

3195

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4427 6227	ENGLISH NAME John Astrigan	AGENCY	NATION Alaskan				
BAND	INDIAN NAME	HOME ADDRESS Wood Island, Alaska					
PARENTS LIVING OR DEAD FATHER, D MOTHER, D	BLOOD Full	AGE 18	HEIGHT 5-5 $\frac{1}{2}$	WEIGHT 129	FORCED INSP. 354	FORCED EPKR. 34	SEX. M.
ARRIVED AT SCHOOL 12-31-'10 10-22-1910	FOR WHAT PERIOD	DATE DISCHARGE 11-28-'12		CAUSE OF DISCHARGE Deserter			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
11-22-'10	Dropped until Office sent authority for enrollment					12-31-'10	
4-6-'11	L. Carwithen, Doylestown, Pa.					Dr. 9-1-'11	
Dr. 9-1-'11	Edu. Neaton, " "					P.C. 12-15-'11	
Ret'd 12-16-'11	" " " "					P.C. 12-20-'11	
12-23-'11	Dw from running						
3-13-12	Ran						

THE SHAW-WALKER CO., MUSKIE, N. 79104

Months in school before Carlisle, 45

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Methodist

Miles to school - $\frac{1}{4}$

Letters - Ed. Sch.

85969-1910

93098-1910

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Asrigain John* DATE *25/10* 19 *10*

AGE *18* YEARS { NEW RETURNED } STUDENT. TRIBE. STATE.

DEGREE OF INDIAN BLOOD.

INSPECTION *Fairly well developed.*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE *Normal*

RESP. MURMUR *Normal*

HEART SOUNDS *Good*

MENSURATION { INSP. *35-7*

EXP. *34* RESPIRATION *18* PULSE *80*

TEMPERATURE *96* degs. HEIGHT *5* FT. *5-2* IN. WEIGHT *129* LBS.

VISION *10/20* left *20/20* right VACCINATION *Good scar*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			<i>yes</i>	<i>?</i>
MOTHER			<i>yes</i>	<i>Consumption</i>
BROTHERS {	<i>0</i>			
SISTERS {	<i>0</i>			

PERSONAL HISTORY: *Mumps*

REMARKS:

PUPIL'S HEALTH REPORT.

may

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 *L. Carwithen Hogleston Pa*

Pupil's name *John Ostrigan* " "

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 *130 lbs*

Has the pupil any trouble with the eyes? *None in particular - a little*

Are the eyelids inflamed? *No* *weak tho. perhaps*

Remarks: *Pupil has had a cold but has about recovered.*

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

L. Carwithen - Hoxleytown Pa

Pupil's name

John Ostragan

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

about 130 pounds

Has the pupil any trouble with the eyes?

No

Are the eyelids inflamed?

No

Remarks:

Pupil is in good physical condition.

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 *L. Carwithen, Doylestown Pa*

Pupil's name *John Ostrigan*

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 *136 lbs.*

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

Are the eyelids inflamed? *No*

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 *Edwin Heaton Dylesston*

Pupil's name *John Ostrigain*

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 *130 lbs*

Has the pupil any trouble with the eyes? *Complains occasionally*

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 *Edwin Heaton Doylestown Pa.*

Pupil's name *John Estrigan*

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? *Not while with me*

For how long has he had it? _____

Give the pupil's weight *I think about 130 while here*

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

Are the eyelids inflamed? *No*

Remarks: *This is as good near as I can give you this report as he was only with me a short time in Dec.*

Respectfully

E. M. Heaton

1018
REPORT OF John Ostrigan pupil of Carlisle Indian
School, who went 7-1911 to live with S. Barwithen

(Date) (Patron)
of Daylstown Bucks
(Post Office) (County)

Pennsylvania Daylstown Railroad Station
(State)

Conduct Fair to Good

Health Good

Ability Good

Cleanliness Good

Economy Good

Situation of Room On third floor

Condition of Room Fair

Condition of Clothing Good

Wages 70 per month

Are careful accounts kept by patron? yes

Are careful accounts kept by pupil? yes

Number of days at school

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle? 4th

In what grade is pupil at present? 4th

Attends what church and Sunday school? Baptist

Distance to church One mile

Is there a Catholic church in locality? yes

Who compose patron's family? Man, wife and son

What other help is employed? One hired man

Locality of home On Dublin pike. Daylstown

Home life and environments Good

Trade at school

Nature of work General farm work

Pupil's age 19 Experience One year

Grade of home No 1.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

Mr. Barwithen has a good home for the boys and no doubt is good to them in all ways. He, however, seems a little close and don't want to pay enough. (?)

John seemed to be very much displeased with his wages when I visited him and after some urging Mr. Barwithen agreed to increase his wages from 8 to 10 dollars per month.

John may decide to remain out during the winter but will want a transfer.

June 20, 1911

D. H. Dickey
Agent.

I feel that I may be wrong in my first judgment in regards to Mr. Barwithen being close. I find since that John can be a good boy, and should earn at least \$5.00, but he is unstable and cannot always be relied upon. He is generally a good boy.

Dec 6, 1911

D. H. Dickey

Outing Agent.

Astrigair, John

3195

Correspondence

4705

Regarding return home - Supt. H. H. Johnson

5029

3195
June 22nd, 1915,

Mr. John Ostrigan,

C/o Secretary U.S. Navy,

Washington, D.C.

