

1122

CARLISLE INDIAN SCHOOL

No. **5252** NAME. **Edwards, Robert** AGE. **17** TRIBE. **Chippewa** DEGREE OF INDIAN BLOOD. **$\frac{1}{4}$** NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. **L'Anse**

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.)		
<i>10-3-14</i>	<i>72</i>	<i>13</i>	<i>u</i>	<i>1$\frac{1}{2}$</i>	TO COUNTRY	FROM COUNTRY	DATE DISCHARGED
							<i>2-23-15</i>
							<i>Catholic</i>

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: _____

NAME Robert Edwards Sex Male Female

Tribes ^{Full} Chippewa State Michigan Oct 3rd, 1914

Age 17 years Respiration 18 Condition of Eyes negative

Height 5 ft. 9 1/2 ins. Mensuration { Insp. 32 1/2
Exp. 29 1/2 Ears negative

Weight 121 lbs. Throat Adenoids?

Temperature 97.2 Vaccination Positive Cervical glands "

Pulse 80 Vision Good Skin "

Inspection Poor chest development Mouth breath "

Palpation negative

Percussion Findings negative

Auscultation "

Heart "

(Menstruation) "

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Good</u>		
Mother	<u>"</u>	<u>"</u>	<u>2</u>	<u>Infancy</u>
Brothers	<u>5</u>	<u>Good</u>		
Sisters	<u>1</u>	<u>"</u>	<u>2</u>	<u>Spiral meningitis</u>

Personal history Mumps, pneumonia

Present condition Operated atomyelitis of left tibia - Suppuration still discharging -

Walter Penhoff, 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.

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

1122

NUMBER 5252		ENGLISH NAME Robt. Edwards		AGENCY			NATION Chippewa				
HAND		INDIAN NAME		HOME ADDRESS mother - Mrs. Elizabeth Edwards, L'Anse, Mich.							
PARENTS LIVING OR DEAD		BLOOD 1/4	AGE 17	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX M			
FATHER		MOTHER 2		ARRIVED AT SCHOOL Oct. 3, 1914			FOR WHAT PERIOD Three years		DATE DISCHARGED Feb. 24, 1915		CAUSE OF DISCHARGE * Physical condition
TO COUNTRY		PATRONS NAME AND ADDRESS							FROM COUNTRY		

* Re-opening of old sore on leg.

months in school before Carlisle. 72

Grade entered at Carlisle.

Grade at date of Discharge,

Trade or Industry,

Church. Catholic

1/2 mi. to school

1122

Read Instructions on this Application Blank carefully

BRIEF

Application of

Mrs Elizabeth Edwards

FOR THE ENROLLMENT OF

Robert L Edwards

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Box 64 Laure Mich

Date of enrollment 1914

Term of enrollment (3) years



Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

Application for Enrollment in a Non-Reservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Lansing P.O., of Robert L. Edwards, (Name of child.) (Sex.) I, Mrs Elizabeth Edwards (Parent, Guardian, or next of kin.) of Lansing P. O., State of Michigan, do hereby voluntarily consent and agree to the enrollment in said school for a period of 3 (Not less than three.) years, and also obligates and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Baraga Mich on July 9, 1897 (Date.) that the father, William Edwards, White (Name.) (Is or was.) a (Degree.) Indian of the Tribe located at _____ Agency; that he left the tribe about _____ (Approximate date); that the mother, Elizabeth Edwards (Name.) (Is or was.) a half (Degree.) Indian of the Chippewa Tribe located at Baraga Agency, and left the tribe about _____ (Approximate date); that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Baraga Public School</u>	<u>Baraga Mich</u>				<u>9</u>
<u>Lansing Public School</u>	<u>Lansing Mich</u>				

This 5 day of September, 1914

Two witnesses:

John Campbell
J. Ernest Cole

Mrs Elizabeth Edwards
(Parent, guardian, or next of kin.)
P. O. Lansing Baraga Mich

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, Mrs Elizabeth Edwards, do hereby swear that the statements made in the above application are true.

Mrs Elizabeth Edwards
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 5 day of September, 1914

John Campbell Notary Public
Lansing Michigan

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

Myler Mission
April 3rd 1914

Certificate of Physician.

I, L. M. Power M. D., a practicing physician of Newport Mich, do hereby certify that I have carefully examined Robert Edwards, the child named in this application, and find that he is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This 4 day of Sept, 1914

L. M. Power, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, John Campbell, a Justice of the Peace of Lapeer Township Michigan, do hereby certify that I am personally acquainted with Mrs Elizabeth Edwards who makes the foregoing application; that I believe her statements therein are true; that I am acquainted with Robert L Edwards; that he is known and recognized in the community in which he lives as an Indian; and that in my opinion he can not receive proper and adequate schooling at home for the reason that that he has not the means to keep him in school

truly, and is desirous of learning a trade

This 5th day of September, 1914

John Campbell Justice of the Peace

VOUCHER NO. 2.

