

2483

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2742		ENGLISH NAME Inez Doctor			AGENCY		NATION Mohawk		
BAND		INDIAN NAME			HOME ADDRESS Lucy Doctor, Lewiston, N.Y.				
PARENTS LIVING OR DEAD		BLOOD 3/4	AGE 19	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX F.	
FATHER, D	MOTHER, L	ARRIVED AT SCHOOL Jan. 1, 1912		FOR WHAT PERIOD Five years		DATE DISCHARGED 5-10-12		CAUSE OF DISCHARGE Failed to return	
TO COUNTRY H-9-iv		PATRONS NAME AND ADDRESS On Leave						FROM COUNTRY	

THE SHAW-WALKER CO. WISCONSIN 171022

Months in school before Carlisle, 43

Trade entered at Carlisle,

Trade at date of Discharge,

Trade or Industry,

Church, Baptist

Miles to school - 2

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

✓
2483

Jan. 14, 1914

Name Ines Doctor; Ines Greer
(Please give name by which enrolled and also present or married name.)

Tribe Mohawk.

Present Address Lewisiston N.Y. R18 Bx102

Former Address Lewisiston N.Y. R18
(Address from which we heard from you last.)

Present Occupation Housekeeping

Remarks: I would be very glad to receive the arrow. because I am always glad to hear what Carlisle is doing. I often borrow the neighbors arrow. I am doing quite

NO.

2483

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Inez Doctor

AGE

DIAGNOSIS Tonsillitis

ADMITTED Jan 21

DISCHARGED Feb 1

RESULT leucoc

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

[Signature]

REMARKS:

Patient

Carlisle, Pa.,

Jun 31

1912

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	100		8:00	Pleuritis Lob.	4:30	Full.		
				8:00	Cough Syrup				
				9:00	Leuc. Tub	12:00	Full.		
				10:00	"	"			
				11:00	"	"			
				12:00	"	"			
				1:00	"	"			
				2:00	"	"			
				3:00	"	"			
				4:00	"	"	5:30	Full.	
					Feb 1				
7:00	98	68				6:30	Full.		

Patient

Carlisle, Pa., Jan 28

1917

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						12:00	Soft diet		
						5:30	" "		
					Jan. 29				
7:00	98	80		8:00	Tonsillitis Tab.	6:30	" "		
4:00	98	72		8:00	Cough syr. Zi	8:00	milk		
				12:00	"	12:00	Soft diet		
					Tonsillitis Tab				
				1:00	Tonsillitis "				
				2:00	Cough Syri				
				3:00	Tonsillitis Tab				
				4:00		6:30	Full diet		
					Jan 30.				
7:00	98	100		8:00	Tons. Tab.	6:30	Full diet		
4:00	94	72			Cough Syri.				
				9:00	Tons. Tab.	12:00	Full		
				10:00	" "				
					Cough Syri.	8:30	Full		
				11:00	Tons. Tab.				

Patient

Carlisle, Pa.,

Jan. 27

1912

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:50	98	96		8 ⁰⁰	Tonsillitis Tab.	6:30	cat meal, gravy		
4:50	98	76		10 ⁰⁰	"		bread & butter		
				12:00	Tonsillitis Tab.		and coffee		
				1:00	Tonsillitis Tab.				
				2:00	Tonsillitis Tab.				
				3:00	Tonsillitis Tab.	12:00	soup, crackers		
				4:00	"		potatoes, gravy		
				5:00	"		& water		
				6:00	"				
				7:00	"	5:30	potatoes, gravy		
				8:00	"		bread & butter		
				8:00	Cough Syr.		& tea		
					Jan. 28				
7:00	98	80		8 ⁰⁰	Cough syr.	6:30	Cat meal,		
4:00	98	76		8 ⁰⁰	Tonsillitis Tab.		gravy, bread		
				9:00	Tonsillitis "		butter & coffee		
				9:00	Cough Syr.				
				10:00	"				
				10:00	Tonsillitis Tab.				

