

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

NUMBER 3241	ENGLISH NAME <i>Eli Powless</i>	AGENCY	NATION <i>Oneida</i>					
BAND	INDIAN NAME	HOME ADDRESS <i>Mrs. Rachel Powless De Pere, Wis.</i>						
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, <i>L</i>	MOTHER, <i>L</i>	<i>1/2</i>	<i>10</i>	<i>4-5</i>	<i>50</i>	<i>29</i>	<i>26</i>	<i>m</i>
ARRIVED AT SCHOOL <i>Aug. 13, 1904</i>	FOR WHAT PERIOD <i>Five years.</i>	DATE DISCHARGED <i>6-23-'09</i>		CAUSE OF DISCHARGE <i>Time out.</i>				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
<i>4-1-06</i>	<i>W. H. Wink, Dullytown, Pa.</i>					<i>Transferred</i>		
<i>Trans 2-6-06</i>	<i>Henry C. Brown, Emile, Pa. <small>Ram. Jr. County, Pa. 6-4-'08</small></i>					<i>9-2-06</i>		
APR 8-1907	<i>J. A. Creasy, Willow Springs, Pa. <small>Pa. 6-8-'08</small></i>							
<i>8-29-'08</i>	<i>St. L. Lathrop, New Hope, Pa.</i>					<i>4-8-'09</i>		

40 Months in school before Carlisle, *40*

Grade entered at Carlisle, *1st*

Grade at date of Discharge, *2nd*

Trade or Industry, *Farming*

Catholic

Conduct _____

Brought here by *Genus Baird.*

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

1030

NUMBER 4847	ENGLISH NAME Eli Cowles	AGENCY Oneida, Wis	NATION Oneida					
BAND	INDIAN NAME	HOME ADDRESS Eli Cowles, West-De Pere Wis. P.O. #2						
PARENTS LIVING OR DEAD FATHER, L. MOTHER, L.	COONIC COWLES	BLOOD 3/4	AGE 18	HEIGHT 5'-7 ¹ / ₄ "	WEIGHT 152	FORCED INSP. 38 ¹ / ₂	FORCED EXPR. 34	SEX. M.
ARRIVED AT SCHOOL Oct. 23. 12	FOR WHAT PERIOD Three years	DATE DISCHARGED Oct. 2, 1913	CAUSE OF DISCHARGE Deserter					
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY					
4-9-13 7-12-13	A. E. Slack, Taylorsville Pa. Pan - (Should have been reported Apr. 7)							

THE SHAW-WALKER CO., MUSKEGON 121021

Months in school before Carlisle, 90

Trade entered at Carlisle,

Trade at date of Discharge,

Trade or Industry,

Church, Methodist

Miles to school 5

1030

West DePere Wis
Jan 5 - 1914

Supt Friedman
Carlisle Penn

Sir

I wish to notify you
That Charles B Cornelius
address is West DePere Wis
R.F.D. 2 Box 79 He is my
son who is at your school
he does not know the address
His report which was sent
a month ago I did not
get until a few days ago.
Will be much obliged to you

if you will be kind
enough to see to this
Very Resp.

Eli B Cornelius.

1030

Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

July 16, 1911. 1911.

NAME *Eli Bowles*

1. Are you married and if so to whom? *Am not married.*

2. What is your present address? *West 10th & Pine Sts. Route 7.*

3. Did you attend or graduate from any other schools after leaving Carlisle? *no.* Give names of schools and dates if possible

4. What is your present occupation? *I work around on the farms.*

5. Tell something of your present home *We have a hundred and five acres. A frame house and barn it is in a very nice place on the reservation.*

6. What property in the way of land, stock, buildings, or money do you have? *We have six cows a team and quite a few head of sheep.*

7. Have you been in the Indian Service? In what positions? How long in each? *I have not been in the Indian service and expect to return in the fall.*

8. What other positions have you held since leaving Carlisle?.....
.....
.....
.....

9. Tell me anything else of interest connected with your life:

622

5-192 a

APPLICATION OF

Eli Powless

FOR THE ENROLLMENT OF

Himself

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oneida, Wisconsin.

