

April 11, 1917

Mr. Alex Johnson, Supt., Omaha Agency, Macy, Nebraska.

Dear Sir:

I am in receipt of John Tyndall's check for 15¢ properly signed and endorsed and am enclosing herewith postage to cover same which please deliver to John.

Thanking you, I am

Yours very truly,

Superintendent.

LG

Enc.



DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SCHOOL

CARLISLE, PA.

November 15, 1916.

Mr. John Tyndall,

Macy, Nebraska.

Through Sup't. Axel Johnson.

Dear Sir:

I am enclosing herewith a check for the amount of \$0.15, which is to balance your account on the books of this school. As this amount is very small, the bank will probably want to charge you a small amount for its collection. I would advise you to sign and endorse the check and return it to me, and I shall be glad to mail you either money or postage covering same.

I am also enclosing a franked envelope for reply, which requires no postage, and will thank you to give this matter your early attention.

Yours very truly,

CVP-RFH

Superintendent.

PHYSICAL RECORD, CARLISLE INDIAN SCHOOL. NAME OF PUPIL Tyndall John DATE DEC 27-10 Tribuaha STATE / I right a VISION..... FAMILY HISTORY: Dead. Cause of death. Living. Condition of Health. PERSONAL HISTORY: REMARKS:

(over)

HOSPITAL RECORD				
EVAMINATION	N FOR OUTING:			
EXAMINATION				
EXAMINATION FOR OUTING: Dates: Condition: Mac. 14-1911 C. C				
DATES:	Condition:			

Carlisle Indian School Hospital.

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Discharged
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Result
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00 11
Cline Afras Resident Physician.

Trung no dies I de Glore netrate hor water boules Mchang 2 9-19-11 9-17 Tull

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 Has pupil been ill the past two months?.... 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..... Has the pupil any trouble with the eyes?..... Are the eyelids inflamed? Remarks: In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

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. General health of the pupil Has pupil been ill the past two months?..... 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..... Has the pupil any trouble with the eyes?..... Are the eyelids inflamed? Remarks:

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

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.

1 - 1 50 0 71 10
Patron's name and address Daniel Neely Yardley 1
Pupil's name John Tyndall:
General health of the pupil Good.
Has pupil been ill the past two months?
Name of disease
Name and address of the physician in attendance
Does the pupil have a cough? 10
For how long has he had it?
Give the pupil's weight
Has the pupil any trouble with the eyes?
Are the eyelids inflamed?
Remarks:

Cect

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.

1 1 8 0
Patron's name and address Name Recy
Patron's name and address. Namel Meely Pupil's name. John Tyndall General health of the pupil. Good
Has pupil been ill the past two months?
Name of disease
Name and address of the physician in attendance
Does the pupil have a cough? Zo
For how long has he had it?
Give the pupil's weight
Has the pupil any trouble with the eyes? 510.
Are the eyelids inflamed?
Remarks:

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 Daniel Neely
Tation o name and address
Pupil's name John Tyndall
// // /
General health of the pupil 4000
Has pupil been ill the past two months?
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 /60
Has the pupil any trouble with the eyes?
Are the eyelids inflamed?
Are the eyelids innamed
Remarks:

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

CARLISLE INDIAN INDUSTRIAL SCHOOL BLOOD PARENTS LIVING OR DEAD Juli MOTHER, Failed to return Dec. 22,1910 TO COUNTRY -31 - 11 Months in school before Uarnale. 54 Grade entered at Carlisle, brade at deep of Discharge,...... frade or Industry, Miles to school-/

1625 November 15, 1916. Vir. John Tyndall, Macy, Nebraska.

Through Sup't. Axel Johnson.

Dear Sir:

I am enclosing herewith a check for the amount of \$0.15, which is to belance your account on the books of this school. As this amount is very small, the bank will probably want to charge you a small amount for its collection. I would advise you to sign and endorse the check and return it to me, and I shall be glad to mail you either money or postage covering same.

I am also enclosing a franked envelope for reply, which requires no postage, and will thank you to give this matter your early attention.

Yours very truly,

CVP-RFH

Superintendent.

TRADE RECORD, CARLISLE.

REMARKS

Suranna Potto

Name of Student John Jyndoll Home Address Macy, Nebr. Tribe maha

Age at Entrance 17 Patron

Date of Entrance 2 - 2/2 - 10 Shop'

Patron

Locality

Days in School

Address

Address

Paralley R. R. Station

Grade in Ability Grade of Home Church Health Date of 4 - 6 - 1/1 Date Returned 8 - 8 - 1/1 Wages Earnings YAWMAN & ERBE MFG. CO., ROCHESTER, N. Y. 441037 3M. 4.09

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student	Home Address Tribe																
Age at Entrance	Date of Entrance	Shop			JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	ост.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Lo	Days in School														
Address	R. R. Station			Conduct													
Recommended by			Grade in School	Ability			is .										
Grade of Home Church				Health					4								
Date of Outing	Date Returned	Wages		Earnings													
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REPORT AFTER LEAVING CARLISLE 1625

563757 3M-2-11

NAME AT CARLISLE

PRESENT NAME INFORMATION THROUGH DATE ADDRESS OCCUPATION ITEMS OF INTEREST GRADE