

14/3

Sparta. Ill.

January 8, 1914.

Mr. M. Friedman  
Supt. U. S. Ind. Sch.  
Carlisle

Penn.

Dear Sir:-

Your letter and contents received and appreciated, and shall indeed be glad to receive the award.

Since leaving your school, I have been very busily engaged in the raising of rare bred chickens for exhibit work,

For the last fair I received five premiums of seven breeds of chickens,

During my spare time which

Care of the house  
of my chickens the way they should  
be cared for. I haven't much spare  
time.

I sincerely hope this letter  
will find yourself and wife, students  
and employees. enjoying a healthful,  
happy, and successful New Year.

Respectfully.

Agnes. Bartholomew.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

✓  
1413

January 8, 1914

Name Agnes Bartholomew  
(Please give name by which enrolled and also present or married name.)

Tribe Sioux and Assinaboins

Present Address Sparta, Illinois

Former Address Sparta, Ill.  
(Address from which we heard from you last.)

Present Occupation Chicken raising and

~~Remarks.~~ house keeping.

NAME Agnes Bartholomeau 541  
 Sex  Male  Female  
 Tribe Sioux State Illinois Nov. 16, 1911

Age 14 years Respiration \_\_\_\_\_ Condition of Eyes must refract.  
 Height 5 ft. 4 ins. Ears Normal  
 Weight 123 1/2 lbs. Mensuration { Insp. 33  
 Exp. 31 Throat "  
 Temperature 98.4 Vaccination \_\_\_\_\_ Cervical glands "  
 Pulse 80 Vision Normal Skin "  
 Inspection Normal. (Smeuhar flat chested)  
 Palpation "  
 Percussion "  
 Auscultation "  
 Heart Good.  
 (Menstruation) Normal.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Good</u>		
Mother	<u>"</u>	<u>"</u>		
Brothers <u>4</u>	<u>2</u>	<u>"</u>	<u>2</u>	<u>Unknown.</u>
Sisters <u>3</u>			<u>1</u>	<u>Infancy.</u>

Personal history Typhoid fever two years ago. Healthy before and since then.

Present condition Good.

S. E. Dreibelg, 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.



541

**BRIEF.**

**Application of**

*Agnes Bartholomew*

FOR THE ENROLLMENT OF

*5 years.*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST-OFFICE ADDRESS OF APPLICANT:

*Sparta Illinois.*

Date of enrollment, *October 3.*, 191/

Term of enrollment, *Five* ( *5* ) years



# Application for Enrollment in a Nonreservation 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 Carlisle, Pennsylvania, of Agnes Bartholomeau, female, I, Aurelia Bartholomeau (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of P. O., State of Illinois, do hereby voluntarily consent and agree to enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Illinois on June 30, 1897 (Date.) that the father, Frank Bartholomeau a Indian of the (Name of father.) (Is or was.) (Degree.)

Tribes located at Agency; that he left the tribe about (Approximate date.);

that the mother, Aurelia Bartholomeau is a 1/2 Indian of the Sioux. (Name.) (Is or was.) (Degree.)

Tribes located at 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>Public.</u>	<u>Sparta Ill.</u>				
<u>Sec 7 H of Ind. sch.</u>	<u>Toledo Iowa.</u>	<u>March</u>			<u>7th</u>

This 6<sup>th</sup> day of October, 1911.  
Two witnesses: Paul Brown Aurelia Bartholomeau  
(Parent, guardian, or next of kin.)

W. F. Bludgen P. O., Sparta Ill

(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, Aurelia Bartholomeau, do hereby swear that the statements made in the above application are true.

Aurelia Bartholomeau  
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 6<sup>th</sup> day of October, 1911.

William F. Bludgen

(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.)

**Certificate of Physician.**

I, Ralph D. Miller, practicing physician of Provo Co

Utah, do hereby certify that I have carefully examined Agnes Bartholomew the child named in this application, and find that she 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 9 day of Oct, 1911 Ralph D. Miller M. D.

**Vouchers of Disinterested Persons.**

VOUCHER No. 1.

I, W. H. Pinkerton, a Manager Sparta Plow Works of Sparta Ill. (Business, calling, or profession.)

