
96°																												
Pulse.			96	104																								
Resp.			38	28	20																							
Date.			15	16	17	18	19																					

Patient Ada Mae Casrew Carlisle, Pa., Jan. 17,

191 3.

Physician Allen^{MD} Francis

Address _____

Nurse Lillian Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<u>Jan. 17, 13.</u>				<u>Full diet.</u>
<u>7:00</u>	<u>97</u>	<u>82</u>	<u>18</u>	<u>8:00</u>	<u>Tons. Tab. Salol & Phen</u>				
<u>5:00</u>	<u>99.4</u>	<u>88</u>	<u>22</u>	<u>9:00</u>	<u>Throat swab</u>				
				<u>10:00</u>	<u>Tons. Tab. Salol & Phen</u>				
				<u>11:00</u>	<u>Throat swab</u>				
				<u>12:00</u>	<u>Tons. Tab. Salol & Phen</u>				
				<u>1:00</u>	<u>Throat swab</u>				
				<u>2:00</u>	<u>Tons. Tab. Salol & Phen</u>				
				<u>3:00</u>	<u>Throat swab</u>				
				<u>4:00</u>	<u>Tons. Tab. Salol & Phen</u>				
				<u>5:00</u>	<u>Throat swab</u>				
				<u>6:00</u>	<u>Tons. Tab. Salol & Phen</u>				
				<u>7:00</u>	<u>Throat swab</u>				
				<u>8:00</u>	<u>Tons. Tab. Salol & Phen</u>				
					<u>Jan. 18, 13.</u>				
<u>8:00</u>	<u>99.3</u>	<u>90</u>	<u>20</u>						

Patient Mamie Warren Carlisle, Pa., Jan 13 1912 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
							<i>soft diet.</i>		<i>In bed.</i>

Jan 14

7:30 100 96 28

Jan 15-

8:00 984 104 28 8:00

Jan 16

5:00 994 81 18 8:00

9:00

1:00

11:00

12:00

2:00 Throat Swab

2:00 Loric tab. Phos & Salol

3:18 Throat Swab

4:00 Loric tab. Phos & Salol

5:00 Throat Swab

6:00 Loric tab. Phos & Salol

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE.....

NAME Ida Mae Warren

AGE.....

DIAGNOSIS Chorea.

ADMITTED May 11

DISCHARGED May 31

RESULT good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fralich

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name *Ida May Warner*

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *May 11 - 1912*

Diet

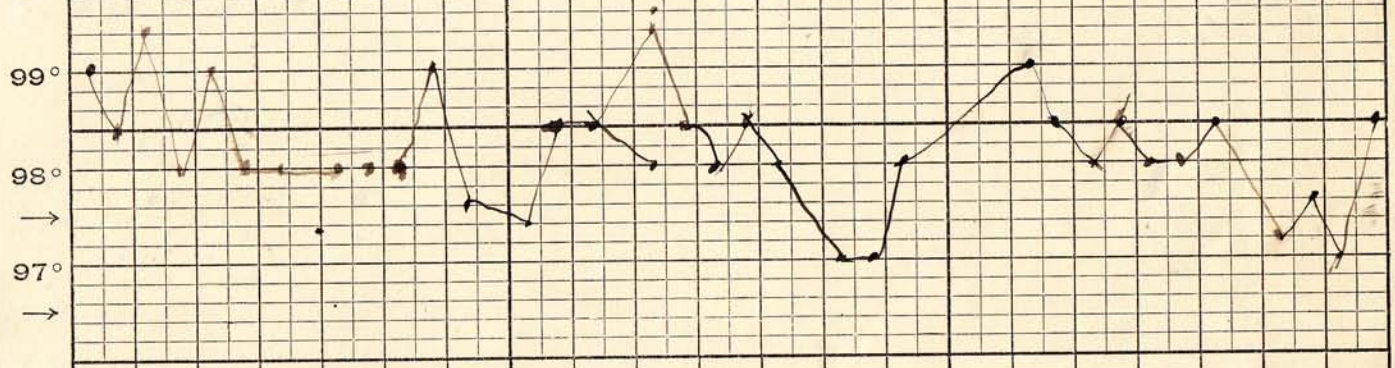
full.