Date of enrollment, September, 1912

Term of enrollment, Three (3) 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 Eli Powless ; Male ; date of birth Feb. 15, 1894 ;
(Name of child.) (Sex.)
Oneida, Wis.,
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Loomis Powless	Living	Oneida, Wis.		3/4
NAME OF MOTHER.				
Rachel Powless	Living	Oneida, Wis.		3/4

I, Eli Powless, do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of Three 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. Wittenberg, Wis.	1899	1904		
2. Carlisle, Pa.	1904	1909		6th grade.
3.				
4.				

Eli Powless.
(Parent, guardian, or next of kin.)

P. O. address: West DePere, Wis. Route #2.

Two witnesses:

GOVERNMENT PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 1 day of Sept, 1912

J. H. Powers
Physician at Quida Wis

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

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 E. H. Powers
(Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

.....
.....
.....
.....
.....

This 21 day of Oct, 1912

J. H. Hart
Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

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 _____, 191

Nonreservation 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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent 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. 6-870

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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

1030

December 1st, 1915,

Mr. Eli Powlas,
Oneida, Wis.

Dear Sir,

There is enclosed herewith check for 2.56 which
closes your account at Carlisle. Please sign the face of the check
before presenting to bank for payment.

Respectfully,

W.H.M.

Superintendent.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

1030

50

Oneida

Name of Student *Eli Pawlas* Home Address *3533* Tribe *Oneida*

Age at Entrance *18* Date of Entrance *10-23-'13* Shop

Patron *A. E. Slack,* Locality Days in School

Address *Taylorville, Pa.* R. R. Station Conduct

Recommended by Grade in School Ability

Grade of Home Church Health

Date of Outing *4-9-'13* Date Returned *Apr 4-13-'13* *10-2-13* Wages Earnings

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

October 30th, 1913.

Eli Powles,

Oneida, Wis.

Dear Sir,

There is enclosed herewith check for 2.76 in favor of Dr. Boyer which kindly sign and return to me when a check for the balance you have in bank will be sent to you.

Respectfully,

W.H.M.

Superintendent,

NAME.

Powless, Eli,

1030
TRIBE.

Onieda

PARENT OR GUARDIAN.

Mrs. Rachel Powless.

DATE ENROLLED.

Aug. 13, 1904.

TERM.

5 Years

AGE.

10

HOME ADDRESS.

Depere, Wis?

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
Jan. 09
July 09

7

V. Good V Good
Vetting
"

Gen. V. Isd Good

Good Good

Good Good
Good Good
Good Good

1030

CARLISLE INDIAN SCHOOL

No.	NAME.	AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.		
4847	Eli Proless	18	Oneida	3/4	Oneida, Wis		
DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
Oct 23, 12	90			5-	TO COUNTRY	FROM COUNTRY	DATE DISCHARGED
					4-9-13		
					7-2-13	Ran	Oct: 4, 13
							Catholic

~ 1639 ~

Progress from _____, _____ to _____, _____

(Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade								
Academic..... standing*								
Industrial..... standing* (Department)								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition.....								

Remarks:

Powlas, Eli.

1030

Correspondence

1688

Money returned. a/c closed

2278

Mother's file

4465

1030

new.

NAME Eli PowlessSex { Male.
FemaleTribe { ~~Path~~ } OneidaState WisconsinNov 26, 1912Age 18 yearsRespiration 72Condition of, Eyes O.K.Height 5 ft. 7 1/2 ins.Mensuration { Insp. 38 1/2Ears O.K.Weight 132 lbs.Exp. 34Throat O.K.Temperature 98.1Vaccination YesCervical glands O.K.Pulse 72

Vision

Skin O.K.Inspection Well developedPalpation O.K.Percussion O.K.Auscultation O.K.Heart O.K.~~(Menstruation)~~

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>good</u>		
Mother	<u>Yes</u>	<u>"</u>		
Brothers	<u>3</u>	<u>"</u>	<u>2</u>	<u>unknown</u>
Sisters	<u>2</u>	<u>"</u>	<u>none</u>	

Personal history NonePresent condition goodH. B. Frazier, 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.