Patient Carlisle, Pa., 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8 ⁰⁰	cough syrup	6:30	Soft diet		
400	98	{ no weak in carb pulse }		8 ⁰⁰	Tonsillitis Tab.				
400	98		78	9 ⁰⁰	" "				
				10 ⁰⁰	Cough Syr.				
				11 ⁰⁰	Tonsillitis Tab.				
				12 ⁰⁰	"Cough Syr."	12:00	" "		
				1:00	Tonsillitis Tab.				
				2:00	"Cough Syr."				
				3:00	Tonsillitis Tab.				
				4:00	Tonsillitis Tab.				
					Cough Syr.				
				5:00	Tonsillitis Tab.	6:30	" "		
				6:00	Tonsillitis Tab.				
				7:00	cough syr Tonsillitis Tab.				
				8:00	"Cough Syr"				
				9:00	Tonsillitis Tab.				
				1:00	Tonsillitis Tab.				
				2:00	Tonsillitis Tab. Cough Syr.				
				3:00	Tonsillitis Tab.				

Patient Carlisle, Pa., *Jan 23* 191*2* Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7:30</i>	<i>98.4</i>	<i>80</i>		<i>8:00</i>	<i>Tonsillitis Tab.</i>	<i>6:30</i>	<i>oat meal</i>		
<i>4:00</i>	<i>98.4</i>	<i>76</i>		<i>8:00</i>	<i>cough syrup</i>		<i>gravy crackers</i>		
<i>4:00</i>	<i>98</i>	<i>80</i>		<i>9:00</i>	<i>Tonsillitis Tab.</i>		<i>and coffee</i>		
				<i>10:00</i>	<i>" "</i>	<i>12:00</i>	<i>soft diet</i>		
				<i>10:00</i>	<i>cough syrup.</i>	<i>5:30</i>	<i>soft diet</i>		
				<i>11:00</i>	<i>Tonsillitis Tab.</i>				
				<i>12:00</i>	<i>" "</i>				
					<i>Cough Syrup</i>				
				<i>1:00</i>	<i>Tonsillitis Tab.</i>				
				<i>2:00</i>	<i>Cough Syrup</i>				
				<i>3:00</i>	<i>Tonsillitis Tab.</i>				
				<i>4:00</i>	<i>Cough Syrup.</i>				
					<i>Tonsillitis Tab.</i>				
				<i>5:00</i>	<i>Tonsillitis Tab.</i>				
				<i>6:00</i>	<i>Cough Syrup.</i>				
				<i>7:00</i>	<i>Tonsillitis Tab.</i>				
				<i>8:00</i>	<i>" "</i>				
				<i>8:00</i>	<i>Cough Syrup</i>				
				<i>12:00</i>	<i>Tonsillitis Tab.</i>				

Patient Carlisle, Pa., Jan 21 1912 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:10	98.4	78		8-u	Tonsillitis tab -	5:30	milk & VII Tea.		
					Jan 22				
				8-u	Tonsillitis tab	6:30	Milk & Coffee		
				9-u	"				
				10-u	"				
				11-u	"				
				12-u	"	12-u	Soft diet		
				1-00	"				
				2-00	"				
				3-00	"				
				4-u	"				
				5-u	"				
				6-u	"				
				7-00	"				
				8-00	"				
				9-00	"				

Patient Carlisle, Pa., *June 24* 191 *2* Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7:00</i>	<i>98</i>			<i>8:00</i>	<i>Tonsillitis Tab.</i>	<i>6:30</i>	<i>Soy & diet</i>		
<i>4:00</i>	<i>98</i>	<i>76</i>			<i>Cough Syrup.</i>				
				<i>9:00</i>	<i>Tonsillitis Tab.</i>				
				<i>10:00</i>	<i>" "</i>				
					<i>Cough Syrup.</i>				
				<i>12:00</i>	<i>" "</i>				
					<i>Tonsillitis Tab.</i>	<i>12:00</i>	<i>" "</i>		
				<i>2:00</i>	<i>" "</i>				
					<i>Cough Syrup.</i>				
				<i>8:00</i>	<i>Tonsillitis Tab.</i>				
				<i>4:00</i>	<i>Cough Syrup</i>				
				<i>5:00</i>	<i>Tonsillitis Tab.</i>				
				<i>6:00</i>	<i>Cough Syrup</i>				
					<i>Tonsillitis Tab.</i>				
				<i>8:00</i>	<i>" "</i>				
				<i>8:15</i>	<i>" "</i>				
				<i>8:00</i>	<i>Cough Syrup</i>				
				<i>9:00</i>	<i>Tons. Tab.</i>				

2483

BRIEF.

