

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

1316

NUMBER <sup>2603</sup> 3202	ENGLISH NAME Helen Whitecalf	AGENCY	NATION Arikara					
BAND	INDIAN NAME	HOME ADDRESS White calf, Elbowoods, N. Dak.						
PARENTS LIVING OR DEAD		BLOOD Aull	AGE 20	HEIGHT 5-5	WEIGHT 147 1/2	FORCED INSP. 37	FORCED EXPR. 35 3/4	SEX. F.
FATHER, <i>A</i>	MOTHER, <i>D</i>	ARRIVED AT SCHOOL 11-14-10		FOR WHAT PERIOD Three years	DATE DISCHARGED Sept. 4, 1913	CAUSE OF DISCHARGE Term expired		
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
4-7-11	M. D. Hollingshead Medford, N. J.					8-31-11		
1-29-12	J. Hampton Moore, 271 S. 4th, Tulsa					Tr.		
5-22-12	Mrs. J. W. Parker, Beverly, N. J.					11-10-13		
5-10-13	M. D. Hollingshead, Medford N. J.					8-29-13		

THE SHAW-WALKER CO., MUSKOGEE, N. 79104

Months in school before Carlisle, *90*

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, *Catholic*

Miles to school - *3*

1316

CARLISLE INDIAN SCHOOL

No. <b>2603</b> NAME.		AGE.		TRIBE.		DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.		
<i>Helen Whitecalf</i>		<i>20</i>		<i>Arickaree</i>		<i>Full</i>	<i>Elbowoods, N.C.</i>		
DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)				
		On entering here.	At date of this report.						
<i>Nov. 14, 1910</i>	<i>90</i>			<i>3 mi.</i>	TO COUNTRY		FROM COUNTRY		DATE DISCHARGED
							<i>8-29-13</i>		<i>9-14-13</i>
									<i>Cath.</i>

Progress from \_\_\_\_\_ (Date) \_\_\_\_\_, to \_\_\_\_\_ (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: .....

1316

Berkeley New Jersey,  
Sept. 15<sup>th</sup> 1912.

Mrs Rosa B. La Flesche.

Carlisle Penn.

Dear friend.

I am writing again to ask if I cannot have some more dresses Mrs Parker 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 sea shore.

and am now settled in Beverly for.  
Hoping to hear from you soon.

Your friend.

Miss Whitecafe,  
Beverly.

New Jersey.

To J. W. Parker.

MISS HOLOM M. FOCAL  
J. W. PARKER  
BEVERLY, N. J.  
DEPT. FRIEND HOTEL

September 18, 1912.

Miss Helen Whitecalf, measurements for same also, and they can  
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 never-the less 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 April-1911 to live with Mr. Chas. Hollenbraun  
(Date) (Patron)  
 of Madison, Burlington  
(Post Office) (County)  
New Jersey, Madison Railroad Station  
(State)

Conduct Excellent  
 Health Good - her timber of monthly periods  
 Ability G-  
 Cleanliness " "  
 Economy " "  
 Situation of Room 2<sup>nd</sup> floor  
 Condition of Room Excellent  
 Condition of Clothing " "  
 Wages \$8.00 per piece on the uniform  
 Are careful accounts kept by patron? Yes  
 Are careful accounts kept by pupil? No  
 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? 6<sup>th</sup>  
 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 farm home in suburbs of  
Cairo. No heavy farm work, hands brain  
& hair away. Polite & kind considerate woman  
as ex. house keeper. says it is satisfactory. she  
is a good plain cook & farmer by cultivating  
a good worker, very intelligent if she  
continues to do well she would like to keep  
her next work - Helen likes her home very  
much, she will stay all winter - if she  
can be given a few more school, she is  
anxious to make a good cook of her self  
in order to get a position as cook in  
Kearney School when she leaves Cairo.

Muller V. Gaskin  
Inca Agent.

May 26-1911.

REFER IN REPLY TO THE FOLLOWING

Ed-Schools  
21301-217.  
MVS

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 Galf, 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 Galf  
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

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL White Calf Hellen DATE 11/98 1910

AGE 90 YEARS NEW STUDENT. TRIBE Arickon STATE N.D.  
RETURNED

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 RESPIRATION 80 PULSE 80  
 EXP. 35  $\frac{3}{4}$

TEMPERATURE \_\_\_\_\_ degs. HEIGHT 5- FT. 6- IN. WEIGHT 147  $\frac{1}{2}$  LBS.

VISION \_\_\_\_\_ VACCINATION Good scar

MENSTRUATION Normal

FAMILY HISTORY:

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

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> NAME OF MOTHER.	<u>Living</u>	<u>Ft. Berthold</u>	<u>Arickara</u>	<u>Full</u>
<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, ~~190~~

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, ~~190~~

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.

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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 <sup>Male.</sup> ~~Female.~~  
 Tribe <sup>{ Full }</sup> ~~{ }~~ Arikara State North Dak. 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>		
Sisters	<u>brothers</u>	<u>joint disease, which</u>		
		<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.



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.	
<i>Jan. '11</i>	<i>8</i>	<i>Good</i>	<i>V. Good</i>	<i>S.R.</i>	<i>Poor</i>	<i>Fair</i>		<i>v.g.</i>	<i>v.g.</i>			
<i>July '11</i>	<i>8</i>	<i>⊙</i>										
<i>Dec. '11</i>				<i>Club</i>	<i>v.g.</i>	<i>E</i>		<i>E</i>	<i>E</i>			

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

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.

Pupils-  
Eligible  
for Trans.

