2483

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
2742	Inez Doctor		Mohawk

BAND	INDIAN NAME	HOME ADDRESS
		Lucy Doctor, Lewiston, N.Y.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, D	MOTHER, L	3/4	19					F.

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Jan. 1, 1912	Five years	5-10-12	Failed to return

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
H-q. ir	On Leave	

THE SHAW-WALKER CO., MUSKEGON

Months in school before Carlisle, 43

Trade entered at Carlisle, ...

Trade at date of Discharge, ...

Trade or Industry, ...

Church, Baptist

Miles to school - 2

1—567 a

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6—3305

2463

Jan. 14. , 1914

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

Tribe Mohawk.

Present Address Lewiston N.Y. R18 Bx108

Former Address Lewiston 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 Jonez Doctor

AGE .....

DIAGNOSIS Tonsilitis

ADMITTED Jan 21 DISCHARGED Feb 1

RESULT Cured

VISITING PHYSICIAN: RESIDENT PHYSICIAN:

Allen .....

REMARKS:

Case No.

DIAGNOSIS

Tonsillitis

Revise

Notes of Case

Name Inez Doctor M.F.

Age S.M.W.

Nativity Indian

Occupation Student

Residence Carlisle, Pa.

Date of admission Jan 21, 1912.

Diet

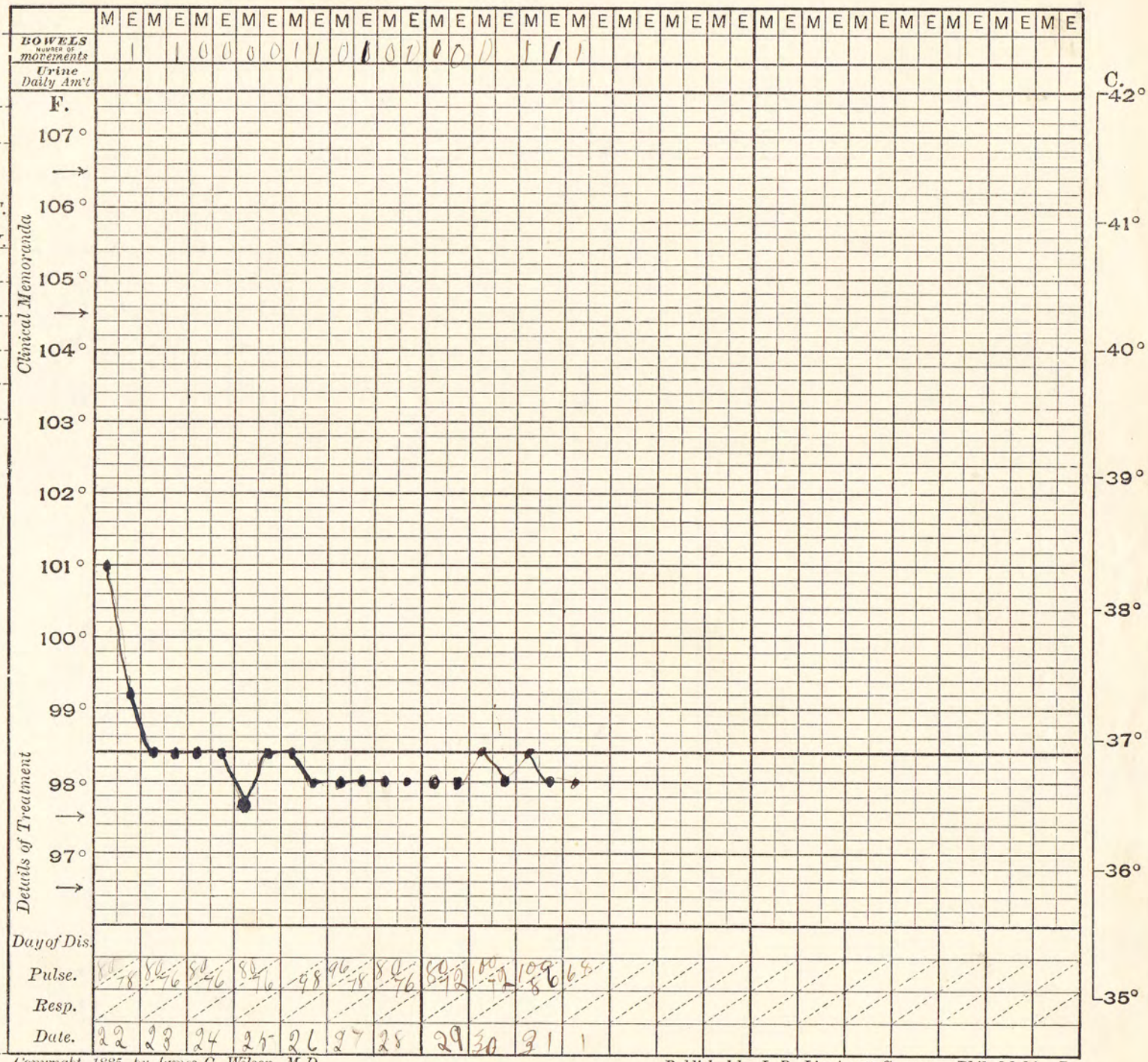
Liquid.
Soft.