Application of

FOR THE ENROLLMENT OF

Inez Doctr

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 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, of Ines G. Doctor, I, Lucy Doctor (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Lewiston P. O., State of N.Y., do hereby voluntarily consent and agree to her 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 Mohawk Reservation on Oct. 5, 1892 (Date.) that the father, John Doctor, a full Indian of the Mohawk (Name of father.) (Is or was.) (Degree.) Tribe located at unknown Agency; that he left the tribe about supposed to have died (Approximate date.) that the mother, Buey Doctor, a 1/2 Indian of the Mohawk (Name.) (Is or was.) (Degree.) Tribe located at no special Agency, and left the tribe about 1899 (Approximate date.); that the said child was ~~born and~~ reared in the United States, and now actually resides therein; and that ~~he~~ she 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 School supported by N.Y. Ed. Dept.</u>	<u>Tuscarora Reservation</u>	<u>Apr. 1901</u>	<u>June 1906</u>	<u>Close of year</u>	<u>4th</u>

This 12 day of Dec., 1911
Two witnesses:

Harry Bissell

Lucy Doctor
(Parent, guardian, or next of kin.)

P. O., Lewiston N.Y.

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

Lucy Doctor
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 12 day of Dec., 1911.

(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.)

FOR NEW YORK PUPILS.

This blank is to be filled out and signed by a former teacher of the applicant, by a school trustee, a school superintendent, or by some other person conversant with the status of the applicant's school attendance.

This is to certify that Inez G. Docter
has attended the Public School of Tuscarora Reservation School at
town of Lewisston New York, from April 23 1900
to June 1906 1906. (intermittently for the first
3 or 4 years.
Lewisston N. Y.
Dec. 12 1911.

M. L. Brown
(Sign here.)
Supt. Tuscar. Schools.

What is your reason for not attending public school? I am
too old.

Why do you wish to attend at Carlisle? Because I want
to be ^{with} ~~near~~ those nearer my own age. I want
to learn a trade and study at the same
time.

What special trade do you desire to complete? what I
seem to be most fitted for.

Can you provide for your own transportation to Carlisle? No.

Have you attended public school? *yes, a Reservation day school.*

Where? *Tuscarora Reservation. Montgomery Co. N.Y.*

When? *Small parts of 1900, 1901, 1902, 1903, 1904 & 1905 ^{eight} years.*

How far do you reside from public school now? *a. few rods.*

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 am too old.*

Why do you wish to attend at Carlisle? *Because I want to be ^{with} ~~near~~ those nearer my own age. I want to learn a trade and study at the same time.*

What special trade do you desire to complete? *what I seem to be most fitted for.*

Can you provide for your own transportation to Carlisle? *No.*

W. H. Hunt, a practicing physician of Saubron
NY, do hereby certify that I have carefully examined Lucy Doctor,

the child named in this application, and find that She not 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 13 day of December, 1911 Waukegan, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, M. L. Brown, a Teacher, of Lewiston, N.Y., do hereby certify that I am personally acquainted with Lucy Doctor who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Inez G. Doctor; that

she is known and recognized in the community in which she lives as an Indian; that in my opinion she can not receive proper and adequate schooling at home for the reason that she is too old to be placed in school with young children and has no chance to learn a suitable trade.

This 12 day of Dec., 1911.
M. L. Brown

VOUCHER No. 2.

I, Marion E. Johnson, a formerly teacher now housekeeper, of Lewiston, N.Y., do hereby certify that I am personally acquainted with Lucy Doctor, who makes the foregoing application; that I believe her statements therein are true; that I am acquainted with Inez G. Doctor; that

she is known and recognized in the community in which she lives as an Indian; and that in my opinion she cannot receive proper and adequate schooling at home for the reason that she is much older than her associates would be, and also has no chance at home to become what she so much wants to be.

This 13 day of Dec., 1911.
Marion E. Johnson

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.



NAME Inez Docton Sex ~~Male.~~ Female.

Tribe ^{Full} Mohawk State New York Inch, 1912

Age 19 years Respiration OK Condition of Eyes good

Height 5 ft. 5 1/2 ins. Ears OK

Weight 132 lbs. Mensuration { Insp. 36 Exp. 31 Throat OK

Temperature 98 4/10 Vaccination no Cervical glands OK

Pulse 80 Vision fair nearsighted Skin OK

Inspection OK

Palpation OK

Percussion OK

Auscultation OK

Heart OK

(Menstruation) OK

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes.	good		
Mother	yes	good		
Brothers	two	good	2.	spinal meningitis spinal meningitis
Sisters	5-	good	1	Cholera Infantum

Personal history Mumps measles.

Present condition fair

H. B. Docton, 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.

