

1316
Beverly New Jersey.
Sept. 15th 1912.

Mrs Rosa B. La Flesche.
Carlisle Penn.

Dear friend.

I am writing again to ask if I cannot have some work dresses Mrs Pike has written and yet we do not get an answer. These dresses have seen their best days and I have tried to fix them but they are too far gone. and with the dresses I would like to have a pair of underwear and stockings.

I would like to know if I can have my two months wages (Sept. and Oct.) as I would like to get me a nice winter coat and a pair of shoes. also a few dresses. as I like to look nice when I go any place. it would take me all winter and spring to save what little I get, and since I could not get any money this summer from the bank when I asked for it. I thought I would ask and see if I could ~~not~~ keep my two months wages.

I try to save my money but I have to spend it for some things I need. I would like to know early so I can see what I could do. I had a pleasant summer down at the seashore.

September 18, 1912.

Miss Helen Whitecalf,
C/o J. W. Parker,
Beverly, N. J.

Dear friend Helen:

Answering your letter to Mrs. LaFlesche, of the 15th instant, relative to your desire to draw money for clothing, I have to say that according to your account in Mr. Miller's office you do not have sufficient money to your credit to get all the things you are planning on.

According to the Outing Rules, which you signed and must obey, you are allowed only one-fourth to spend while you are "outing", and one-fourth to spend when you return to the School for the winter. The other half you must save until your term of enrolment has expired, at which time you are given your money to take home with you if you so desire. According to the books, you have already spent the one-fourth you would have had to spend had you returned for the winter, consequently you have no money to spend, and we cannot let you have your September and October earnings, as you request. You have already spent more money than was necessary, considering the fact that your necessary clothing is furnished you by the government.

I have sent your request for clothing to the Girl's Building to be filled, and when you send the size of coat you

wear, we shall be glad to send same to you. If you need winter dresses send measurements for same also, and they can be made in the sewing room. This order will be filled just as soon as the sewing-room girls can get the work done.

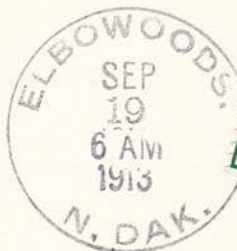
Hoping that your winter out in your country home will be pleasant and profitable, I remain,

Your friend,

LaF.

Superintendent.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

Elbowoods, N. D., 9/11/13.

Supt. M. Friedman,
Carlisle Indian School,
Carlisle, Pa.

Sir:

Just a lind to inform you of my safe arrival at home on the 9th instant after leaving Carlisle on the 4th.

After an absence of three years it seems good to be among the loved ones at home, but nevertheless I have began to realize how I am going to miss dear old Carlisle.

Very respectfully,
Helen Whitecalf.

2

REPORT OF Helen White-Cole pupil of Carlisle Indian
 School, who went June-1911 to live with Mr. Chas. Hollenback
 of Madison (Post Office) Burlington (County) New Jersey Railroad Station
 (State) Madison

Conduct Excellent
 Health Good - her timber at monthly periods
 Ability Good
 Cleanliness "
 Economy "
 Situation of Room 2nd floor
 Condition of Room Excellent
 Condition of Clothing "
 Wages \$8.00 per month as the uniform
 Are careful accounts kept by patron? Yes
 Are careful accounts kept by pupil? Yes
 Number of days at school "
 Distance to school 1/2 mile
 Grade or quality of school "
 Name and address of teacher "
 Qualifications of teacher "
 In what grade was pupil at Carlisle? 6th
 In what grade is pupil at present? "
 Attends what church and Sunday school? Cath. occasionally
 Distance to church Cath. church 4 miles
 Is there a Catholic church in locality? Yes 4 miles

Who compose patron's family? Mr. & Mrs. H. 2 sons 9, 12
 What other help is employed? None. Laundry put out.
 Locality of home Farm
 Home life and environments Excellent
 Trade at school "
 Nature of work Gen. house work
 Pupil's age 21 Experience 2 yrs

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A delightful young woman in possession of
fine, no heavy, good work, hands brain
& hair away. She is a kind considerate woman
and a good keeper. Says it is satisfactory, she
is a good person and a good worker. By continuing
a good worker, very interesting, if she
continues to do well she would like to keep
her next work. Helen likes her very
much, she will stay all winter - if she
can be given a few more school, she is
anxious to make a good work of her self
in order to get a position as a teacher in
the main school when she leaves school.