Dear Sir,

There is enclosed herewith check for 50 cents
in favor of Dr. H. M. Boyer in payment of dentist work which
please sign and return to me to pay for the same.

Very respectfully,

W. H. M.

Supervisor in charge.

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NAME.

[TRIBE.]

PARENT OR GUARDIAN.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME John Ashigan

AGE

DIAGNOSIS La dengue

ADMITTED Feb 28

DISCHARGED Feb 28

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Foalhe

REMARKS:

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME

John Ustugan

AGE

DIAGNOSIS

Tonsillitis & Bronchitis

ADMITTED

March 2

DISCHARGED

March 9

RESULT

Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Rallen

H. B. Foster

REMARKS:

[illegible]

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Patient _____ Carlisle, Pa., Mar 9 191 2 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	Syr. Hypophosph				
				8:00	Cough Mix				
				10:00	Syr. Hypophosph				
					Mar 9				
2:00	98	102		12:00	Syr. Hypophosph	6:30	7:00		
				12:00	Cough Mix	12:00			
				2:00	" "				
				4:00	Syr. Hypophosph				
				4:00	Cough Mix				
				6:00	" " " "	5:30			

Patient John Ostrigan Carlisle, Pa., Mar. 7 1912 Physician Dr. F. Ralvi
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	80		8:00	Cough mix	6:30	Full		
				8:00	Syr. Hypophos.				
				10:00	Cough mix	12:00			
				12:00	" "	3:00	milk.		
					Hypophos.				
				4:00	" "				
					Cough syrup.				
				4:00	" "				
				4:00	Hypophos.	5:30	Full		
					Mar 8				
2:00	98	80		8:00	Cough Syr.	6:30	"		
				9:00	Hypophos.				
				10:00	Cough Syr.	12:00	"		
				12:00	" "	3:00	milk.		
				12:00	Hypophos.				
				2:00	Cough syr.				
				4:00	" "				
				4:00	Hypophos.	5:30	Full		
				6:00	Cough				

Patient John Astrugian Carlisle, Pa., Mar. 4 1912 Physician Dr. F. Galie
 Address _____ Nurse Eva Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	Lons. Tab.	12:00	Feed		
				10:00	" "			12:00	swabbed throat
				12:00	" "				
				2:00	" "				
				4:00	" "				
				6:00	" "	5:30	Feed		
				8:00	" "				
				Mar 5 -					
7:00	98 ⁶	90		8:00	Lons. Tab.	6:30	Feed	8:00	Throat Swabbed
						12:00	"		
				1:30	" "				
				2:00	" "				
				4:00	" "	5:30	"		
				6:00	" "			8:00	Throat Swabbed
				Mar 6					
7:00	98	80		8:00	Lons. Tab.	6:30	"	8:00	Throat Swabbed
				10:00	" "	12:00	"	10:00	" "
				12:00	" "	5:30	"		
				4:00	" "		"		

Patient John Ostrigan Carlisle, Pa., Mar 2 1912 Physician Dr. Fralic
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
9:30	99 ⁴	90		12:00	mag. sulph.	12:00	Milk		
				12:00	Phena & salol.				
				2:00	" " "				
				4:00	" " "				
				6:00	" " "	5:30	Tea, egg -		
				8:00	" Mar. 3 "				
7:00	99 ⁴	80		8:00	Phena & Salol,	7:00	Coffee, oatmeal,		
9:00	100	800		10:00	" "		toast - gravy		
				12:00	" "	12:00	milk, bread &		
				2:00	" "		but, potato		
				4:00	" "		corn, peaches		
				6:00	" "	5:30	Tea, bread &		
				8:00	" "		but, sauce		
							fruit -		
					Mar 4				
7:00	99 ⁴	84				6:30	Coffee, oatmeal,		
							gravy bread & but		

La Grippe

John A. Stegan M.F.
S.M.W.

admission. Feb 20.

Soft

col & phenacetic
y 2 hrs.

[illegible]

Patient _____ Carlisle, Pa., _____ 191 _____ Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8 ⁰⁰	Phena & salt	12 ⁰⁰	milk soup & or-		
				12 ⁰⁰	" " "		beans, potato		
						5:30	tea, bread &		
							butter, potatoes		
							prunes		
					Feb 21				
7:00	98	10		8 ⁰⁰	Phena & Salt	6:30	coffee, toast,		
4:00	98	70		12 ⁰⁰	" " "		oatmeal gravy		
				2:00	" "	12 ⁰⁰	coffee & cr.		
				4:00	" "		potato & milk		
				6:00	" "	5:30	tea, bread &		
							butter, potato		
							gravy & sauce		
					Feb 22				
7:00	98	12				6:30	coffee, toast -		
							oatmeal, gravy		

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John Ostrigan

[illegible]Age at
Entrance

Patron

Address

Recommended by

Grade of Home

Date of Outing

Date of Entrance

Date
Returned

Shop

Locality

R. R. Station

Grade in School

Church

Wages

~~Home Address~~

Days in School

Conduct

Ability

Health

Earnings

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

g	g	g
7	7	7
y	y	y
6.408.	8.	

ay	ay
7	ay
ay	ay
10.	10.

 $7\frac{1}{2}$ 8

g	G	g	G
g	G	g	G
g	G	g	G

12. 12

Edwin Heston
Doylestown, Pa.

9-1-11

12-23-11