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE

FULL. ONE

NAME Eli Paulis

AGE

DIAGNOSIS Rheumatism, acute articular

ADMITTED Jan 18.

DISCHARGED Feb 26.

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Eli Poulas 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	M	E	M	E
BOWELS NUMBER OF movements	1	1	1	1	1	1	1	1	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°																												
96°																												
95°																												
Pulse.	70	64	86	66	84	60	90	80	88	88	98	97	100	72	99	80	83	84	73	84	73	84	74	73	73	73	73	73
Resp.	20	24	18	20	20	24	22	16	22	72	22	24	24	20	22	26	26	20	25	24	20	24	25	25	24	24	24	24
Date.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

Feb.

Discharged

C. 42°

41°

40°

39°

38°

37°

36°

35°

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Eli Fowler M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission Jan. 18, 13

Diet 7⁰⁰ P.M.

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	M	E
BOWELS <small>Number of movements</small>																										
Urine <small>Daily Am't</small>																										
F.																										
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
Day of Dis.																										
Pulse.		88/100	90/90	98/100	114/100	118/100	84/96	90/84	84/96	78/80	78/90	80/90	90/78	84/78	78/72	68/74	84/92	67/74	76/88	84/66	72/66					
Resp.		22/30	22/23	36/24	34/20	36/24	24/20	20/18	20/30	18/18	18/18	18/18	18/18	18/18	18/18	18/18	24/16	20/24	18/18	22/18	20/24					
Date.	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7					

C. 42°
41°
40°
39°
38°
37°
36°
35°

Copyright, 1885, by James C. Wilson, M.D.

Published by J. B. Lippincott Company, Philadelphia, Pa.

Jan.

Patient Eli Powlas Carlisle, Pa. Feb - 25 1913 Physician Allen E. Jralic
 Address _____ Nurse Rose Haney

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 AM	97	74	20		Feb - 25 - '13				
5 PM	97	73	20	7:00	Syr. Hypo.	8 AM	Not here,		
7 AM	97	"	"	"	Feb - 26 - '13				
				7:00	Syr. Hypo.				

Patient Eli Poulas Carlisle, Pa. Feb 20 1913 Physician _____
 Address _____ Nurse Rosie Healey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7am.	97	74	25	9:30	Feb - 20 - 13				
5pm	98	72	18	7:30	8yh 7yh				
				12:30	" "				
				6:00	" "				
Feb 21-13									
7am.	98	73	24	7:30	8yh 7yh				
5pm	97	73	20	12:30	" "				
				5:30	" "				
Feb 22-13									
				7:00	8yh 7yh				
7am.	97	73	24	12:30	" "				
6pm	98.3	84	24	5:30	" "				
Feb - 23 - 13									
				7:00	8yh 7yh				
7am.	97	87	24	12:30	" "				
				6:30	" "				
Feb - 24 - 13									
7am.	98	72	20	7:30	8yh 7yh				
5pm.	97	75	20	12:30	" "				
				6:30	" "				

Patient *Eli Powlas*

Carlisle, Pa.