Muriel V. Garcher
Inca Agent.

May 26-1911.

Ed-Schools
81301-1917.
AVS

August 31, 1917.

1316
Ernest W. Jermark, Supt.,
Fort Berthold Indian Agency,
Elbowoods, N.D.

My dear Mr. Jermark:

Reference is made to your
letter regarding the enrollment of Helen
White Calf, a full blood Indian 28 years
of age, in this school for the purpose
of taking up sewing and dress making only.

I am now in receipt of a
letter from the Commissioner of Indian Affairs
in which I am advised that Helen White Calf
may enter Carlisle school, as requested, upon
the payment of her of tuition amounting to
\$200 and her traveling expenses to and from
the school.

Very truly yours,

JB:R

Superintendent.

THE FOLLOWING:

17.

DEPARTMENT OF THE INTERIOR

OFFICE OF INDIAN AFFAIRS

WASHINGTON

AUG 30 1917

Mr. John Francis, jr.,


Supt., Carlisle Indian School.

My dear Mr. Francis:

Receipt is acknowledged of your letter of August 24, with reference to a communication received from the Superintendent of the Fort Berthold Reservation, in which he recommends, and you likewise recommend, that permission be granted to re-enroll Helen White Calf, full blood Indian, 28 years of age, in the Carlisle School for the purpose of taking up sewing and dressmaking only.

In reply you are advised that this young woman may re-enter the Carlisle School as requested, provided she pays \$200 for the year, and her traveling expenses to and from the school.

Very truly yours,


Assistant Commissioner.

8-SMD-28

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

1316

THE SHAW-WALKER CO., MUSKOGEE 79104

Miles to school - 3

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *White Calf Hellen* DATE *11/98* 19*10*

AGE *90* YEARS ☒ NEW ☐ RETURNED ☐ STUDENT. TRIBE *Arickara* STATE *N.D.*

DEGREE OF INDIAN BLOOD *Full.*

INSPECTION *Good development.*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE
RESP. MURMUR *Dry rales on L in front*

HEART SOUNDS *Good*

MENSURATION { INSP. *37*
EXP. *35 3/4* RESPIRATION *80 20* PULSE *80*

TEMPERATURE _____ degs. HEIGHT *5-* FT *6-* IN. WEIGHT *147 1/2* LBS.

VISION _____ VACCINATION *Good scar*

MENSTRUATION *normal*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>Good</i>		
MOTHER			<i>yes</i>	<i>Consumption</i>
BROTHERS {	<i>2</i>	<i>2</i>	<i>Good</i>	
SISTERS {	<i>1</i>	<i>1</i>		

PERSONAL HISTORY: *General health good.*

REMARKS:

HOSPITAL RECORD

Trachoma.

EXAMINATION FOR OUTING:

DATES:

May 6 1913

CONDITION:

Good.

5-192 a.

BRIEF.

APPLICATION OF

HELEN WHITE CALF

FOR THE ENROLLMENT OF

HERSELF

IN THE INDIAN SCHOOL AT

CARLISLE, PENNSYLVANIA.

NAME OF AGENCY FROM WHICH PUPIL CAME:

FORT BERTHOLD, NORTH DAKOTA.

