mis. Elizabeth Edelards, Feb. 24, 1915 Three 42a Physical Condit * Re-opening old sore on leg Monaus in sensol before Carlisle. 72 Grade entered at Carlisle. Grade at dam of Discharge, Frade or Industry, Ihmrch. Catholic 1/2 mi. to school

	11	22	C	RLIS	LE IND	IAN SCH	001					
Sdwar	NAME.	Robe	erX	AGE.	Olin	TRIBE.	a	DEGREE OF INDIAN BLOOD.	VATION, I	F ENR	CY AND RE	NOT,
DATE ENTERED.	Months in school before enroll- ment here.		T GRADE ROOM. At date of this report.	Distanto near publi school from pupil' home	c 1 s	(Temporari		sent, outing	MARKS.			
	72	13	u	1-2		To Country		FROM	A COUNTRY	D	OATE DISCH	ARGED
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											~ 16	339~
Progre	ess from	n			,			., to				-,
FIRST YEAR	IN THIS	SCHOOL	(Da	EPT.	ост.	NOV.	DE	C. JA	N. FE	(Date	MAR.	APR.
Class or grade		1:	-*									
Academic		standing	3									
Industrial	partment	standing	<u>*</u>									
Musical: Ban			r*									
Vocal												
Orchestra	a s	standing	r*								=	
Deportment_		standing	*									
Physical cond	lition_											
Remarks:)						
							etr,					

NAME 3	obert Ea	wards			Sex { Male. Female.			
Tribe $\left\{ \begin{array}{c} Full \\ 1/\omega \end{array} \right\}$	Chipper	State	Michy	gan	Oct 3rd, 1914			
Age	17 year	rs Respiration	181	Co	ndition of, Eyes Negative			
Height 2 ft. 9½ ins. Mensuration Insp. 32½ Ears Negative								
Weight /2/ Ibs. Exp. 29 Throat addingvids?								
Temperature 972 Vaccination Prositive Cervical glands /								
Pulse 80 Vision Gove Skin "								
Inspection Pon Chart development Month healter								
	negatur							
Percussion	T stiding.	negative						

Auscultation	и	4						

Heart	4							
(Menstruation)								
FAMILY HISTORY.								
	LIVING.	CONDITION OF HI	EALTH.	DEAD.	CAUSE OF DEATH.			
Father	Mis	hove	<u> </u>					
Mother	O M	4						
				2	1 mjanen			
Brothers	5	Som	1					
					- Shinal arranging tis			
Sisters	1	- 4/		2	2 I municipal			
Personal history Mussles, Junimmia								
Present condition Operated atempolitis of left tiling. Superstand till Mischunging.								
Atill	dischusa	lina -						
		7	111	Call-	Prudterff, M. D.			
				ann.	, 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.

Name	

Age	Sex { Male. Female.	Tribe { Full	}	Residence	
(On,	19)				

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
19	T.	Р.	R.				History, progress, and termination of the disease.
		5.					
					e .		
							6—195

Read Instructions on this Application Blank carefully

BRIEF Application of Mora Colizabeth Edwards Robert & Edwards IN THE INDIAN SCHOOL AT Carlisle, Pennsylvania ROST-OFFICE ADDRESS OF APPLICANT: Box 64 Lanne Mich Date of enrollment

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.

Term of enrollment

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 t	the care, ed	lucation, a	nd mainter	nance in			
the United States Indian School at .	Purliste P.O	<u></u>	,		, of			
Robert L. Edward	2, I, .	Minst	dylt	to Edu	ards.			
. //	of Lane P. O., State of Michigan, do hereby voluntarily consent							
and agree to the enrollment in sa	aid school for a period of	3 Not less than thre	year	s, and alo	bligates			
and agree to the enrollment in said school for a period of								
I further say that the said child was born at Baraga Much on July 4,189;7								
that the father, William Eou (Name.)	(Is or was.)	(Degree.)	dian of the					
Tribe located at	Agency; that he left the	tribe about	(App	roximate date)	;			
that the mother, Elizabeth &	edwards, is	a heff	Indian of	the Chip	yerva			
Tribe located at Baraga								
the said child was born and reared in the United States, and now actually resides therein; and that								
he has attended the following school	ols:							
NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.			
Baraga Public School	Baraga Wiel				9			
Laure Public School	Lanse Mich							
7		0.000						
This day of Alfa	elector, 1914							
Two witnesses:	.0	All	10 1	0. 0				
John Camptell . Mon Educatell Edward								
19. Comes rol	P. (//	Mehyan			
(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, Mas Elizabeth Co	duards, do hereby	swear that	the states	ments mad	le in the			
above application are true.	1.	ca.						
Mor Elizabeth, Colwards (Signature of applicant.) (Parent, guardian, or next of kin.)								
Sworn to and subscribed before		Heful	gute	~	, 191			
	John	Can	mphe	1. 10	Tong Public			
(Note.—This application and affidavit must be e living; if the parents are dead, by the guardian or ne		to administer oa	ths by the par	ent with whom	the child is			
mylerminsx	on 4pms		Lu	me	mingh			
ahrif 39 1910	/				U			

