

3726

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

Grade entered at Carlisle, .....

Grade at date of Discharge,.....

Trade or Industry, .....

17. *Catholic*

Miles to school

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Le <sup>Winn</sup> Josephine* DATE *28/10* 19 *10*

AGE *15* YEARS { NEW { STUDENT. TRIBE *Chippewa* STATE *Minnesota*

DEGREE OF INDIAN BLOOD *2*

INSPECTION *Well developed*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE *Normal*  
RESP. MURMUR *Normal*

HEART SOUNDS *Good*

MENSURATION { INSP. *87*  
EXP. *85.5* RESPIRATION *20* PULSE *80*

TEMPERATURE *99* degs. HEIGHT *5* FT *4 3/4* IN. WEIGHT *142* LBS.

VISION *10/20 left 16/20 right* VACCINATION *Good scar*

MENSTRUATION *Normal*

FAMILY HISTORY:

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

PERSONAL HISTORY:

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

April, 23, 1912

O. 18.



Age \_\_\_\_\_ Sex  $\begin{cases} \text{Male.} \\ \text{Female.} \end{cases}$  Tribe  $\begin{cases} \text{Full} \\ \text{I/} \end{cases}$  \_\_\_\_\_ Residence \_\_\_\_\_  
(On \_\_\_\_\_, 19\_\_\_\_)

6—1955

NAME

Josephine Luina

200

Sex ☒ Male ☐ Female.

Tribe

Full  
1/2

Chippewa

State

Wisconsin

Sept 4, 1912

Age

15

years

Respiration

Condition of, Eyes

OK

Height

5-7

ins.

Mensuration

Insp.

40

Ears

OK

Weight

165

lbs.

Exp.

36

Throat

OK

Temperature

Vaccination

yes

Cervical glands

OK

Pulse

Vision

Skin

OK

Inspection

OK

Palpation

OK

Percussion

OK

Auscultation

OK

Heart

OK

(Menstruation)

## FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	good		
Mother			yes	Brain fever
Brothers	2	good	1	" "
Sisters	1	good	2	" "

Personal history

Measles 2, mumps, Tonsillitis

Present condition

Good.

, 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.



200 Visit made Nov. 14-1912.

REPORT OF Josephine Grimes pupil of Carlisle Indian  
School, who went Sept. 12-12 to live with Mrs. A. P. Bither  
(Date) (Patron)  
of Sharon Hill, Delaware,  
(Post Office) (County)  
Penn., Sharon Hill Railroad Station  
(State)  
Conduct Very good; excellent and willing disposition  
Health Good with the exception of Catarrh in her head.  
Ability Fair  
Cleanliness Not tidy and clean in her ways.  
Economy Fair; every convenience in home.  
Situation of Room 3d floor; 3 windows  
Condition of Room Excellent  
Condition of Clothing Good  
Wages \$6 per week before starting to school.  
Are careful accounts kept by patron? Yes.  
Are careful accounts kept by pupil?  
Number of days at school Began school Nov. 4  
Distance to school Just a few steps; almost next door.  
Grade or quality of school Graded school  
Name and address of teacher Miss McLane.  
Qualifications of teacher School was over for the day.  
In what grade was pupil at Carlisle? Room 8.  
In what grade is pupil at present? Fifth Grade  
Attends what church and Sunday school? Catholic; Family Methodist.  
Distance to church Very short distance  
Is there a Catholic church in locality? Yes.  
Who compose patron's family? Mrs. Bither, 2 daughters and son (adults).  
What other help is employed? Laundress.  
Locality of home Town.  
Home life and environments Apparently excellent.  
Trade at school.  
Nature of work Girl helper;  
Pupil's age Experience.

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



# 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 John B Comfort Columbus Burroughs

Pupil's name Josephine Quinn

General health of the pupil good

Has pupil been ill the past two months? no

Name of disease not any

Name and address of the physician in attendance not any

Does the pupil have a cough? no

For how long has he had it? \_\_\_\_\_

Give the pupil's weight 145 lb

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed? no

Remarks: The health of Josephine Quinn is good  
+ she is trying better of late to do better  
can be learning something of cooking +  
house work generally as steady as other pupils  
I gave Josephine 1.00 in money + that is all she  
has had

Date 7.6.1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.