Mrs Aurelia Bartholomew, do hereby certify that I am personally acquainted with Agnes Bartholomew who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Agnes Bartholomew; that (Name of Child.) he is known and recognized in the community in which he lives as an Indian; that in my opinion he can not receive proper and adequate schooling at home for the reason that she wants

Industrial Education which she cannot get here

This 6 day of Oct, 1911 W. H. Pinkerton

VOUCHER No. 2.

I, J. H. Finley, a Citizen of Sparta Ill. (Business, calling, or profession.)

Mrs Aurelia Bartholomew, do hereby certify that I am personally acquainted with Agnes Bartholomew who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Agnes Bartholomew; that (Name of child.) 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 she wants

Industrial Education which she cannot get here

This 6 day of Oct, 1911

J. H. Finley

Original report of Commission - Form 1



## 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.



Have you attended public school?

yes.

Where?

Sparta Illinois

When?

Two years ago

How far do you reside from public school now?

7 $\frac{1}{2}$  miles.

Will you attend public school if you do not enroll at an Indian School?

no

What is your reason for not attending public school?

I would rather attend Indian schools.

Why do you wish to attend at Carlisle?

on account of its advantages

What special trade do you desire to complete?

School teacher.

Can you provide for your own transportation to Carlisle?

no.

CARLISLE INDIAN INDUSTRIAL SCHOOL

1413

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>2720</i> <i>3419</i>	ENGLISH NAME <i>Agnes Bartholomeau</i>	AGENCY	NATION <i>Scoux</i>
BAND	INDIAN NAME	HOME ADDRESS <i>Aurelia Bartholomeau</i> <i>Sparta Ill.</i>	
PARENTS LIVING OR DEAD	BLOOD <i>1/4</i>	AGE <i>14</i>	HEIGHT <i>5-4</i>
FATHER,	MOTHER, <i>P</i>	WEIGHT <i>123 1/2</i>	FORCED INSP. <i>33</i>
ARRIVED AT SCHOOL <i>Nov. 6, 1911</i>	FOR WHAT PERIOD <i>Five years</i>	DATE DISCHARGED <i>5-27-13</i>	FORCED EXPR. <i>31</i>
CAUSE OF DISCHARGE <i>Expelled</i>	SEX. <i>M</i>	TO COUNTRY	PATRONS NAME AND ADDRESS
			FROM COUNTRY

THE SHAW-WALKER CO., MUSKOGEE, 12-107-1

Months in school before Carlisle, .....

Trade entered at Carlisle, *5<sup>th</sup>* .....

Trade at date of Discharge, .....

Trade or Industry, .....

Church, *Catholic* .....

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE .....

FULL. ONE .....

NAME Agnes Bartholomew

AGE .....

DIAGNOSIS Chorea

ADMITTED June 3.

DISCHARGED June 12

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Foote

REMARKS:

NO. ....

United States Indian School Hospital,  
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE .....

FULL. ONE .....

NAME Agnes Bartholomew

AGE .....

DIAGNOSIS Chronic appendicitis + Grip

ADMITTED May 15-

DISCHARGED May 26.

RESULT Good.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Frolic

REMARKS:

Permission given by Dr. Allen to be sent home from office but not on account of her physical condition

Case No. \_\_\_\_\_

**DIAGNOSIS**

*Chorea*

Revise \_\_\_\_\_  
Notes of Case \_\_\_\_\_

Name *Agnes Bartholomew* M.F.

Age \_\_\_\_\_ S.M.W.