Treatment

Tonsillitis tablets, one every hour.
Cough Syr. every two hours.

Situp.

Result



Copyright, 1885, by James C. Wilson, M.D.

Published by J. B. Lippincott Company, Philadelphia, Pa.

Patient ..... Carlisle, Pa., Jan 31 191 2 Physician .....

Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98⁴	100		8:00	Tonsilitis Tab.	6:30	Full.		
				8:00	Cough Syp.				
				9:00	Tonic Tab	1200	Full.		
				10:00	" "				
				11:00	" "				
				12:00	" "				
				1:00	" "				
				2:00	" "				
				3:00	" "				
				4:00	" "	5:30	Full.		
					Feb 1				
9:00	98	68				6:30	Full.		

Patient ..... Carlisle, Pa., Jan. 28 1912 Physician .....

Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						12 M	Soft diet		
						5:30	" "		
					Jan. 29				
7:00	98	80		8:00	Tonsillitis Tab.	6:30	" "		
4:00	98	72		8:00	Cough syr. ʒi	8:00	milk		
				12 M	" "	12:00	Soft diet		
					Tonsillitis tab				
				1:00	Tonsillitis "				
				2:00	Cough Syr.				
				8:00	Tonsillitis Tab				
				4:00		6:30	Free diet		
					Jan 30.				
7:00	98	80		8:00	Tons. Tab.	6:30	Full diet		
4:00	98	72			Cough Syr.				
				9:01	Tons. Tab.	12:00	Full		
				10:00	" "				
					Cough Syr.	5:30	Full		
				4:00	Tons. Tab.				

Patient ..... Carlisle, Pa., Jan. 27 1912 Physician .....

Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	98	96		8.00	Tonsillitis Tab.	6.30	oat meal, gravy		
4 00	98	76		10.00	" "		bread & butter		
				1.20	Tonsillitis Tab		and coffee		
				1 00	Tonsillitis Tab				
				2 00	Tonsilitis Tab Cough syr.				
				3 00	Tonsilitis Tab	12.00	soup, crackers		
				4 00	"		potatoes, gravy		
				5 00	"		& water		
				6 00	"				
				9 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	Oatmeal,		
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 urine to take 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.				
				10 00	Tonsillitis Tab.				
				2 00	Tonsillitis Tab cough Syr.				
				3 00.	Tonsillitis Tab.				

Patient ..... Carlisle, Pa., Jan. 23 1912 Physician .....

Address ..... Nurse .....

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

Patient ..... Carlisle, Pa., Jan 21 1912 Physician .....

Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4 00	98.4	78		8.00	Tonsillitis tab -	5:30	Milk ℥ VII Tea.		
					Jan. 22				
				8.00	Tonsillitis tab	6:30	Milk & Coffee		
				9.00	" "				
				10.00	" "				
				11.00	" "				
				12.00	" "	12.00	Soft diet		
				1.00	" "				
				2.00	" "				
				3.00	" "				
				4.00	" "				
				5.00	" "				
				6.00	" "				
				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
7:00	98 4			8 00	Tonsillitis Tab.	6:30	Soft diet		
400	98	76			Cough Syrup.				
				9 00	Tonsillitis Tab.				
				10 00	" "				
					Cough Syr.				
				12.00	" "				
					Tonsillitis Tab	12:00	" "		
				2 00	" "				
					Cough Syrup.				
				8 00	Tonsillitis Tab.				
				4 00	Cough Syrup				
				5 00	"Tonsillitis" Tab.				
				6 00	Cough Syrup				
					Tonsillitis Tab				
				8:00	" "				
				8:00	" "				
				8:00	Cough Syr.				
				9:00	Tons. Tab.				

2483

BRIEF.

Application of

FOR THE ENROLLMENT OF

Ines Doctor

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 (Name of child.), (Sex.), I, Lucy Doctor (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 (Not less than 3.) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Mohawk Reservation on Oct. 5. 1892 (Date.); that the father, John Doctor (Name of father.), (Is or was.) a full (Degree.) Indian of the Mohawk Tribe located at unknown Agency; that he left the tribe about Supposed to have died (Approximate date.); that the mother, Lucy Doctor (Name.), (Is or was,) a 1/2 (Degree.) Indian of the Mohawk Tribe located at no special Agency, and ~~left the tribe about~~ is living on Tuscarora Reservation (Approximate date.); that the said child was ~~born and~~ reared in the United States, and now actually resides therein; and that 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.
Public School supported by N.Y. Ed. Dept.	Tuscarora Reservation	Apr. 1901	June 1906	Close of year	4th

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. Doctor

has attended the Public School of Tuscarora Reservation School at the town of Lewiston New York, from April 23 1900 to June 1906 1906. (inter mittently for the first 3 or 4 years.

Lewiston N. Y.

Dec. 12 1911.

M. L. Brown
(Sign here.)
Supt. Tusc. 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 ~~near~~ with 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. Niagara Co. N.Y.

When? Small parts of 1900 1901 1902 1903 1904 & 1905 ~~one. two. three. four. and five 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 ~~near~~ with 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. A. Peart, a practicing physician of Sanborn NY, do hereby certify that I have carefully examined Inez Doctor, the child named in this application, and find that She is not 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 W. A. Peart, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, M. L. Brown, a Teacher (Business, calling, or profession.), 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 (Name of Child.); 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 former Teacher now housekeeper (Business, calling, or profession.), 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 (Name of child.); 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 ..... (As soon after arrival as possible.), I made a careful examination of the physical condition of ....., the child named in the foregoing 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 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.

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.

CARLISLE INDIAN PRESS
CARLISLE PA

NAME Inez Doctor — Sex { ~~Male.~~ Female.

Tribe { ~~Full~~ 1/2 } Mohawk — State New York — March 1, 1912

Age 19 years — Respiration Ok. — Condition of, Eyes good

Height 5 ft. 5 1/2 ins. — Mensuration { Insp. 36 / Exp. 31 } — Ears Ok

Weight 132 lbs. — Throat Ok

Temperature 98 4/5 — Vaccination yes — Cervical glands Ok.

Pulse 80 — Vision Fair wears glasses — 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	3	good	1	Cholera Infantum

Personal history Mumps measles.

Present condition Fair

A B Hoadley, 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.

6—1955

CASE RECORD, 5—354.

Name .....

Age ..... Sex { Male. Female. } Tribe { Full 1/ } ..... Residence .....

(On ....., 19....)

DATE.	SYMPTOMS.				TREATMENT.	DIAGNOSIS.	REMARKS.
19....	T.	P.	R.				History, progress, and termination of the disease.
				Examined March 14, 1912	for Outing	Ok	

6—1955

"Y AND E" ROCH. 2483

REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE Inez Doctor

PRESENT NAME Mrs. Inez Green

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1914	Self	Lewiston, N.Y.	Housewife		