Certificate of Physician. In 2 M. N. , a practicing physician of A buceset Mich , do hereby certify that I have carefully examined Robert Chevard the child named in this application, and find that ______ 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 day of **Vouchers of Disinterested Persons.** Tonnship Michigudo hereby certify that I am personally acquainted with Matth Celwer who makes the foregoing application that I believe statements therein are true; that I am acquainted with 1000 uf 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 has not the Means to keep hunger School tuly, and is desiron of trying a free VOUCHER No. 2. , do hereby certify that I am personally acquainted with makes the foregoing application; that I/believestatements therein are true; that I am acquainted with World he is known and recognized in the community in which he lives as an Indian; and that in my opinion he gannot receive proper and adequate schooling at home for the reason that has not the means of paying for acholing any to learn a trade which he cannot This 5th day of Seft, 1914

Certificate of School Physician.

I hereby certify that on	(As soon after arrival as possible	, I made a careful examination
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.
Thisday of	, 191	
	the specific	The Property Control of the Parks
THE STATE OF THE S		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.

241122

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Carlisle, Pa.

Feb. 20th., 1915.

Mr.Meyer:

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 simuses . If he can secure proper attention at home there is of course no good reason why I should object to his going. It is regretable that unsound children should be sent to Carlisle in the first place.

despectfully,

Halu Rundloff m. V

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.

Febr. 23rd, 1915.

Mr. William Edwards.

L'Anse, Michigan.

My dear Sir:

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

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 enroute home, so an amount of three dollars will be advanced him in cash as a loan. Upon Robert's arrival at home I would thank you to send to me an amount of three dollars to replace the cash that will be given him.

Assuring you that a notification of Robert's arrival at your home will be appreciated, and hoping that then the sum referred to above can also be forwarded. I am,

Very respectfully.

HIM.

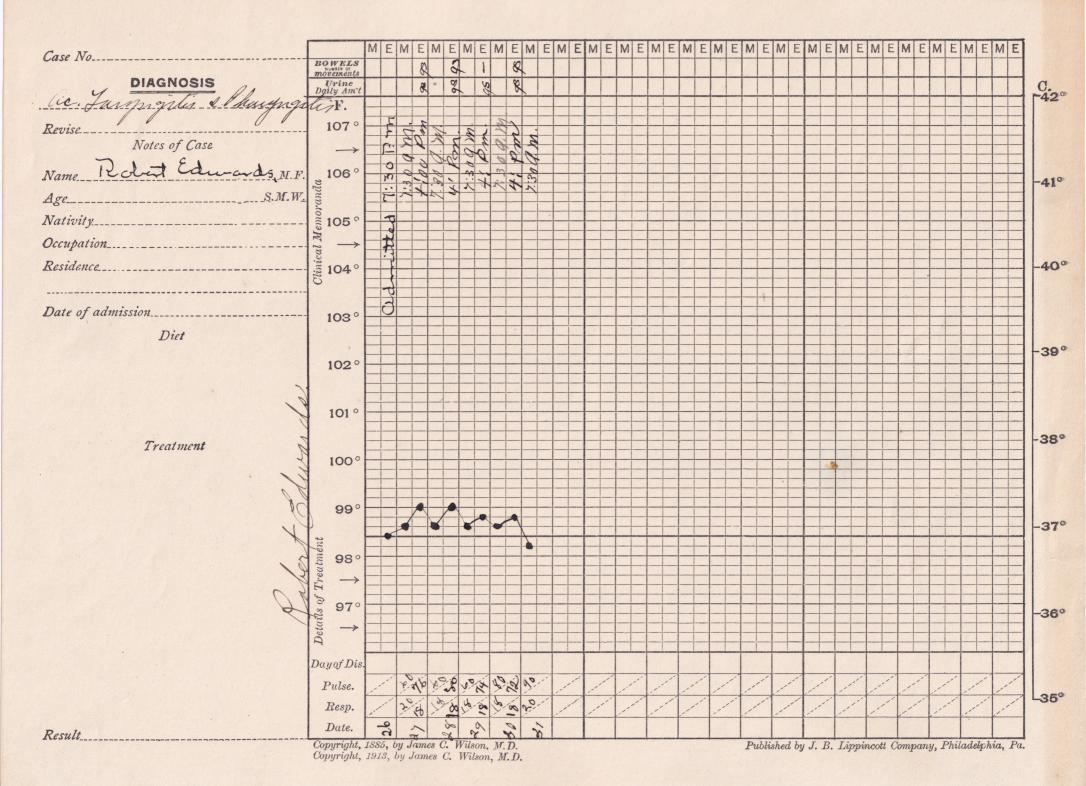
Supervisor in Charge.