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Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<i>Feb-16-'13</i>				
				<i>9:00</i>	<i>Sod. Sal.</i>				<i>Not here</i>
<i>8 AM</i>	<i>77</i>	<i>83</i>	<i>24</i>	<i>6:00</i>	<i>" "</i>				
					<i>Feb 17-13</i>				
<i>7 AM</i>	<i>97</i>	<i>75</i>	<i>20</i>	<i>9:00</i>	<i>Sod: Sal</i>				
<i>5 PM</i>	<i>99</i>	<i>74</i>	<i>25</i>	<i>12:00</i>	<i>" "</i>				
				<i>3:00</i>	<i>" "</i>				
				<i>6:00</i>	<i>" "</i>				
				<i>9:00</i>	<i>" "</i>				
					<i>Feb-18-'13</i>				
<i>7 AM</i>	<i>97</i>	<i>74</i>	<i>26</i>	<i>9:00</i>	<i>Sod: Sal</i>				
<i>5 PM</i>	<i>97</i>	<i>73</i>	<i>20</i>	<i>12:00</i>	<i>" "</i>				
				<i>9:00</i>	<i>Sod. Sal.</i>	<i>7:15</i>	<i>Milk & orange</i>		
					<i>Feb-19-'13</i>				
<i>7 AM</i>	<i>97</i>	<i>64</i>	<i>24</i>	<i>7:30</i>	<i>Sgt. Hygt.</i>				
				<i>12:30</i>	<i>" "</i>				
				<i>5:30</i>	<i>" "</i>				
<i>7 AM</i>	<i>97</i>	<i>64</i>	<i>24</i>						
<i>5 PM</i>	<i>97</i>	<i>64</i>	<i>25</i>						

Patient *Eli Fowler*

Carlisle, Pa. *Feb 12*

191 *3*

Physician *Folic & Allen*

Address _____

Nurse *Theresa Martello*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				7:00	Sod. Sal				
					<i>Feb 13-13</i>				
7 AM	97	78	18	9:00	Sod. Sal	10 AM	Milk		
				11:00	" "				Not here
				1:00	" "				
				3:00	" "				
2 PM	98	99	22	6:00	" "				
					<i>Feb 14-13</i>				
7 AM	98	100	24	9:00	Sod. Sal				
				12:00	" "				
5:00	99	72	24	1:00	" "				
				3:00	not here				
				6:00	Sod. Sal				
					<i>Feb 15-13</i>				
7 AM	98.1	99	20	9:00	Sod. Sal	8:00	Milk		
5 PM	97	80	20	12:00	" "				
				1:00	" "				
				3:00	not here				
				9:00	Sod. Sal				

Patient Elis Prowla Carlisle, Pa. Febr. 9 191 Physician Allen & Freslie
 Address _____ Nurse R. Theresa Martel

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					Febr. 9-13				
				2:00	Sal. + Sals				
				3:00	Sal. + Sals	10:00	milk		
				6:00	Sal. + Sals	3:00	milk		
5:00 PM	98	66	20	9:00	"	"	8:00		
7:00 AM	97	84	20		Feb-10-13				
				9:00	Sal & Sals				
				12:00	"	"			
				3:00	"	"			
5:00 PM	98	60	20	6:00	"	"			
				9:00	"	"			
					Feb-11-13	10	milk		
7:00 AM	97	80	22	9:00	Sal & Sals				
				12:00	Sal & Sals				
5:00 PM	97	80	22	3:00	"	"			
				6:00	"	"			
					Feb-12-13				
7:00 AM	97	88	16	9:00	Sal & Sals				
5:00	98	88	22	12:00	"	"			

Patient Feli Powlas Carlisle, Pa. Feb - 6 19113 Physician Allen and T. Ralic
 Address _____ Nurse Theresa Martell

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00 a.m.	98	84	22		Feb 6-13				
				9:00	Sod. & Sal				
				12:00	" "				
5:00 p.m.	98	66	18	3:00	" "	3:00	milk		
				6:00	" "	8:00	"		
					Feb - 7 - 13				
7:00 a.m.	98	72	20	9:00	Sod. & Sal	10:00 a.m.	milk		
				12:00	" "				
				1:00	" "				
				3:00	" "				
5:00 p.m.	97	66	14	6:00	" "	3:00	"		
7:00 a.m.	98.4	80	20		Feb - 8 - 13	10:00 a.m.	milk		
				9:00	Sod & Sal				
				12:00	" "				
				3:00	" "				
5:00 p.m.	98	66	18	6:00	" "	3:00	"		
					Feb - 9 - 13				
7:00 a.m.	98	80	18	9:00	Sod & Sal				

Patient *Eli Poulas.*

Carlisle, Pa.

Feb. 3

1913.