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission *June 3*  
Diet *evening*

*Full*

Treatment

*Syr. Fer. Iodide  
grs V i. i. d.*

Result *June*

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOWELS movements			1	2	2	2	0	1	0													
Urine Daily Amt																						
F.																						
107°																						
106°																						
105°																						
104°																						
103°																						
102°																						
101°																						
100°																						
99°																						
98°																						
97°																						
Day of Dis.																						
Pulse.	110	104	90	80	120	100	128	84	124	90												
Resp.	28	26	27	30	28	24	22	24	20	22	24	24	24	22	24	24	24	24	24	24	24	24
Date.	4	5	6	7	8	9	10	11	12													

*June*

Patient Agnes Bartholomew Carlisle, Pa., June 8. 191 Physician  
 Address \_\_\_\_\_ Nurse Ida May

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	99.4	86	24						
					June 9				
9:00	<del>108</del> 108	20	20	9:00	7 bowlers sol				
					Syr Ferric Fe				
4:00	98.5	94	2	12:00	7 bowlers				
					June 10				
9:00	98	84	22	8:00	Syr Ferric Fe				
					7 bowlers sol				
				8:00	Syr Ferric Fe				
4:00	98	82	24		June 11				
9:00	<del>77</del> 128	34	8:00	8:00	Syr Ferric Fe				
					7 bowlers sol				
				2:00	Syr Ferric Fe				
					June 12				
9:00	99.5	90	20						

Patient *Agnes Bartholmeus* Carlisle, Pa.,

191

Physician

Address

Nurse *Ida May Warren*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
9:00	98 $\frac{2}{5}$	78	28		June 4				
				8W	Fowler's Sol				
					Syr Fer Fe				
10:00	98	96	28		June 5				
				8W	Fowler's Sol				
					Syr Fer Fe				
4:00	98 $\frac{1}{5}$	88	30		June 6				
9:00	99	80	2.6	8W	Fowler's Sol				
					Syr Fer Fe				
3:00	98 $\frac{4}{5}$	64	28		June 7				
9:00	98 $\frac{2}{5}$	120	26	8W	Fowler's Sol				
					Syr Ferrous Fe				
9:00	98 $\frac{2}{5}$	100	2.2	8W	June 8				
					Syr Ferrous Fe				
					Fowler's Sol				
				12W					
					Syr Ferrous Fe				



Case No. \_\_\_\_\_

**DIAGNOSIS**

Clinical Memoranda	BOWELS NUMBER OF MOVEMENTS													Urine Daily Amt	F.	
	M	E	M	E	M	E	M	E	M	E	M	E	M			
	0	1	0	0	1	1	1	1	1	1	0	1	1			107°
Notes of Case															106°	
Name <i>Agnes Bartholomew M.P.</i>															105°	
Age _____ S.M.W.															104°	
Nativity _____															103°	
Occupation _____															102°	
Residence _____															101°	
Date of admission <i>May-15-13</i>															100°	
Diet <i>7:30-4 M.</i>															99°	
<i>Full Diet.</i>															98°	
Treatment															97°	
															96°	
															95°	

C. 42°  
41°  
40°  
39°  
38°  
37°  
36°  
35°

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Result \_\_\_\_\_

Patient *Agnes Bartholmeaux* Carlisle, Pa. *May 25* 191 *3* Physician *Allen E. Fratic*  
 Address \_\_\_\_\_ Nurse *Lillian Simons*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<i>May - 25 - 13</i>				
<i>7:05</i>	<i>98.2</i>	<i>90</i>	<i>20</i>						
<i>5:05</i>	<i>99</i>	<i>78</i>	<i>18</i>						
					<i>May - 26 - 13</i>				
<i>7:00 A.M.</i>	<i>98</i>	<i>60</i>	<i>24</i>	<i>10:00</i>	<i>salts</i>				
<i>5:00 P.M.</i>	<i>98.2</i>	<i>70</i>	<i>20</i>						

Patient Agnes Bartholomew Carlisle, Pa. May-18- 1913 Physician Francis Fred Allen  
 Address \_\_\_\_\_ Nurse Maria Belbeck

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May-18-13				
7:30	98.2	90	20		castor oil				
5:00	99	98	24						
					May-19-13				
7:30									
7:30	98.2	90	22						
5:00	99	102	30						
					May-20-13				
7:30	98.3	90	22		salts				
5:00	98.3	78	18						
					May-21-13				
7:30	99	98	22						
5:00	98.1	72	18						
7:00	99	80	20		May-22-13				
5:05	98.4	84	20		salts		300 Egg nog		
					May-23-13				
7:30	98.1	90	22				300 Egg nog		
5:00	98.1	84	18						
7:00	98.2	96	20		May-24-13				
5:00	9.9	78	18	8:00	salts				