Date of enrollment, _____, 190

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 Indian School,
Carlisle, Pennsylvania,
 of Helen White Calf ; Female ; date of birth 1890 ;
(Name of child.) (Sex.)
Arickara, Fort Berthold Indians.
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>White Calf,</u>				
<u>A-ni-ta-ka</u>	<u>Living</u>	<u>Ft. Berthold</u>	<u>Arickara</u>	<u>Full</u>
NAME OF MOTHER.				
<u>Turtle,</u>				
<u>Sa-h'</u>	<u>Dead</u>	<u>"</u>	<u>"</u>	<u>"</u>

I, Helen White Calf, do hereby voluntarily consent and agree to the
(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.
<u>1. Sacred Heart Mission</u>	<u>Unk.</u>		<u>Transferred</u>	<u>Primary</u>
<u>2. Ft. Berthold</u>	<u>"</u>		<u>"</u>	<u>"</u>
<u>3. Santee Normal</u>	<u>19-2-99</u>	<u>5-21-05</u>	<u>Returned home</u>	<u>Sixth</u>
<u>4. Haskell Institute</u>	<u>10-20-07</u>	<u>6-19-10</u>	<u>Serv. 3 years.</u>	<u>Seventh.</u>

Helen White Calf
(Parent, guardian, or next of kin.)

P. O. address: Elbowoods,

Two witnesses:

North Dakota.

James Eagle
E. W. Hall

**Berthold Agency,
 ELBOWOODS, N. D.**

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 27th day of October, 1910, 1910

W. H. McKee

Physician at Ft. Berthold 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 Helen White Calf was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 27th day of October, 1910, 1910

Charles W. Hoffman

~~Agent~~ 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 _____.

(As soon after arrival as possible.)

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.

NAME Richard Whitehall Sex Male
 Tribe Full Arickara State North Dak. Date Oct 31st, 1910
 Age Twenty years Respiration 18 Condition of Eyes good
 Height five ft. five ins. Mensuration { Insp. 37 Ears good
 Weight 143 lbs. { Exp. 33 Throat good
 Temperature 98.4 Vaccination Good scar, the Cervical glands normal
 Pulse 76. no recent vaccination Skin smooth
 Vision normal
 Inspection Size, form, movements normal
 Palpation Vocal resonance normal, fremitus not impaired
 Percussion clear

Auscultation No adventitious sounds.

Heart Apex beat strong.
 (Menstruation) Regular, flow lasting five days

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>living</u>	<u>Excellent</u>		
Mother				<u>Tuberculosis</u>
Brothers	<u>Two half</u>	<u>One has hip-</u>		
	<u>brothers</u>	<u>joint disease, which</u>		
Sisters		<u>developed after a</u>		
		<u>fall</u>		

Personal history Has never been ill, except an attack
of whooping cough

Present condition Good

W. H. McKee, 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.

Age Sex $\begin{cases} \text{Male.} \\ \text{Female.} \end{cases}$ Tribe $\begin{cases} \text{Full} \\ \text{I} \end{cases}$ Residence
(On, 19...)

6—1955

NAME.

Helen Whitecalf

TRIBE.

Arickare

PARENT OR GUARDIAN.

White Calf

DATE ENROLLED.

Nov. 14, 1910

TERM.

Three years

AGE.

20

HOME ADDRESS

Elbowoods, N. Dak.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

8

Good

V. Good

S.R.

Poor

Fair

v.g.

v.g.

8

C

Club

V.G.

E

E

E

Jan. '11
July '11
Dec. '11

1316

August 24, 1917.

Commissioner of Indian Affairs,
Washington, D.C.

Sir:

I am in receipt of the following letter from Mr. E. W. Jermark, Superintendent of the Fort Berthold Indian School upon which I would like your instructions. Helen White Calf was a pupil of this school from 1910 to 1913 and made a good record here.

"We have on the reservation an Indian girl by the name of Helen White Calf who wishes to enroll at Carlisle for the purpose of taking a course in Domestic Art.

Miss White Calf is 28 years of age and has previously been enrolled at your school, but wishes to return for the purpose of taking sewing and dressmaking only.

I would be pleased to be advised at an early date whether or not you will accept Miss White Calf for enrollment and if so, what rate of tuition will be charged and whether or not transportation expenses will be allowed by your school."