Treatment

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOEWELS marks of movements	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Urine Daily Am't																								
F.																								
107°																								
106°																								
105°																								
104°																								
103°																								
102°																								
101°																								
100°																								
99°																								
98°																								
97°																								
Day of Dis.																								
Pulse.	80	90	90	90	88	90	90	84	84	90	96	96	80	80	80	90	84	90	90	90	90	90	90	90
Resp.	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
Date.	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			

Clinical Memoranda

Details of Treatment



Result _____

Patient *Ida May Warren* Carlisle, Pa., *May 28* 191*2* Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<i>May 28</i>				
<i>9:00</i>	<i>97</i>	<i>96</i>	<i>30</i>	<i>8:00</i>	<i>Syr Ferric Fe Howlers Sol</i>				
<i>11:00</i>	<i>98</i>	<i>80</i>	<i>28</i>	<i>12:00</i>	<i>Syr Ferric Fe Howlers Sol</i>				
				<i>4:00</i>	<i>Syr Ferric Fe Howlers Sol</i>				
					<i>May 29</i>	<i>80</i>		<i>8:00</i>	<i>not here</i>
<i>4:00</i>	<i>95 1/2</i>	<i>70</i>	<i>28</i>	<i>8:00</i>	<i>Syr Ferric Fe Fowler's Sol</i>				
				<i>12:00</i>	<i>Syr Ferric Fe Fowler's Sol</i>				
				<i>4:00</i>	<i>Syr Ferric Fe Fowler's Sol.</i>				
					<i>May 30</i>				
<i>9:00</i>	<i>99 1/2</i>	<i>76</i>	<i>22</i>						
<i>4:00</i>	<i>92 2/3</i>	<i>78</i>	<i>22</i>						
					<i>May 31.</i>				
<i>9:00</i>	<i>97</i>	<i>80</i>	<i>30</i>	<i>8:00</i>	<i>Fowler's Sol Pstert Fe.</i>				

Patient Ida May Warren Carlisle, Pa., May 24 1912, Physician _____
 address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May 24.				
9:50	98	90	24						
					May 25				
				8:00	Syr Ferri Fe Howlers Sol			9:00	not here
				12:00	Syr Ferri Fe Howlers Sol			4:00	not here
				4:00	Syr Ferri Fe Howlers Sol	4:00	Milk + egg		
					May 26.				
9:10	99	84	28						
					May 27.				
9:00	98	90	26	8:10	Howlers Sol Syr Ferri Fe			9:00	not here
				12:00	Howlers Sol Syr Ferri Fe				
				4:00	Howlers Sol Syr Ferri Fe				

Patient Ida May Warren, Carlisle, Pa., May 20 1912. Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May 20.				
9:00	99 ² / ₅	96	20	8W	Syr Ferri-Fe				
4W	98 ⁷ / ₅	88	80		Fowler's Sol				
				20	Syr Ferri-Fe				
				8W	Fowler's Sol.				
					May 21				
9:00	98	80	22	8W	Syr Ferri-Fe				
4W	98 ⁴ / ₅	80	30		Fowler's Sol				
				1200	Syr Ferri-Fe				
					Fowler's Sol.				
					May 22.				
9:00	98	80	30	8W	Syr Ferri-Fe				
					Fowler's Sol				
					May 23.				
9:00	97.	80	30.	8W	Syr Ferri-Fe				
400	97	80	26		Fowler's Sol				
				1200	Syr Ferri-Fe				
					Fowler's Sol				
				400	Syr Ferri-Fe				
					Fowler's Sol.				