Physician

Allen & Stratis

Address

Nurse

Theresa Mastler

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7am.</i>	<i>99</i>	<i>84</i>	<i>24</i>		<i>Feb-3-13</i>	<i>am</i> <i>10</i>	<i>milk</i>		
<i>5pm</i>	<i>99.4</i>	<i>93</i>	<i>16</i>	<i>9:</i>	<i>Sod. Sal.</i>				
				<i>12:</i>	<i>" "</i>				
				<i>3:</i>	<i>" "</i>				
				<i>6:</i>	<i>" "</i>				
				<i>9:</i>	<i>" "</i>				
<i>7 a.m.</i>	<i>99</i>	<i>64</i>	<i>20</i>		<i>Feb 4-13</i>	<i>am</i> <i>10</i>	<i>milk</i>		
<i>5 P.M.</i>	<i>99.4</i>	<i>88</i>	<i>24</i>	<i>9:00</i>	<i>Sod. Sal</i>				
				<i>12:00</i>	<i>" "</i>				
				<i>3:00</i>	<i>" "</i>				
				<i>6:00</i>	<i>" "</i>	<i>8:00</i>	<i>Milk</i>		
				<i>9:00</i>	<i>" "</i>				
<i>99.4</i>	<i>76</i>	<i>18</i>			<i>Feb-5-13</i>				
<i>7 a.m.</i>	<i>98.4</i>	<i>76</i>	<i>18</i>	<i>9:</i>	<i>Sod & Sal</i>	<i>a.m.</i> <i>10</i>	<i>Milk</i>		
				<i>11:00</i>	<i>mag Sulf.</i>				
				<i>12:00</i>	<i>Sod Sal.</i>				
<i>3:00 a.m.</i>	<i>99</i>	<i>84</i>	<i>18</i>	<i>1:00</i>	<i>" "</i>				
				<i>3:00</i>	<i>" "</i>				
				<i>6:00</i>	<i>" "</i>				
				<i>9:00</i>	<i>" "</i>				

Patient *Eli Powlas*

Carlisle, Pa.

January 31 1913

Physician

Allen and Fralic

Address

Nurse

Lillian Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:0 a.m.	99.1	84	18		<i>January-31-13</i>	a.m. 10:	<i>Milk</i>		
5:0 p.m.	98	78	18						
				3:00	<i>Sod. Sal</i>	3:00	<i>milk</i>		
				6:00	" "				
				7:00	" "				
7:0 a.m.	99	78	18		<i>Feb-1-13</i>	a.m. 11:	<i>milk</i>		
5:0 p.m.	100	78	18						
				3:00	<i>Sod. Sal</i>	3:00	<i>Butter milk</i>		
				6:00	" "				
				9:00	" "				
7:0 a.m.	97	68	18		<i>Feb-2-13</i>	a.m. 10:	<i>milk</i>		
5:0 p.m.	99	74	18	9:		<i>Sod. Sal</i>			
				12:	" "	p.m. 3:00	<i>milk</i>		
				3:	" "				
				6:00	" "				
				9	" "				

Patient Eli Doulas Carlisle, Pa., Jan 27 1913 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				6:00	Sod Sol				
				9:00	" "				
7:00 a.m.	100	78	18		Jan - 28 - 13	a.m. 7:30	milk		
5:00 p.m.	100.4	90	18	9:0	Sod Sol	9:30	milk		
				12'	" "	a.m. 11:30	milk		
				3:00	" "	3:00	"		
				6:00	" "	3:30	"		
				8'	" "	5:30	"		
						6 "	"		
7:00 a.m.	99.2	80	18		Jan - 29 - 13	7:30	milk		
5:00 p.m.	100.2	90	18	9:0	Sod Sol	9:30	butter milk		
				12:0	" "	2:00	" "		
				3:00	Sod Sol	4:00	" "		
				6:00	" "	6:00	" "		
7:00 a.m.	100	90	18	9:0	January 30 - 13				
5:00 p.m.	99.1	78	18	1:00	" "	P.m. 8:00	milk		
				3:00	Sod Sol				
				6:00	" "				
				9:00	" "				

Patient Eli Pawlas Carlisle, Pa., Jan. 25 - 1913 Physician Allen & Frick
 Address _____ Nurse Lillian Rose

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7: a.m.	100	96	20		Jan 25-13	am			
5: P.m.	101	84	18	9:00	Sod Sol	7:30	butter milk		In bed
				12:00	" "	9:30	Milk		
					Jan 25-13	11:30	butter milk		
				3:00		1:30	milk		
						3:30	butter milk		
						5:30	Milk		
						7:30	butter milk		
						9:30	milk		
7: a.m.	100	84	20		Jan - 26-13	9:30	milk		
5: P.m.	100	84	20	9:00	Sod Sol	9:30	butter milk		
				12:00	" "	11:30	milk		
				3:00	" "	1:30	butter milk		
				6:00	" "	3:30	milk		
				9:00	" "	5:30	butter milk		
						7:30	milk		
						9:30	butter milk		
7: a.m.	100	78	18		Jan - 27-13				
5: P.m.	100	80	18	9:00	Sod Sol				
				12:00	" "	2:00	milk		
				3:00	" "				

Patient Eli Cowles Carlisle, Pa., Jan 22 1913 Physician Fralick & Allen
 Address _____ Nurse Edith Emery

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
9:00 a.m.	101.2	118	24		Jan 22-13.	P.M. 9:00	1/4 gr. mor by mouth		In bed.
				9:00	Sad Sal.				
				12:00	" "				
				3:00	" "	A.M. 10:00	milk		
				6:00	" "				
					Jan 23, 13.				
				9:00	Sad Sal				
				12:00	" "				
				3:00	" "				
				6:00	" "				
				9:00	" "	8:00			
					Jan. 24, 13	A.M. 9:30	milk		
7:15 a.m.	100	84	24						
5:15 p.m.	101	96	20	9:00	Sad Sal	9:30	butter "		
				12:00	" "	11:30	milk		
				3:00	" "	1:30	butter milk		
				6:00	" "	3:30	milk		
				9:00	" "	5:30	butter milk		
						8:30	milk		

Patient Eli Poulas Carlisle, Pa., Jan 18th 1913 Physician Julie Bailey
 Address _____ Nurse Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7. AM	101			7 PM	Mag. Sulph.		soft diet		
					Jan. 19.				
7 AM	101.1	88	22						
5:00	100.4	100	30						
7:00	100.4	90	22		Jan - 20 - 13				
5:00	100.4	90	22	9:00	Sod Sal				
				12:00	" "				
				3:00	" "				
				6:00	" "				
				9:00	" "				
				9:00	mag sulph				
11 AM	101.2	98	36		Jan 21 - 13				
5: P. M	102.2	100	24	9:00	Sod Sal.				
				12:00	" "				
				3:00	" "				
				6:00	" "				
				9:00	Sod Sal & Pepsin				
9: AM.	102	114	32		Jan - 22 - 13				

NOTE—RESIDENTS IN CHARGE OF PATIENTS ARE REQUIRED TO COPY ALL LABORATORY REPORTS UPON THIS SHEET THE SAME DAY THAT THEY ARE RECEIVED.

Indian School Hospital, Carlisle, Pa. Laboratory Sheet.

NAME Eli Paulis WARD Boys CHIEF Allen

URINE EXAMINATIONS.

DATE.	AMOUNT IN 24 HOURS.	SP. GR.	REACTION.	SEDIMENT.	ALBUMIN.	SUGAR.	SPECIAL.	MICROSCOPICAL.
1/23/13	9	1035	acid		yes.	no	1	epithelial debris no casts

BLOOD EXAMINATIONS.

DATE.	RED CELLS.	LEUCOCYTES.	HÆMOGLOBIN.	SERUM REACTIONS.	DIFFERENTIAL COUNTS AND SPECIAL EXAMINATIONS.

SPUTUM EXAMINATIONS.

DATE.	MACROSCOPICAL.	T. B. MINUS.	T. B. PLUS.	MICROSCOPICAL.