In view of the fact that Helen White Calf is a full blood Indian girl evidently endeavoring to better her condition, I recommend that I be permitted to enroll her at Carlisle

Commissioner of I.A.

-2-

8/24/17

for a period of one year on condition
that she agree to pay transportation to
and from the school.

Very truly yours,

D:R

Superintendent.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Fort Berthold School,

Elbowoods, N. Dak.
August 14, 1917.

Files-
Eligible
for Trans.

John Francis Jr.,
Supt. Carlisle Indian School,
Carlisle, Pa.

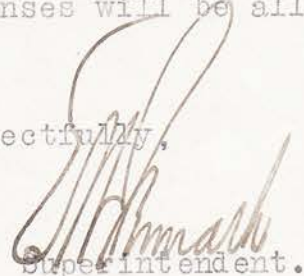
Dear Sir:

We have on the reservation an Indian girl by the name of Helen White Calf who wishes to enroll at Carlisle for the purpose of taking a course in Domestic Art.

Miss White Calf is twenty-eight years of age and has previously been enrolled at your school, but wishes to return for the purpose of taking sewing and dressmaking only.

I would be pleased to be advised at an early date whether or not you will accept Miss White Calf for enrollment and if so, what rate of tuition will be charged and whether or not transportation expenses will be allowed by your school.

Very respectfully,


Superintendent.

WPR

1316

February 16, 1917.

Mr. Ernest W. Jermark
Superintendent Fort Berthold,
Elbowoods, N. D.

Dear Sir:-

In cleaning out an old safe which had not been in use for sometime, we discovered the enclosed patent belonging to Helen White Galf who was a pupil at this school several years ago. Will you please see that she gets this patent.

Very truly yours

Chief Clerk in Charge.

NRD

Inclosure

No. _____

DEPARTMENT OF THE INTERIOR,
UNITED STATES INDIAN SERVICE.

13/6

Carlisle, Penna. Oct. 6th, 1913.

Commissioner of Indian Affairs,

Washington, D. C.

Sir:



I have the honor to recommend that I be authorized to approve the checks of Helen Whitecalf, whose balance in bank is \$ 82.64, in the amounts and for the purposes specified below:

To close account, Pupil at home and able to look after to look after this small sum. See letter attached.

PK 21545

AMOUNT OF AUTHORITY.	EXPENDITURES.	
	DATE.	AMOUNT.
82.64		

C. H. S.

m. J. ...

Agent or Superintendent.

Approved: _____

Second Assistant
Commissioner. *S*

OCT 29 1913

C. H. S.

Date, _____

2

October 27th, 1913.

Superintendent,

Fort Berthold Agency,

Elbowoods, N.D.

Sir,

I have your favor of the 22nd requesting the balance of money to the credit of Helen Whitecalf. In reply I have to advise that she has \$2.64 to her credit and a check in your favor is enclosed herewith. Please treat the same as transfer of funds paragraph 129.

Respectfully,

W.H.M.

Superintendent,

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Fort Berthold Agency,

Elbowoods, North Dakota,

October 22, 1913.

Supt. Moses Freidman,
Carlisle Indian School,
Carlisle, Pa.

Sir:

Miss Helen White Calf, of this reservation, who has been in attendance at your school, has requested that I ascertain the amount of the balance to her credit at your school. She would be pleased to have the balance forwarded to her at this place, or transferred to the jurisdiction of this agency.

Very respectfully,


Superintendent.

BPS

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.D. 2

Name of Student *Helen Whiteside*

Home Address *Whiteside - Elbowoods* Tribe *Arickare*

Age at Entrance *20* Date of Entrance *11-14-'10* Shop

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC TOTAL OR AVERAGE
July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

Patron *M. D. Hollinshead* Locality

Days in School

Address *Medford, N.J.* R. R. Station

Conduct

Recommended by Grade in School

Ability

Grade of Home Church

Health

Date of Outing *4-7-'11* Date Returned *8-31-'11* Wages

Earnings

7 7 7
" " "
" " "
8 9 10

4 4
" "
" "
10 10

Mrs. J. H. Moore
271 50 - 4 th St,
Phila., Pa.