# 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 *John B Comfort Columbus Burlington Co N.J*

Pupil's name *Josephine Quinn*

General health of the pupil *good*

Has pupil been ill the past two months? *No*

Name of disease *Not any*

Name and address of the physician in attendance *Not any*

Does the pupil have a cough? *No*

For how long has ~~he~~ <sup>she</sup> had it? *No Cough*

Give the pupil's weight *145-lb*

Has the pupil any trouble with the eyes? *Not any*

Are the eyelids inflamed? *No*

Remarks: *Josephine is trying to do + is learning some about Cooking think we are getting along pretty well now if this report is not right you must tell me have endeavored to fill it correct as best I know*

Date *6.1.1912*

# 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 Mr A E Bitler

Pupil's name Josephine Quinn

General health of the pupil Good

Has pupil been ill the past two months? has had nose to bleed  
on several occasions, but with no bad

Name of disease effects

Name and address of the physician in attendance none

Does the pupil have a cough? no

For how long has he had it? last report

Give the pupil's weight no means of weighing, but heavier than

Has the pupil any trouble with the eyes? none

Are the eyelids inflamed? no

Remarks: General health seems good, her  
duties are light, no hard work, goes to school  
regular and is out in the open air every day  
beyond a little catarrhal trouble pupil  
is in good health, sleeps with windows open

Date January 1st 1913

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.



# 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 *Mr. A. E. Bitler*

Pupil's name *Josephine E. Quinn*

General health of the pupil *fair*

Has pupil been ill the past two months? *Yes, twice*

Name of disease *tonsillitis and ear trouble, threatened with appendicitis*

Name and address of the physician in attendance *Mark Cornish*

*Sharon Hill Pa. 5 house visits in addition to 3 or 4 office visits*

Does the pupil have a cough? *very slight one*

For how long has he had it? *only for a few weeks*

Give the pupil's weight *169 - Taken at hospital 3/6/13*

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

Are the eyelids inflamed? *no*

Remarks: *Josephine has been sort of run down all through this winter and has been of very little help to me.*

Date \_\_\_\_\_

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

# Carlisle Indian School Hospital.

Name

Josephine Grinn

Age

Sec.

Diagnosis

Trachoma

Admitted

Discharged

July 11 - 11

Days in Infirmary

Result

E. Hess

Resident Physician





# 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 *Mrs A. E. Bitter*

Pupil's name *Josephine Luism*

General health of the pupil *only fair*

Has pupil been ill the past two months? *no*

Name of disease *Catarrah, for several days she had ear ache, but it is better now.*

Name and address of the physician in attendance *none*

Does the pupil have a cough? *no*

For how long has he had it? *—*

Give the pupil's weight *158*

Has the pupil any trouble with the eyes? *none*

Are the eyelids inflamed? *no*

Remarks: *Pupil has an atomizer, but nothing to use in it. I made her a weak solution of*

*Glycothymoline to use, for the odor is offensive. If you have a prescription she should use please send it to me. her nostrils seem to be full most of the time. I make her use old muslin and burn it.*

Date *Nov. 1st 1912*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.



# 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 John B Comfort Columbia Burlington Co  
N.J.

Pupil's name Josephine Quinn

General health of the pupil good

Has pupil been ill the past two months? no

Name of disease not any

Name and address of the physician in attendance no any

Does the pupil have a cough? no

For how long has he had it? \_\_\_\_\_

Give the pupil's weight about 140 lb

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed? no

Remarks: Josephine Quinn will start back  
tomorrow as proposed 8.30.1912 have her  
ticket + paid for it \$4.13 this includes  
transfer through City as I understand is  
Best John B Comfort

Date 8.29.1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

# 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 John B Comfort Columbia  
Burlington Ct. Ct. J.

Pupil's name Josephine Quinn

General health of the pupil Good

Has pupil been ill the past two months? No

Name of disease not any

Name and address of the physician in attendance No Physician

Does the pupil have a cough? No

For how long has he had it? \_\_\_\_\_

Give the pupil's weight 145 lb. near as I can  
tell not been weighing since  
last report

Has the pupil any trouble with the eyes? No

Are the eyelids inflamed? No

Remarks: Josephine has been trying to do better

since last report she can do very much, but like  
many another has times of not caring to do so  
and want to complain. Since she is trying more to  
do she has gone to a friend, behind backline hope  
she may enjoy it over.