Patient Agnes Duchelonneaux Carlisle, Pa. May-12- 1913 Physician Allen and Fratic  
 Address \_\_\_\_\_ Nurse Marie Belbeck

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May-12-13				
7:30	98.2	94	28	800	Salol Phen				
8:00	99	84	20	1000	" "				
				1200					
				1200	Nox				
				400	Salol Phen				
				600	" "				
				800	" "				
					May 16-13.				
7:30	99	72	18	800	Salol & Phen				
6:30	98.3	72	18	1000	" "				
				1200	" "				
				200	" "				
				400	" "				
				600	" "				
				800	" "				
				000					
					May 17-13				
7:30	97.4	78	18	1100	Salol Phen				
8:00	97.1	88	20	200	" "				
				400	" "				
				600	" "				
				800	" "				

NO. ....

United States Indian School Hospital,  
Carlisle, Pennsylvania.

YEAR 1913

TRIBE .....

FULL. ONE .....

NAME Agnes Bartholomew

AGE .....

DIAGNOSIS tonsillitis

ADMITTED Dec 30 - 1912

DISCHARGED Jan 2 - 1913

RESULT .....

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fernald

REMARKS:

Case No. \_\_\_\_\_

**DIAGNOSIS**  
*Thrombosis*

Revise \_\_\_\_\_

Notes of Case \_\_\_\_\_

Name *Agnes Bartholomew* M.F.  
Age \_\_\_\_\_ S.M.W.

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission *Dec. 30, 1912*  
Diet \_\_\_\_\_

Treatment \_\_\_\_\_

Result \_\_\_\_\_

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOWELS number of movements		0	1	1	1																					
Urine Daily Am't																										
F.																										
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
96°																										
95°																										
Pulse.																										
Resp.																										
Date.																										

C. 42°

41°

40°

39°

38°

37°

36°

35°

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Discharged

Patient *Agnes Barolomeo* Carlisle, Pa., *Jan 1st.* 191*3* Physician *Allen + Tralie*  
 Address \_\_\_\_\_ Nurse *Mary S. C. Bailey*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<i>Jan 1st</i>				
					<i>12<sup>00</sup> Salol Phen</i>				
					<i>1<sup>00</sup> throatswab</i>				
					<i>2<sup>00</sup> Salol Phen</i>				
					<i>3<sup>00</sup> throatswab</i>				
					<i>4<sup>00</sup> Salol Phen</i>				
					<i>5<sup>00</sup> throatswab</i>				
					<i>6<sup>00</sup> Salol Phen</i>				
<i>5:00</i>	<i>99<sup>3</sup></i>	<i>86</i>	<i>20</i>	<i>7<sup>15</sup></i>	<i>Throat Swab</i>				
				<i>8<sup>15</sup></i>	<i>ton tab Phen + Sald 8<sup>15</sup></i>		<i>milk</i>		
					<i>Jan 2-13.</i>				
<i>8:00</i>	<i>98</i>	<i>90</i>	<i>18</i>						

Patient Agnes Bartholomew Carlisle, Pa., Dec 30th 1912

Physician Fralie  
Nurse Balley

Address \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6 Pm	99.1	100		7:00	Throat Swab				
				8:00	Ton. tab. Salol & Phen	8:00	milk		
Jan 1	100.2	120	26		Dec 31st	9:30	Milk		
7:30	100.3	92	28	8:00	Ton. tab. Salol & Phen				
				9:00	Throat Swab				
				10:00	Ton. tab. Salol & Phen				
				11:00	Throat Swab				
				12:00	Ton. tab. Salol & Phen				
				1:00	Throat Swab				
				2:00	Ton. tab. Salol & Phen				
				3:00	Throat Swab				
				4:00	Ton. tab. Salol & Phen				
				5:00	Throat Swab				
				6:00	Ton. tab. Salol & Phen				
				7:00	Throat Swab				
				8:00	Ton. tab. Salol & Phen	8:00	milk		
Jan 10	100.2	104	28		Jan 1st.				
				10:00	Salol Phen.				
				11:00	Throat Swab				