4 4 4 4 7
4 4 4 4 4
4 4 4 4 4

1-22-'12 *5-22-'12*

3.00 12. 12. 6.67

J. W. Parker
Berkeley, N.J.

7 7
" "
" "

5-22-'12

2.50 10.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N. V.

21

Name of Student *Elen Whitescale*

Home Address *Whitescale, Elbowoods*

Tribe *Arickaree*

Age at Entrance *20* Date of Entrance *11-14-'10* Shop

Patron *J. W. Parker,* Locality

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

Recommended by Grade in School

Grade of Home Church

Date of Outing *5-22-'12* Date Returned *4-10-'13* Wages

Mrs. M. D. Hollingshead,
Moorestown, N. J.

5-1-'13 *8-29-'13*

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL OR AVERAGE
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	
<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>					
<i>"</i>	<i>"</i>	<i>"</i>	<i>g</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>					
<i>"</i>	<i>"</i>	<i>"</i>	<i>g</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>					
<i>12</i>	<i>12</i>	<i>12</i>	<i>12</i>	<i>12</i>	<i>12</i>	<i>12</i>	<i>12</i>					

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE

FULL. ONE

NAME John Whitecal

AGE

DIAGNOSIS Tonsillitis - Diphtheria

ADMITTED Dec. 12

DISCHARGED Dec. 16

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

Chas. E. D. Reibly

REMARKS:

DIAGNOSIS

Notes of Case

Age _____ S.M.W. _____

Nativity.....