Date 8th mo 14. 1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.



Now as I understand you want her  
to return 8.30.1912 do you send her  
ticket or shall I buy it & charge same  
to her 9/10 & send you check to bill her 9/10  
to 9.1.1912 if not asking to much please  
let me know & just how you want her  
sent back

Resd. Thy friend

John B. Comfort

We gave Josephine a pair of shoes but  
want no mention made of them of <sup>any</sup> ~~any~~  
now this leaves her 9/10 to 8.1 - 1.00  
8.8 - 1.00  
8.8 - 1.00

CARMAN &amp; SLETVOLE

ATTORNEYS AT LAW

DETROIT

Dec. 16th, 1913.

Mr. W. B. Carman,

Carlin, Detroit, Minnesota.

My Dear Sir:

Replying to the inquiry you conveyed to me in your letter of December the 15th, this is to advise that when Josephine Gwinn was enrolled here in 1920 her age was listed as "fifteen". We do not have the exact date of her birth on file here.

Very respectfully,

HKL/r7.

HKL.

Superintendent.

Copy to Superintendent Howard.

ETVOLD  
OLD  
W  
MINNESOTA

December 13, 1913.

Supt. of Indian Schools,  
Carlisle, Penn.

Dear Sir:

If you have a record of the entries of pupils when they enter your school I would greatly appreciate it if you would look up the record and see how old <sup>Jessie</sup> ~~Jessie~~ Guinn was at the time she was received into the school and also how old she was at the time she left. Thanking you in advance for the information, I am,

Yours very truly,

HRM/RF.

W. B. Carrman



NO. ....

United States Indian School Hospital,  
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE .....

FULL. ONE .....

NAME Josephine Iuim.

AGE .....

DIAGNOSIS Convalescing from an attack  
of appendicitis in the country.

ADMITTED Mar 6.

DISCHARGED Mar 8.

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

## DIAGNOSIS

### Notes of Case

Age 0 1 S.M.W.

*Nativity*.....

Occupation \_\_\_\_\_

*Residence*.....

Date of admission Jan 6 - 13

Diet 4 - p.m.

### Treatment

*Result* \_\_\_\_\_

[illegible]

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



## INFORMATION REGARDING RETURNED STUDENTS

## PART 1

## REPORT BY NONRESERVATION SUPERINTENDENT OR RESERVATION SCHOOL PRINCIPAL

SCHOOL, Carlisle, Pa., June, 1913  
Name, Josephine Gwinn; Sex, F.; Age, 18; Deg. Indian Blood, 1/4  
Belongs: State, Minn.; Agency, White Earth; Tribe, Chippewa  
Home address, whose care, etc., Peter Gwinn, White Earth, Minn.  
Grade in school, 5; health, Good; height, 5 ft. 7 in.; weight, 164  
Number months instruction given pupil in each school department, including music, \_\_\_\_\_

Course completed, \_\_\_\_\_; years in this school, 3

Years spent in other schools and names of schools, \_\_\_\_\_

Character and disposition, \_\_\_\_\_

Recommended for what positions, suitability in order named: 1. Laundress

2. Housework; 3. \_\_\_\_\_; 4. \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_, Supt.

## PART 2

## REPORT BY RESERVATION SUPERINTENDENT

AGENCY, \_\_\_\_\_, 1913

Date pupil returned from school, \_\_\_\_\_; employed since return as follows: \_\_\_\_\_

Are home and local conditions favorable? \_\_\_\_\_

Should he receive assistance to find employment? \_\_\_\_\_

At what employment do you think he would do best? \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_, Supt.



INFORMATION REGARDING RETURNED STUDENTS  
PART 1  
REPORT BY NONRESERVATION SUPERINTENDENT OF RESERVATION SCHOOL PRINCIPAL

## SUGGESTIONS FOR SUPPLYING THE INFORMATION REQUESTED ON THIS BLANK

1. The report of nonreservation school Superintendent should be made at the time or a little before the pupil leaves school, whether at the end of the school year or during the school year, provided the pupil is 18 years of age or over, or younger, if for any special reason the pupil is quitting school permanently. As soon as this report is received, or at least very soon after the pupil returns home, the Supervisor of Indian Employment will correspond with the returned student for the purpose of getting more in personal touch with him and finding out something about his wishes, etc. His answer will be attached to and filed as part of this report.