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

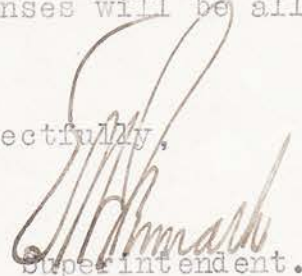
Dear Sir:

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 Gelf 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.

1316

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:

	AMOUNT OF AUTHORITY.	EXPENDITURES.	
		DATE.	AMOUNT.
To close account, Pupil at home and able to look after to look after this small sum. See letter attached.	82.64		

PK 21545

C. H. S.

*[Signature]*  
Agent or Superintendent.

Approved:

*[Signature]*  
Second Assistant Commissioner.

OCT 29 1913

*[Signature]* Date, .....

2

October 27th, 1913.

Superintendent,

Fort Berthild 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 128.

Respectfully,

W.H.M.

Superintendent,

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

Fort Berthold Agency,

Elbowoods, North Dakota,

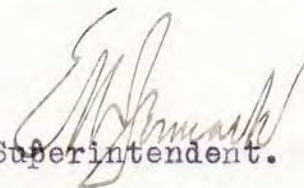
October 22, 1913.

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  
Whiteoak - Elbowoods Tribe Arickaree

Name of Student Helen Whiteoak

Home Address Whiteoak - Elbowoods Tribe Arickaree

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

4 4  
" "  
" "  
10. 10.

7 7 7  
" " "  
" " "  
8. 9. 18.

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

4 4 4 4 7  
4 4 4 4 4  
4 4 4 4 4  
3.00/2. 12. 6.67

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

J. W. Parker  
Berkeley, N.J.

7 7  
" "  
" "  
2.50 10.

5-22-12

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N. N.

21

Name of Student *Walter Whitescale* <sup>1316</sup> Home Address *Whitescale, Elbowoods* N. N. Tribe *Arickaree*

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
7	8	9	10	11	12	1	2	3	4	5	6	

Patron *J. W. Parker,* Locality \_\_\_\_\_  
 Address *Beverly, N. J.* R. R. Station \_\_\_\_\_  
 Recommended by \_\_\_\_\_ Grade in School \_\_\_\_\_  
 Grade of Home \_\_\_\_\_ Church \_\_\_\_\_

Days in School											
Conduct	4	4	4	4	4	4	4				
Ability	"	"	"	g	"	"	"				
Health	"	"	"	g	"	"	"				
Earnings	12.	12.	12.	12.	12.	12.	12.	12.			

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

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE .....

FULL ONE .....

NAME J. H. Whitecal

AGE .....

DIAGNOSIS Tonsillitis - Diphtheria

ADMITTED Dec. 12

DISCHARGED Dec. 16

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Kallen

Chas. E. D. Reibly

REMARKS:



Patient Helena Whitecalf Carlisle, Pa., Dec 15 1911 Physician Dr. S. Mabley  
 Address \_\_\_\_\_ Nurse Eva Linnora

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	gargle.				
				8:00	Tonsillitis Tab				
					Dec 16				
2:00	98	66				6:30	S gravy, bread butter. coffee.		
				8:00	Tonsillitis Tab.				
				8:00	Potass gargle.				



Patient Helena Whitecalf Carlisle, Pa., Dec 15 - 1911 Physician Dr. Smalley  
 Address \_\_\_\_\_ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	60	24			6:30	milk <del>3</del>		
				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 <del>3</del>		
4:00	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 Whitecalf Carlisle, Pa., Dec. 13 1911 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				
				9:00	Tonsillitis Tab.				

Patient Helen Whitecap Carlisle, Pa., Dec 11 1911 Physician Dr. Bonibley  
 Address \_\_\_\_\_ Nurse Eva Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	98.8	74	24			6.30	milk $\frac{3}{8}$ VIII		
				8:00	Tonsillitis Tab.	10.00	Egg msg		
				8:00	Potass gargle.	12.00	milk $\frac{3}{8}$ 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 $\frac{3}{8}$ VIII		
4:00	98.7	80	22	4:00	" "	5:30	" "		
					Gargle		tea		
				5:00	Tonsillitis Tab.	7.00	milk $\frac{3}{8}$ VIII		
				6:00	" "				
					Gargle				
				7	Tonsillitis Tab.				

# Carlisle Indian School Hospital.

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Name

Helen Whitecalf

Age

Sec. *F*

Diagnosis

---

Admitted

Discharged

March 27-11

Days in Infirmary

Result

---

*H. H. Foney*  
Resident Physician.

(OVER)

TREATMENT.

4 Gonosellitis Tab  
q 4 hours.  
Carbolic gargl.

DIET.

Liquid.

Date	Hr.	P.	R.	T.
M- 29	8:20	102		99.
M 28-65	11:00	72		99
	11:30	74		98
	12:00	74		98
	1:30	78		98
	4:20	76		98
	4:45	98		98
	5:15	98		98
	5:45	98		98
	6:15	98		98
	6:45	98		98
	7:15	98		98
	7:45	98		98
	8:15	98		98
	8:45	98		98
	9:15	98		98
	9:45	98		98
	10:15	98		98
	10:45	98		98
	11:15	98		98
	11:45	98		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. B. Hampton, Phila., Pa.*

Pupil's name *Helen Whitcomb*

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 5th 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.

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Patron's name and address *Mrs J. V. Parker, Beverly*

Pupil's name *Helen Whitely*

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 J. V. Parker  
Beverly  
New Jersey.*

Date

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Patron's name and address *Mrs J. V. Parker Family Hq*

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.



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Patron's name and address *Mr L. V. 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.

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Patron's name and address *Mrs J. W. Parker Beverly*

Pupil's name *Helen Wintical, Beverly B. C.*

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.

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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.*

Name and address of the physician in attendance..... *Just now complaining of 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 1st - 1913.*