Occupation_____

Residence _____

Date of admission Dec. 13

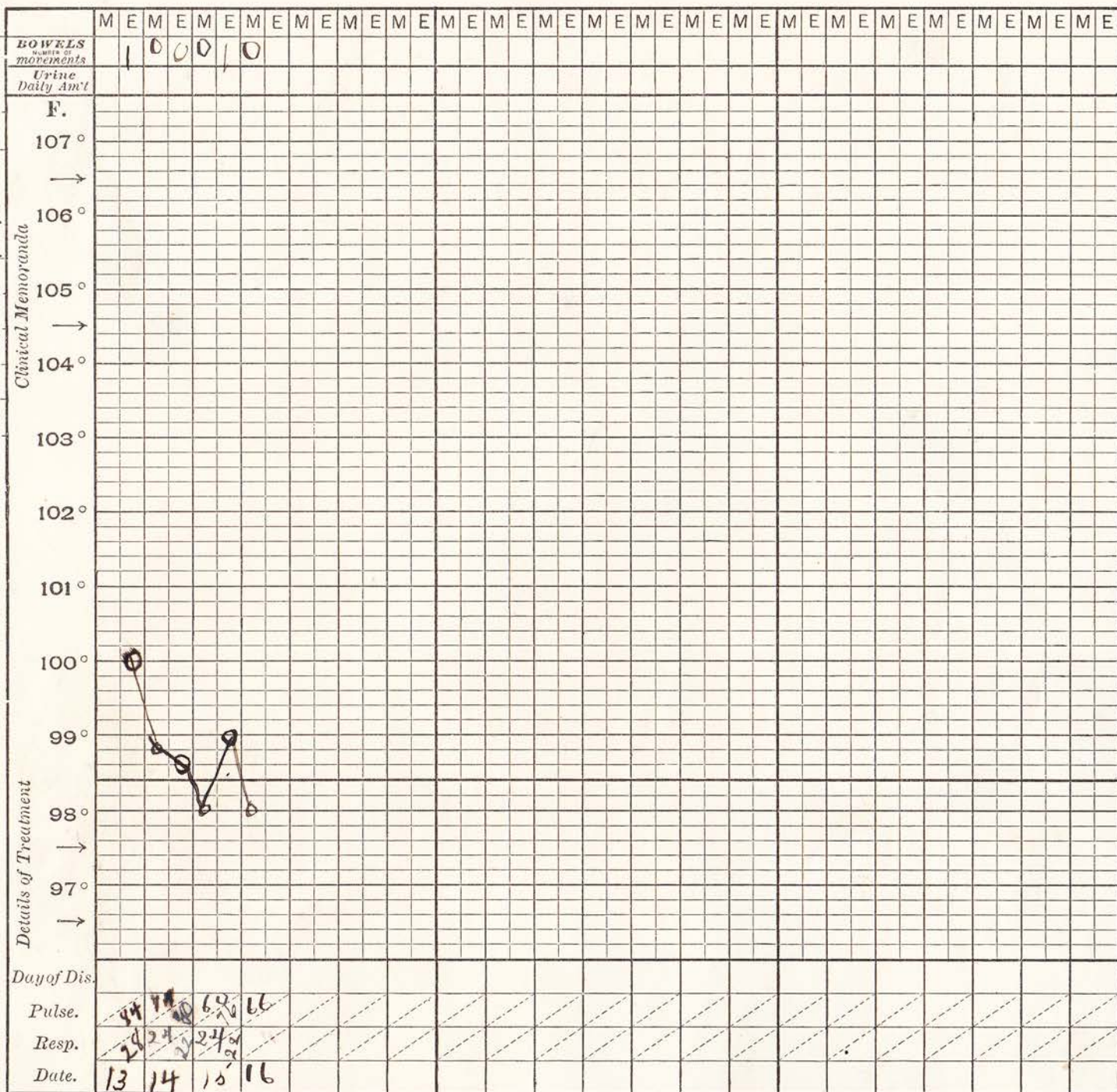
Diet

~~liquid~~
soft
Dec. 16 up

Treatment

locally higher Potash
internally
insillitis Labs,
one every hour -
apply Thor plant seed
multice to nose.

Result



Address

2.50

Patient Helena Whitecalf Carlisle, Pa., Dec 15 - 1911 Physician Dr. B. Melley
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	60	24			6:30	milk 3 4		
				8:00	Tonsillitis Tab.				
				8:00	Potass gargle				
				9:00	Tonsillitis Tab.				
				10:00	Tonsillitis Tab.	1:00	" "		
				10:00	Potass gargle				
				11:00	Tonsillitis Tab.				
						12:00	" "		
				12:00	Tonsillitis Tab.		Soup		
					Gargle				
				1:00	Tonsillitis Tab.				
				2:00	" "				
				3:00	" "	3:00	milk 3 4		
14:00	74	76	22	4:00	" "				
					Gargle				
				5:00	Tonsillitis Tab.	6:30	toast, orange		
				6:00	" "		potato, tea.		
				8:00	Gargle Tonsillitis Tab.				

Patient Helen Whitehead Carlisle, Pa., Dec. 13 191 1 Physician Dr. Smedley
 Address _____ Nurse Eva Linnone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	Tonsillitis Tab.	10.00	milk $\frac{3}{4}$ cup		
				8:00	Potass. gargle	12.00	" "		
				9:00	Tonsillitis Tab.	5.30	" malted $\frac{3}{4}$ cup		
				10:00	Potass gargle.		tea		
				10:00	Tonsillitis Tab.	9:00	Egg nog		
				11:00	Tonsillitis Tab.				
				12:00	" "				
					Gargle				
				1:00	Tonsillitis Tab.				
				2:00	" "				
					Gargle				
				3:00	Tonsillitis Tab.				
4:00	100	64	28	4:00	" "				
					Gargle.				
				6:00	" "				
					Tonsillitis Tab.				
				7:00	" "				
				8:00	" "				
				9:00	Gargle				
					Tonsillitis Tab.				