2. Health, height, and weight of returned students are sometimes very important in placing them properly; height and weight could be approximated very satisfactorily, though from the pupil records now in use all information called for in part 1 of this blank can readily be obtained and be definite.

3. The State, agency, and tribe are important, and where the pupil is not attached to any agency this fact should be stated and the Superintendent should give all available information as to the home and local conditions surrounding the pupil.

4. Where the outgoing pupil has passed the civil-service examination for any position, this fact should always be noted, giving position for which examination was taken.

5. It should be remembered that the Supervisor of Indian Employment can but seldom have a personal acquaintance with the outgoing student, and that he must depend on the information furnished in this report for his basis of action in behalf of the pupil.

6. The degree of Indian blood should always be given, as this fact largely determines how much effort will be made on behalf of any particular returned student; qualifications being equal, or nearly so, the preference will be given to those having the greatest degree of Indian blood.

7. This report should be forwarded promptly to the Supervisor of Indian Employment, Indian Office, Washington, D. C.

8. Reports on students from reservation schools should be made only as to those who leave the schools at 18 years of age, or older, and who will probably not go away to school.

9. If part 1 of this report is made out by the principal of a reservation school, the reservation Superintendent should supply information called for in part 2 if the principal is not informed as to home surroundings and local conditions. Such information is essential to a proper understanding of the difficulties and needs of the pupil.

10. When part 1 is made out by a nonreservation Superintendent, this blank will be sent by the Supervisor of Indian Employment to the Superintendent of the reservation where the outgoing student belongs. He should fill out part 2 and return the blank as promptly as possible, for practically nothing can be done until the information called for in part 2 is supplied.

Information under the heading "Employed since return as follows," will be valuable only in cases where the pupil has been home for some time.



## OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL





3726

26 Josephine Gwinn

PRESENT NAME

3726

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.

Jan. 11  
July 11  
Dec. 11

5-

M.

Good

S.R.

E.

V.G.

yd

V.G.

5-

M.

Good.

Lam.

G.

V.G.

F.

E.

Name

Guinn, Josephine

3726

Age

Deg. Ind. blood

Address

White Earth, Minn.

Information from

Should return to school.

Date

9/30/13

1910

State

Agency

Tribe

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

1.

2.

3.

4.

Remarks:



Address

Carlisle, Pa.

191 3

## Physician

Nurse

Physician \_\_\_\_\_  
Nurse Miss Rose Heaney

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1913

TRIBE .....

FULL. ONE .....

NAME Josephine Quinn

AGE .....

DIAGNOSIS In grown venereal (Removed)

ADMITTED Mar 25.

DISCHARGED Apr 11

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Frazier

REMARKS:



## DIAGNOSIS

*Revise*

### Notes of Case

Name Josephine Twigg M.F.

*Age* ✓ ✓ ----- *S.M.W.*

*Nativity.*

Occupation.

Residence

Date of admission *Mar. 25 - 13*

### *Diet*

### Treatment

### Result

[illegible]

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mar



Patient Josephine Irvine Carlisle, Pa.

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Physician

Allen & Thayer

Address

Nurse

Rose O'Deaney

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
700	98.1	64	20		April 2-13			1020	Toe dressed
600	98	72							
					April 3-13				
700	98.2	86	20						
600	98.2	72	18						
					April 4-13				
700	97.2	74	22						
600	98	74	18						
					April 5-13				
700	98.2	88	20						
600	97	76	18		April 6				
700	98	82	22						
600	98.2	72	20		April 7-13				
700	98	80	22						
600	97	72	18						
700	98	84	20		April 8-13				
600	98	74	20						
					April 9-13				
700	98	84	20						
500	98.2	98	22						



## Patient

Carlisle, Pa.

191

## Physician

Address

Nurse

Rosie Heaney

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
700	99	80	20						
	98.3	62	18						
					Mar 26-13				
700	99	76	22						
	97.2	18	18						
					Mar 27-13				
700	98.2	88	20						
600	96.3	74	22						
					Mar 28-13				
700	97	100	20						
600	78	80	18						
					Mar 29-13				
700	98	74	20						
600	98	60	22						
					Mar 30-13				
700	98	74	20						
	99	74	18						
					Mar 31-13				
700	97.1	80	18						
600	98.2	72	18						
700	98.1	72	18						
					April 1-13				