IVO.	•
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United States Indian School Hospital

Carlisle, Pennsylvania

	YEAR 1914
TRIBE	Full. One
Name	Robert Edwards
	AGE
Diagnosis	alt Fargugites and Phurgugites
ADMITTED Dec 26 th	Discharged Die 3/21
R	ESULT
VISITING PHYSICIAN:	RESIDENT PHYSICIAN:
	Waller Rundtroff
REMARKS:	

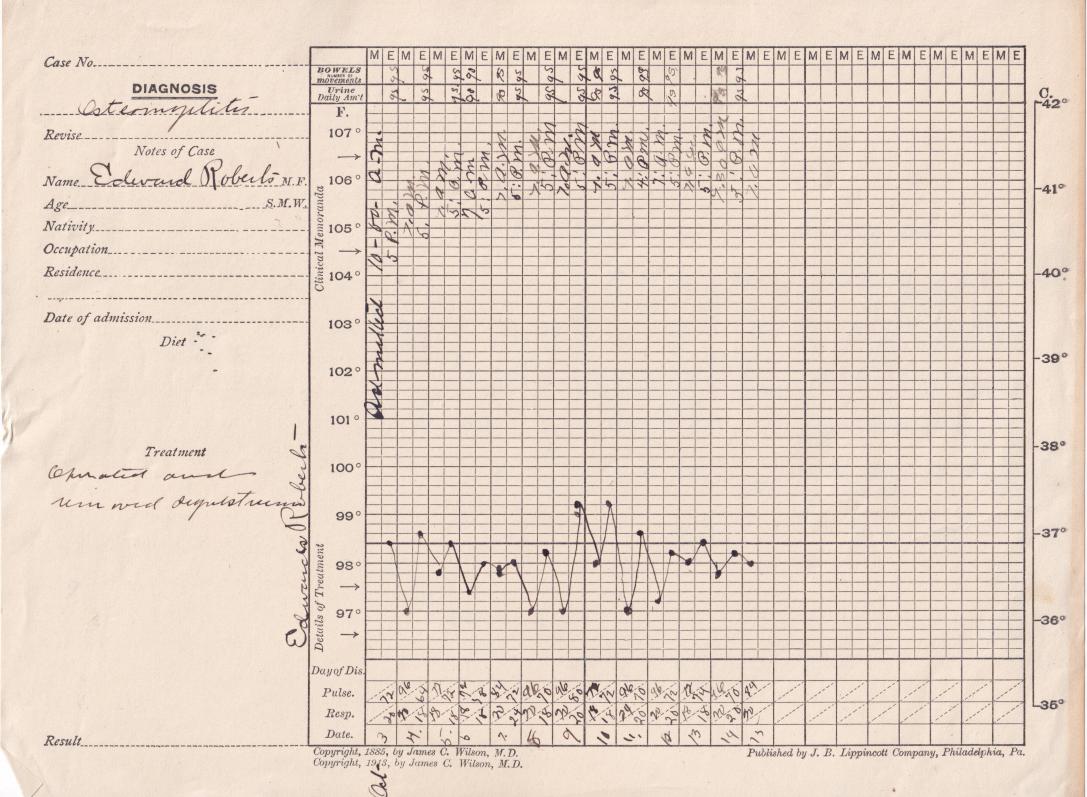


Patient	R	dil	Ed	wa	ds Carlisle, Pa., Hec.	26	191			athe Renderff. M. 10.
Address								Nurse	Turs.	a. q. Tuylde.
Н.	T.	P.	R.	н.	Medicine	н.	Nou	rishment	Н.	Remarks
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	Assessed									

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United States Indian School Hospital

	Carlisle, Pennsylvania
Y	EAR 1914
TRIBE	Full. One
NAME Edw.	ardy Roberts
	Age
Diagnosis Late	imyelilis"
ADMITTED Oct 3rd,	DISCHARGED Oct 12 th
RESULT.	Indeterminate
VISITING PHYSICIAN:	RESIDENT PHYSICIAN:
	Waller Budtoff
REMARKS:	"



Patient Pofert Edwards Carlisle, Pa. Oct. 13 1914, Physician Dr. Pendlouff. Address Nurse Spess Stylde.									
Н.							40.00		Remarks
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		PUPIL'S DEN	ITAL RECORD.	
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School_		Carlisle	Pa	- T
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REPORT AFTER LEAVING CARLISLE 132 563757 3M-2-II

PRESENT NAME										
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE					