

126

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Holstein, Marceline DATE 2/28 1909.

AGE 16 YEARS ~~NEW~~ ^{RETURNED} STUDENT. TRIBE Chipp. STATE Minn.

DEGREE OF INDIAN BLOOD 3/4

INSPECTION Good development.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE ?
RESPI. MURMUR Sub-crepitant rales apex of left lung - base + front. Tubercular infiltration left lung.
HEART SOUNDS Normal

MENSURATION { INSP. RESPIRATION 18 PULSE 72.
EXP.

TEMPERATURE 98 degs. HEIGHT 5 FT 3 IN. WEIGHT 113 1/2 LBS.

VISION 10/10 VACCINATION Good scar, 04,

MENSTRUATION

FAMILY HISTORY:

| | Living. | Condition of Health. | Dead. | Cause of death. |
|------------|---------|----------------------|-------|-----------------|
| FATHER | yes | Good | | |
| MOTHER | | | yes | Typhoid. |
| BROTHERS { | 6 | good | 4 | ? Diphtheria ? |
| SISTERS { | | | 2 | ? |

PERSONAL HISTORY:

REMARKS: Probably an attack of appendicitis. Has been coughing for the last six or seven months. Spit blood occasionally since Oct.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Halstein, Merceline DATE Apr. 13 1910

AGE 16 YEARS NEW STUDENT. TRIBE Chippewa STATE Minn.

DEGREE OF INDIAN BLOOD 3/4

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 33 1/2 RESPIRATION 18 PULSE 72
EXP. 31 1/2

TEMPERATURE 98 degs. HEIGHT 5 FT. 4 IN. WEIGHT 119 1/2 LBS.

VISION 10/10 VACCINATION Good

MENSTRUATION
FAMILY HISTORY:

| | Living. | Condition of Health. | Dead. | Cause of death. |
|------------|---------|-----------------------|-------|-----------------|
| FATHER | yes | Good (has rheumatism) | | |
| MOTHER | | | yes | Typhoid f |
| BROTHERS { | 6 | | 4 | |
| SISTERS { | | | 2 | |

PERSONAL HISTORY: Has slight cough.

REMARKS: Has not spit blood since entering school in Dec. 1909.

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

apl. 13-1910

Good

1649

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

| | | | | | | | |
|--------------------------------|---|---|--------------------|--------------------------------|----------------------------|---------------------------------------|-----------|
| NUMBER 3072 2473 | ENGLISH NAME Mary Merceleine Holstein | AGENCY W. Earth | NATION Chippewa | | | | |
| BAND Mississippi | INDIAN NAME | HOME ADDRESS W. Holstein White Earth, Minn. | | | | | |
| PARENTS LIVING OR DEAD | BLOOD 3/8 | AGE 16 | HEIGHT 5' 3" | WEIGHT 113 ² | FORCED INSP. 3 3/2 | FORCED EPXR. 3 1/2 | SEX. F |
| FATHER L | MOTHER D | ARRIVED AT SCHOOL Dec. 24, 1909 | | FOR WHAT PERIOD Five years. | DATE DISCHARGED 3-30-12 | CAUSE OF DISCHARGE Marred (Lam) | |
| TO COUNTRY | PATRONS NAME AND ADDRESS | | | | | FROM COUNTRY | |

THE SHAW-WALKER CO., Waukegan, 79104

Months in school before Carlisle,
 Morris, Minn. 7 mos. 5th gr.
 Mission, W. Earth 2 yrs. 4th " "
 W. Earth gov't. sch. Chart class.

Grade at date of Discharge,

Trade or Industry,

Catholic

Pulmonary tuberculosis
moist rales apex left lung.

Jan. 31 - hosp. unclassified
miles to sch.

1926

BRIEF.

Application of

FOR THE ENROLLMENT OF

Mary Holstein.

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 19...

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

Application for Enrollment in a Non-reservation 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 Pa

of Mary Halstein (Name of Child); (Sex) _____; date of birth 1894

(Tribe)

| NAME OF FATHER (Both Indian and English) | Living or Dead | TRIBE | BAND | DEGREE OF INDIAN BLOOD |
|---|----------------|--------------|------------|------------------------|
| <u>Gus Halstein</u> | <u>L</u> | <u>Chipp</u> | <u>Mrs</u> | <u>1/2</u> |
| NAME OF MOTHER | | | | <u>1/4</u> |

I, Gus Halstein, do hereby voluntarily consent and agree to her

enrollment in said school for a period of five (Not less than 3) years, and also obligate myself to abide by 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 |
|--------------------|--------------------|-------------------|---------------------|-------|
| 1. <u>WE Schl.</u> | <u>1906</u> | <u>1908</u> | <u>Term Expired</u> | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Gus. Halstein
(Parent, guardian, or next of kin)

P. O. address: White Earth

Minnesota

Two Witnesses:

.....
.....

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 23rd day of Nov., 1909

P. Richards

Physician at White Earth Agency.

CERTIFICATE OF AGENT OR 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 Gus Halsken was voluntary, and I recommend the transfer of said child.
(Parent, guardian, or next of kin.)

This 23d day of Nov, 1909

John R. Howard

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

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 is living, and if neither of them is 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.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.



NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Mercedine Holsteni

AGE

DIAGNOSIS La Dsuzzi

ADMITTED Feb 16

DISCHARGED Feb 20

RESULT good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Frazer

REMARKS:

Patient Carlisle, Pa., 191 Physician

Address Nurse

| H. | T. | P. | R. | H. | Medicine | H. | Nourishment | H. | Remarks |
|------|------------------|----|------|-------|----------------|-------|---------------|----|---------|
| 4:00 | 100 ⁶ | 88 | 9:00 | 9:00 | Phena + Salol | | | | |
| | | | | 12:00 | " " | | | | |
| | | | | 2:00 | " " | | | | |
| | | | | | Feb 18 | | | | |
| 7:00 | 98 | 88 | | 8:00 | Phena + Salol | | | | |
| 4:00 | 100 ⁶ | 92 | | 8:00 | Strych Sulph. | | | | |
| | | | | 1:00 | Phena + Salol | | | | |
| | | | | 12:00 | Phena + Salol | | | | |
| | | | | 12:00 | Strych Sulph | | | | |
| | | | | 2:00 | Phena + Salol | | | | |
| | | | | 4:00 | Phena + Salol | | | | |
| | | | | 4:00 | Strych Sulph | | | | |
| | | | | 6:00 | Phena + Salol | | | | |
| | | | | 8:00 | " " | | | | |
| | | | | | Feb 19. | | | | |
| 7:00 | | | | 8:00 | Strych Sulph. | 6:30 | Coffee toast. | | |
| 4:00 | 100 ⁸ | 98 | | 9:00 | Phena + Salol. | 12:00 | | | |
| | | | | 12:00 | " " | | | | |
| | | | | 4:00 | " " | | | | |
| | | | | 8:00 | " " | | | | |

1649

NAME. *Mercelize Mary Holstein*

TRIBE. *Chippewa*

PARENT OR GUARDIAN. *Gus Holstein,*

DATE ENROLLED. *Dec. 24, 1909.*

TERM. *Five years.*

AGE. *16*

HOME ADDRESS *White Earth, Minn.*

| 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. '10</i> | | <i>Not classified</i> | | <i>None</i> | | | <i>Hosp.</i> | | | | | |
| <i>July '10</i> | <i>8</i> | <i>V. good</i> | <i>Ex.</i> | <i>Sew</i> | <i>Good</i> | <i>Ex</i> | | <i>Ex</i> | <i>Ex</i> | | | |
| <i>Jan. '11</i> | <i>8</i> | <i>Ex</i> | <i>Ex</i> | | | | | <i>V. g.</i> | <i>"</i> | | | |
| <i>July '11</i> | <i>9</i> | <i>V. g.</i> | <i>Ex</i> | | | | | | | | | |
| <i>Dec. '11.</i> | | <i>None</i> | | <i>Murd</i> | <i>V. g.</i> | <i>Ex.</i> | | <i>V. g.</i> | <i>Ex.</i> | | | |