

1625

THE SHAW-WALKER CO., MUSKOGEE. 79104

miles to school - 1

John Francis, Jr.
XXXXXX

1625

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 enclos-
ing 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

Atkins
Superintendent.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Tyndall John* DATE *Dec 27-10*AGE *17* YEARS { *NEW* STUDENT. *Omaha* STATE *Neb.*
*RETURNED*DEGREE OF INDIAN BLOOD *Full Blood*INSPECTION *Fairly well developed*PALPATION *Well at right apex* *inc from*PERCUSSION *" " " "*AUSCULTATION { RESONANCE *inc at right*
RESP. MURMUR *vesicular L-bronch*HEART SOUNDS *Normal*MENSURATION { INSP. *39 1/4* RESPIRATION *18* PULSE *72*
EXP. *37*TEMPERATURE *98°* degs. HEIGHT *5* FT. *10* IN. WEIGHT *146 1/2* LBS.VISION *"* VACCINATION *Good scar*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER	<i>yes</i>	<i>"</i>		
BROTHERS { <i>2</i>	<i>2</i>	<i>good</i>		
SISTERS { <i>3</i>	<i>2</i>	<i>good</i>	<i>1</i>	<i>?</i>

PERSONAL HISTORY:

General good health

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATE:

CONDITION:

Mar. 14-1911

OK.

Carlisle Indian School Hospital.

Name

John Syndale

Age

Sec.

Diagnosis

Gastric Ulcer

Admitted

Discharged

Sept 14-11

Sept 18-11

Days in Infirmary

Result

OK

Elmer A. Hess

Resident Physician.

TREATMENT.

DIET.

Sol. Silver Nitrate

Teaspoonful every 3 hrs -
hot water bottles -

~~Any~~ No diet

VI 3 meals Sept 16

Sept 14

Sept. 15

Discharge 9-10-11 9-11 Full

Date	Hr.	P.	R.	T.
Sept. 15	3.00	8.4		99
	3.30	8.18	lines	98.2
	4.00	8.2		
16	2.00	6.4		98
	4.00	6.0		98
17	2.00	6.7		98
	4.00	6.4		98
18	6.4			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.....

Pupil's name.....

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:.....

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

Samuel Neely Yardley Pa

Pupil's name

John Tyndall

General health of the pupil

Good

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

Has the pupil any trouble with the eyes?

No

Are the eyelids inflamed?

No

Remarks:

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.....*Daniel Neely Yardley Pa*

Pupil's name.....*John Tyndall*

General health of the pupil.....*Good*

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.....*162*

Has the pupil any trouble with the eyes?.....*No*

Are the eyelids inflamed?.....

Remarks:.....

Oct

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.....

Samuel Neely

Pupil's name.....

John Tyndall

General health of the pupil.....

Good

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.....

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

No.

Are the eyelids inflamed?.....

Remarks:.....

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.....*Daniel Neely*

Pupil's name.....*John Tyndall*

General health of the pupil.....*Good*

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?.....~~*60*~~

Give the pupil's weight.....*160*

Has the pupil any trouble with the eyes?.....*No*

Are the eyelids inflamed?.....*No*

Remarks:.....

~~1739~~
1625

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.

TRADE RECORD, CARLISLE.

PUPIL

John Tyndall -

TRADE

Printing -

ABILITY

Fair -

CONDUCT

Good - Steady -

REMARKS

Learning slowly -

INSTRUCTOR

E. H. Miller -

1625

TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

Jan. 1, 19 to June 30, 19

PUPIL

Jno. Tyndall.

TRADE

Printing.

ABILITY

Poor - new boy.

CONDUCT

Good so far.

REMARKS

Just starting in - 1-1-11.

INSTRUCTOR

E. R. Miller.

Susanna Potts

X



139

17

Date of Entrance 12-21-10

Locality

Macy, Neb.

Omaha

Address

Recommended by

Grade of Home

Date of
Outing

Date _____

Returned 8-8-11

Wages

Days in School

Conduct

Ability

Health

Earnings

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

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es
13.15

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

[illegible]

1625-

John Tyndall

PRESENT NAME