I, J. Ernest Cote, a reporter of H. Anse, do hereby certify that I am personally acquainted with Mrs Elizabeth Edwards who makes the foregoing application; that I believe her statements therein are true; that I am acquainted with Robert L. Edwards; that he is known and recognized in the community in which he lives as an Indian; and that in my opinion he cannot receive proper and adequate schooling at home for the reason that has not the means of paying for schooling and wants to learn a trade which he cannot do here

This 5th day of Sept, 1914

J. Ernest Cote

Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

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

This _____ day of _____, 191_____

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation 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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.



Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

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DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Carlisle, Pa.

Feb. 20th., 1915.

Mr. Meyer:

I do not see the absolute necessity of dismissing Robert Edwards from school on account of the condition of his leg. This is in very much better condition, in fact, than it was upon his arrival, at which time an operation was performed by me and a large sequestrum of bone removed. It has been found necessary to dress Robert's leg daily as there is a constant slight discharge from two small sinuses. If he can secure proper attention at home there is of course no good reason why I should object to his going. It is regrettable that unsound children should be sent to Carlisle in the first place.

Respectfully,

Calvin Rindlett M. D.

February 23rd, 1915.

Mr. Griffiths:

Robert Edwards is to leave for his home on train at 5.40 this evening. Please have his name reported "dropped".

Kindly have Robert come to this office this afternoon so that cash can be advanced him, and arrange to have him taken to the station.

Respectfully,

Supervisor  in Charge.

for his passage to L'Anse will be provided for his use.

Robert states that he does not have any money with which to pay for incidental traveling expenses en route home, so an amount of three dollars will be advanced him in cash.

Febr. 23rd, 1915.

Mr. William Edwards,
L'Anse, Michigan.

My dear Sir:

Assuring you that a notification of Robert's arrival at your home was given him.

Last week your son Robert came to me with a request that he be allowed to return home on account of continued trouble with the sore on his leg that had caused him annoyance before he came to Carlisle. When the request was referred to our school physician a reply as follows was addressed to me:

"I do not see the absolute necessity of dismissing Robert Edwards from school on account of the condition of his leg. This is in very much better condition, in fact, than it was upon his arrival, at which time an operation was performed by me and a large sequestrum of bone removed. It has been found necessary to dress Robert's leg daily as there is a constant slight discharge from two small sinuses. If he can secure proper attention at home there is of course no good reason why I should object to his going. It is regrettable that unsound children should be sent to Carlisle in the first place."

Agreeing with our physician that Robert should not have been sent to Carlisle in the first place I have decided now to let him go and arrangements have been completed to have him start this evening for your home. Transportation

NO.

United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 1914

TRIBE

FULL. ONE

NAME Robert Edwards

AGE

DIAGNOSIS Acute Laryngitis and Pharyngitis

ADMITTED Dec 26 th

DISCHARGED Dec 31 st

RESULT

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

Walter Pennington

REMARKS:

Patient Robert Edwards Carlisle, Pa., Dec. 26 191 4 Physician Walter Rindtorff, M.D.
 Address _____ Nurse Mrs. A. G. Wylde

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:30 ^{am}	98.2			7:30	M. ab. Sod. Salicylate gr V Colony gr II		—	7:30	Put to bed -
				7:00	m. q. s o 4 "morning"	7:00	Soft Diet.		In bed.
					Sod. Sal gr. V	8:00	" "		" "
					S. G. S. gr I	11:30	" "		" "
					" " " " " "	6:00	" "		" "
					" " " " " "	7:1M	" "		" "
					" " " " " "	12:30	" "	8:30	Leg dressed.
					" " " " " "	6:00	" "		" "
					" " " " " "	7:00	" "		" "
					" " " " " "	12:30	Full diet		" "
					" " " " " "	6:30	" "		" "
					Iron Fun. Strg. grt	7:15	" "		Leg dressed.
					" " " " " "	12:30	" "		" "
					" " " " " I.	6:1M	" "		" "
					" " " " " I.	7:9M	" "		Leg dressed.

NO.

United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 1914

TRIBE

FULL. ONE

NAME Edward Roberts

AGE

DIAGNOSIS Osteomyelitis

ADMITTED Oct 3rd,

DISCHARGED Oct 12th

RESULT Indeterminate

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

REMARKS:

Walter Prudloff

Case No. _____

DIAGNOSIS

Osteomyelitis

Revise _____

Notes of Case

Name *Edward Roberto* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission _____

Diet _____

Treatment

*Operated and
removed sequestrum*

Edwards Roberts

Clinical Memoranda	BOWELS															
	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
Urine	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
Daily Amt	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
F.	107°	106°	106°	105°	104°	103°	102°	101°	100°	99°	98°	98°	97°	97°	97°	97°
Notes	10-50- 5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.	5 P.M.	7-10 P.M.
Pulse	72	96	72	72	72	72	72	72	72	72	72	72	72	72	72	72
Resp.	20	20	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Date	3	4	5	6	7	8	9	10	11	12	13	14	15			

Result _____

Oct