Patient Helen Whitecap Carlisle, Pa., Dec 14 1911 Physician Dr. Connelley
 Address _____ Nurse Eva Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	98.8	74	24			6.30	milk $\frac{3}{4}$ VIII		
				8:00	Tonsillitis Tab.	10.00	Egg msg		
				8:00	Potass gargle.	12.00	milk $\frac{3}{4}$ VIII		
				9:00	Tonsillitis Tab.		Soup.		
				10:00	Tonsillitis Tab.				
				10:00	Potass gargle				
				11:00	Tonsillitis Tab.				
				12.00	" "				
					Gargle				
				1.00	Tonsillitis Tab.				
				2:00	" "				
					Gargle				
				3.00	Tonsillitis Tab.	3.00	milk $\frac{3}{4}$ VIII		
4.00	98.2	80	22	4.00	" "	5.30	" "		
					Gargle		tea		
				5.00	Tonsillitis Tab.	6.00	milk $\frac{3}{4}$ VIII		
				6:00	" "				
					Gargle				
				7	Tonsillitis Tab.				

Carlisle Indian School Hospital.

Name

Helen Whitecalf

Age

Sec.

25

Diagnosis

Admitted

Discharged

March 27-11

Days in Infirmary

Result

Herb L. Foney.
Resident Physician.

(OVER)

TREATMENT.

4 Fossellitis Tab
 q 4 hours.
 Carbolic gargl.

DIET.

Liquid.

Date	Hr.	P.	R.	T.
M 29	8.20			99.
	4.10	102		101
M 28-6.5	4.10	72		98.5
	7.4			98
29	6.13	74		98
	4.10	70		
30	4.13	78		98
	4.10	76		98
31	4.10	76		98
	4.10	78		98
A. 1	6.10	74		98
	4.10	72		98
2	6.10	72		98
	4.10	70		98

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. J. B. Hampton Mrs. Phil C.

Pupil's name Helen Whitcalf

General health of the pupil Good

Has pupil been ill the past two months? No

Name of disease None

Name and address of the physician in attendance None

Does the pupil have a cough? No

For how long has he had it? No time

Give the pupil's weight 153.1

Has the pupil any trouble with the eyes? No

Are the eyelids inflamed? No

Remarks:

Date March 6th 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 *Mrs L. V. Parker, Beverly*

Pupil's name *Helena Whitwell*

General health of the pupil *Excellent*

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 *10-9 lbs*

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks: *Pupil seems to be in excellent health.*

*Mrs L. V. Parker
Beverly
New Jersey.*

Date

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 *Mrs J. V. Parker Emily H. J.*

Pupil's name *Helen Whitwell*

General health of the pupil *Excellent*

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 *149*

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

Date

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 John L. H. Parker, Beverly

Pupil's name Helena Whitcomb

General health of the pupil Excellent

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 148

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

Are the eyelids inflamed?.....

Remarks:.....

Date.....

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 *Mrs J. M. Parker, Beverly*

Pupil's name *Helen Whittall, Beverly B. L.*

General health of the pupil *Excellent*

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 *15-1 lbs.*

Has the pupil any trouble with the eyes? _____

Are the eyelids inflamed? _____

Remarks: *Pupil seems to be in excellent health.*

Date _____

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..... *May D. Hollinshead*

Pupil's name..... *Helen Whitecalf*

General health of the pupil..... *Fair.*

Has pupil been ill the past two months?..... *Has not been here two months.*

Name of disease..... *Complains of pain in arm at times. Just now complaining of*

Name and address of the physician in attendance..... *pain in side. Have castor oil have not had physician, will send in, if not better.*

Does the pupil have a cough?..... *No*

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

Give the pupil's weight..... *Don't know - Good about 130*

Has the pupil any trouble with the eyes?..... *not much - has rest glasses*

Are the eyelids inflamed?.....

Remarks:.....

Doctors make so many mistakes over stomach troubles, that I do not care to take responsibility - will send her in to your physician if she wishes a doctor.

Date..... *July 12th - 1913.*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

Helen Whitecalf

PRESENT NAME