Patient Ida May Warren, Carlisle, Pa., May 17 1912. Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May 17				
9:00	97 $\frac{3}{5}$	84	22	8'W	Fowler's Sol Syr Fer Fe				
					May 18				
9:00	87 $\frac{2}{5}$	84	22	8'W	Fowler's Sol				
4:00	98.4	80	80		Syr Fer Fe				
				2H	Syr Fer Fe Fowler Sol				
				4H	Syr Fer Fe Fowler Sol.				
					May 19.				
9:00	98 $\frac{2}{5}$	96	20	8'W	Fowler's Sol				not here for temperature
					Syr Fer Fe				
				12H	Fowler Sol				
					Syr Fer Fe				
				4:00	Syr Fer Fe				
					Syr Fowler Sol				

Patient *Ida May Warren* Carlisle, Pa., *May 14* 191*2*. Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<i>May 14.</i>				
				<i>8W</i>	<i>Syr. Ferri Fe Fowler's Sol</i>				
					<i>May 15.</i>				
<i>9:00</i>	<i>98</i>	<i>96</i>	<i>22</i>	<i>8W</i>	<i>Syr. Ferri Fe Fowler's Sol</i>				
				<i>12W</i>	<i>Fowler's Sol. Syr. Fe. Sod.</i>				
<i>3:30</i>	<i>98</i>	<i>80</i>	<i>24</i>	<i>4W</i>	<i>" " "</i>				
					<i>Fowler's Sol. May 16</i>				
<i>8:30</i>	<i>98</i>	<i>74</i>	<i>24</i>	<i>8W</i>	<i>Fowler's Sol Syr. Ferri Fe</i>				
				<i>12W</i>	<i>Fowler's Sol. Syr. Fe Sod.</i>				
<i>3:30</i>	<i>99</i>	<i>70</i>	<i>24</i>	<i>4W</i>	<i>Syr Fe Sod Fowler's Sol</i>				

Patient Ida May Warren Carlisle, Pa., May 11 1912 Physician H. B. Fraalic
 Address _____ Nurse Jeanette Pappin

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May 11				
9:00	99	80	22						
3:00	98 ⁴	80	24						
					May 12				
9:00	99 ² / ₅	90	20	8:00	Fowler's Sol.				
					Syr. Fer. Iod.				
								1200	no med.
3:30	98	90	22	4:00	" "				
					May 13.				
9:00	99	90	22	8:00	Fowler's Sol.				
					Syr. Fer. Iod.				
				12:00	Fowler's Sol.				
3:30	98	80	24		Syr. Fer. Iod.				
				4:00	Fowler's Sol.				
					Syr. Fer. Iod.				
					May 14				
9:00	98 ³ / ₅	98	22						

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE

FULL. ONE

NAME Ida Mae Warren

AGE

DIAGNOSIS Painful menstruation (curettement)

ADMITTED Feb 18.

DISCHARGED Feb 27

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fitch

REMARKS:

Patient Ma Mac Warren Carlisle, Pa. Mar 18 - 1918 Physician Allen Tholie
 Address Ma Mac Warren Nurse Frances Payne,

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<u>7:00</u>	<u>98</u>	<u>90</u>	<u>82</u>		<u>Mar 22 -</u>		<u>" "</u>		
<u>5:00</u>	<u>98</u>	<u>84</u>	<u>88</u>						
<u>7:00</u>	<u>98</u>	<u>90</u>	<u>94</u>		<u>Mar 23 - 13.</u>		<u>Soft Diet</u>		
<u>5:00</u>	<u>98</u>	<u>80</u>	<u>86</u>				<u>Full Diet</u>		
<u>7:00</u>	<u>98</u>	<u>94</u>	<u>88</u>		<u>Mar 24</u>				
<u>5:00</u>	<u>98</u>	<u>98</u>	<u>81</u>						
<u>7:00</u>	<u>98</u>	<u>90</u>	<u>84</u>		<u>Mar 25 -</u>				
<u>5:00</u>	<u>98</u>	<u>84</u>	<u>88</u>						
<u>7:00</u>	<u>98</u>	<u>96</u>	<u>84</u>		<u>Mar 26 - 13.</u>				
<u>5:00</u>	<u>98</u>	<u>90</u>	<u>82</u>						

Patient Samuel Warren Carlisle, Pa. Mar 18- 1913 Physician Francis M Allen
 Address _____ Nurse Frances Angus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
Am 9					Mar 18-13.				
10:30	96	78	24						
5:00	98	70	20		Mar 19-13				
7:00	98	74	22						
5:00	98	84	21		Mar 20-1913, 8:00		Beef cube (Soup)		
7:00	98	80	22						
5:00	98	72	18		Mar 21-13				
7:00	98	60	22						
5:00	98	84	28						

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..... *Edith B. West*

Pupil's name..... *Ida Mae Warner*

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?.....

For how long has he had it?.....

Give the pupil's weight..... *160*

Has the pupil any trouble with the eyes?.....

Are the eyelids inflamed?.....

Remarks:..... *General health of
pupil has been
excellent throughout summer.*

Date..... *Sept: 19, 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.

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..... *Edith B. Webb, Quincy, Pa*

Pupil's name..... *Ida Mae Warren*

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?.....

For how long has he had it?.....

Give the pupil's weight..... *160 lbs.*

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

Are the eyelids inflamed?.....

Remarks:.....

Date..... *Sept - 10, 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.

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 Edith B. West, Linn, Pa

Pupil's name Ida Mae Warren

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 155 pounds

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed?

Remarks:

Date August - 9, 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.

ROUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

463

Name of Student *Ida M. Warren* Home Address *White Earth, Minn.* Tribe *Chippewa*

Age at Entrance *15* Date of Entrance *9-8-'10* Shop ~~MAR~~ ~~APR~~ ~~MAY~~ ~~JUNE~~ ~~JULY~~ ~~AUG~~ ~~SEPT~~ ~~OCT~~ ~~NOV~~ ~~DEC~~ TOTAL OR AVERAGE

Patron *H. N. Abbott* Locality Days in School

Address *Beverly, N.J.* R. R. Station Conduct

Recommended by Grade in School Ability

Grade of Home Church Health

Date of Outing *6-17-'11* Date Returned *8-31-'11* Wages Earnings

Miss E. B. Mertz
Quincy, Pa.

6-19-'12 *8-30-'12*

4 4
4 4
4 4
8 8

y
y
y
2

4
"
"

2.65

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student		Home Address			Tribe												
Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Address		Conduct													
Recommended by		R. R. Station		Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned	Wages		Earnings													

NAME. *Ida Warren* TRIBE. *Chippewa* PARENT OR GUARDIAN.

DATE ENROLLED. *Sept. 8, 1910* TERM. *Five years* AGE. *15* HOME ADDRESS *Dyema, Minn.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING	SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	

<i>Jan. '11</i>	<i>5</i>	<i>V. Good</i>	<i>Good</i>	<i>S.R.</i>	<i>7.</i>	<i>U.</i>		<i>g.</i>	<i>U.g.</i>		
<i>July '11</i>	<i>5</i>										
<i>Dec. '11</i>				<i>,</i>	<i>7</i>	<i>g.</i>		<i>P.</i>	<i>g.</i>		

752

October 2nd, 1913.

Miss Ida May Warren,

Bena, Minn.

Dear Friend,

There is enclosed herewith 38 cents in stamps
the amount to your credit, closing your account.

Your friend,

W.H.M.

Superintendent,

463

5-192 a.

BRIEF.

APPLICATION OF

FOR THE ENROLLMENT OF

Ida May Warren

IN THE INDIAN SCHOOL AT

NAME OF AGENCY FROM WHICH PUPIL CAME:

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 Carlisle Pa

of Ida M Warren; F; date of birth Jan 29 1896
(Name of child.) (Sex.)
Chippewa
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>W J Warren</u>	<u>A</u>	<u>Chipp</u>	<u>Moss</u>	<u>1/4</u>
NAME OF MOTHER. <u>Mary Warren</u>	<u>A</u>	<u>"</u>	<u>"</u>	<u>1/4</u>

I, Mary Warren, do hereby voluntarily consent and agree to her
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of Five 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. <u>White Earth</u> <u>1899</u>		<u>1907</u>	<u>Term Expired</u>	
2.				
3. <u>Public Schools</u> <u>Minn</u>				
4.	<u>1907</u>	<u>1910</u>	<u>Term Expired</u>	<u>7th</u>

Mary Warren
(Parent, guardian, or next of kin.)

P. O. address: Osage
Minn.

Two witnesses:

W J Wash

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 29th day of Aug, 1900

Polk Richards
Physician at White Earth 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 Mary Warren (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 29th day of Aug, 1900

John R. Howard
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 _____, 1900

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.

PHYSICAL RECORD,

463

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Warren Ida Mae DATE Sept 4, 1910

AGE 15 YEARS NEW STUDENT. TRIBE Chipp STATE Minn

DEGREE OF INDIAN BLOOD 1/8

INSPECTION Normal

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR

HEART SOUNDS

MENSURATION { INSP. 37 RESPIRATION PULSE
EXP. 33

TEMPERATURE degs. HEIGHT 5 FT 4 1/3 IN. WEIGHT 132 LBS.

VISION VACCINATION Good

MENSTRUATION

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	2	Good		
MOTHER	2	Good		
BROTHERS {	5	2	Good	
SISTERS {	2	2	Good	

PERSONAL HISTORY:

REMARKS:

NAME *Ida May Warren* Sex Male Female
 Tribe ^{Fall} *Chip* State *Minnesota* Date *Aug 29, 1910*
 Age *14* years Respiration *Normal* Condition of, Eyes *Good*
 Height *5* ft. *4* ins. Mensuration { Insp. *34* Ears *normal*
 Weight *130* lbs. { Exp. *32* Throat *"*
 Temperature *Normal* Vaccination *Yes* Cervical glands *"*
 Pulse *78* Vision *Normal* Skin *"*
 Inspection *Shows normal condition*
 Palpation *" " "*
 Percussion *" " "*
 Auscultation *" " "*
 Heart *" " "*
 (Menstruation) *normal*

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>Yes</i>	<i>Good</i>		
Mother	<i>"</i>	<i>"</i>		
Brothers	<i>5</i>	<i>"</i>		
Sisters	<i>2</i>	<i>"</i>		

Personal history *Unimportant*

Present condition *Good*

Polk Richards, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

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CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>2512</i> <i>311</i>	ENGLISH NAME <i>Ida May Warren</i>	AGENCY <i>White Earth</i>	NATION <i>Chippewa</i>					
BAND <i>Mississippi</i>	INDIAN NAME	HOME ADDRESS <i>Dagma, Minn.</i>						
PARENTS LIVING OR DEAD		BLOOD <i>1/8</i>	AGE <i>15</i>	HEIGHT <i>5'4"</i>	WEIGHT <i>132</i>	FORCED INSP. <i>37</i>	FORCED EPXM. <i>33</i>	SEX. <i>9.</i>
FATHER <i>L</i>	MOTHER <i>L</i>	ARRIVED AT SCHOOL <i>Sept. 8, 1910</i>		FOR WHAT PERIOD <i>Five years</i>	DATE DISCHARGED <i>5-27-13</i>	CAUSE OF DISCHARGE <i>Expelled</i>		
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
<i>6-17-11</i>	<i>N. W. Abbott Beverly, N. J.</i>					<i>8-31-11</i>		
<i>6-19-12</i>	<i>Miss E. B. Wertz, Quincy, Pa.</i>					<i>9-24-12</i>		

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, *60*

Grade entered at Carlisle, *4*

Grade at date of Discharge,

Trade or Industry,

Church, *Catholic*

Miles to school