

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

[illegible]

Grade entered at Carlisle,.....1st.....

Grade at date of Discharge,.....

Trade or Industry,.....

Church, Meth.

Miles to sch. 3

Brought by Supt Eddy

777

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Rowland Benton DATE 17/6 1908AGE 11 YEARS } NEW } STUDENT. TRIBE Cheyenne STATE Mont.

DEGREE OF INDIAN BLOOD.....

INSPECTION Fair developmentPALPATION NormalPERCUSSION Normal

AUSCULTATION {

RESONANCE.....

RESP. MURMUR.....

Normal

HEART SOUNDS.....

MENSURATION {

INSP. 38 1/2EXP. 25 3/4RESPIRATION 18PULSE 90TEMPERATURE 98 degs. HEIGHT 4 FT 7 IN. WEIGHT 77 LBS.VISION 10 110VACCINATION 11/11/08 Rev. 11/11/09

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....	<u>yes</u>	<u>good</u>		
MOTHER.....	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>2</u>	<u>good</u>		
SISTERS {	<u>4</u>	<u>good</u>		

PERSONAL HISTORY:

Good health

REMARKS:

(over)

HOSPITAL RECORD.....

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EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Rowland Benton DATE Mar 22 1910

AGE 12 YEARS { NEW STUDENT. TRIBE Cheyenne STATE Mont.

DEGREE OF INDIAN BLOOD Full

INSPECTION Fair development

PALPATION normal

PERCUSSION normal

AUSCULTATION { RESONANCE normal
RESP. MURMUR normal

HEART SOUNDS normal

MENSURATION { INSP. 29 1/2 RESPIRATION 18 PULSE 76
EXP. 27

TEMPERATURE 98.4 degs. HEIGHT 4 FT 9 3/4 IN. WEIGHT 84 LBS.

VISION 10/10 VACCINATION mar 22

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>2</u>	<u>good</u>		
SISTERS {	<u>4</u>	<u>good</u>		

PERSONAL HISTORY:

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

Mch 22-1910
2-13-1911

Good
Isoc.

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Benton Rowland Indian name is _____
 Name of father, Zack Rowland
 Name of mother, Julia Rowland Tribe, Northern Chey
 Reservation, Tongue River Degree of Indian blood of child, half
 Is either parent white, if so, which? None Are either or both allotted? None
 On what reservation? None Age of child, 9 What
 reservation school attended? Tongue River How long? _____
 If ever enrolled in a nonreservation school, name of school, _____
 When? _____ How long? _____ If ever
 dismissed from a school, where, _____; when, _____
 and for what reason? _____

(Signed.) Willis Rowland

NOTE.—The above blank is to be signed by the child, if old enough to understand its import; if not, by the parent, guardian, or other person cognizant of the facts.

CONSENT BLANK.

I, Zack Rowland, parent, guardian, or next of kin of the above-named child, Benton Rowland, do hereby consent to his transfer or enrollment for a period of 5 years (not less than three years) in the Indian school at Carlisle Pa Dated at Tongue River Agency Mont. on the Twenty day of Feb, 1907.

Witness
Emory Little Chief

(Signed.) Willis Rowland
 (Parent, guardian, or next of kin.)

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Benton Rowland, and have found his physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Cheyenne Montana on the 23 day of Feb, 1907.

(Signed.) D. B. Kelly M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

Tongue River Agency Feb 23, 1907
Benton Rowland
 The statements concerning the above-named _____ are believed by me to be correct, and I hereby recommend the transfer.

(Signed.)

J. R. Eddy
 U. S. Indian Agent or Superintendent.

CONSENT OF

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

For the term of years.

Name of agency or place from which pupil came:

Date of enrollment, 190.....

Date of discharge, 190.....

Cause of discharge,

CONSENT BLANK.

PHYSICIAN'S CERTIFICATE

AGENTS ON SUPERINTENDENT'S INDORSEMENT.

The undersigned hereby certifies the above-stated

of him to be correct, and I hereby recommend the transfer

(Signature)

to be made by the Superintendent

Rowland, Benton
Phys. condition
Father's file

3742

45 and 1152

1152

3742

PARENT OR GUARDIAN

Zach Rowland (Father)

HOME ADDRESS.

Lame deer Mont.

DATE OF RECORD	ACADEMIC DEPARTMENT.		INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct	Ability.	
Apr. '08.	Nov.	Medium	Good								
Jan. '09	Nov.	Good	Good	none			6	Poor	Fair		
July '09	Nov.	Good	Good	Gen.	Poor	Poor		"	Good		
Jan. '10	Nov.	Fair	Good	"	med	med	33	"	"		
July '10	N-3-S	Good	Good	"	Fair	Fair		"	"		
Jan. "	"	"	"	"	F.	F.		Gd	Gd.		
July '11	4	no report									

3742

NAME AT CARLISLE

Benton Rowland

PRESENT NAME

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

mont. 777
Cheyenne

Name of Student

Benton Rowland

Home Address

Jack Rowland - Farmer
July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Age at Entrance

9

Date of Entrance

2-28-07

Shop

Patron

Enoch Wilson

Locality

Days in School

Address

Albentown, N.J.

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing

4-6-'11

Date Returned

9-1-'11

Wages

Earnings

7 9

7

15 9

4. 4.

7 9

7 9

4 9

4. 4.

H. S. Torbet

Newtown, Pa.

9 9 M.

9 M. 9

9 9 9

4. 4.

9-1-'11

12-14-'11

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Benton Roland.

AGE

DIAGNOSIS Tonsillitis

ADMITTED Feb 26.

DISCHARGED Mar 1

RESULT good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B. Fraley

REMARKS:

DIAGNOSIS

Revise _____

Notes of Case

Name Benton Roland M.F.

Age _____ S.M.W.

Nativity _____

Occupation.....

Residence.....

Date of admission Feb 26 '12

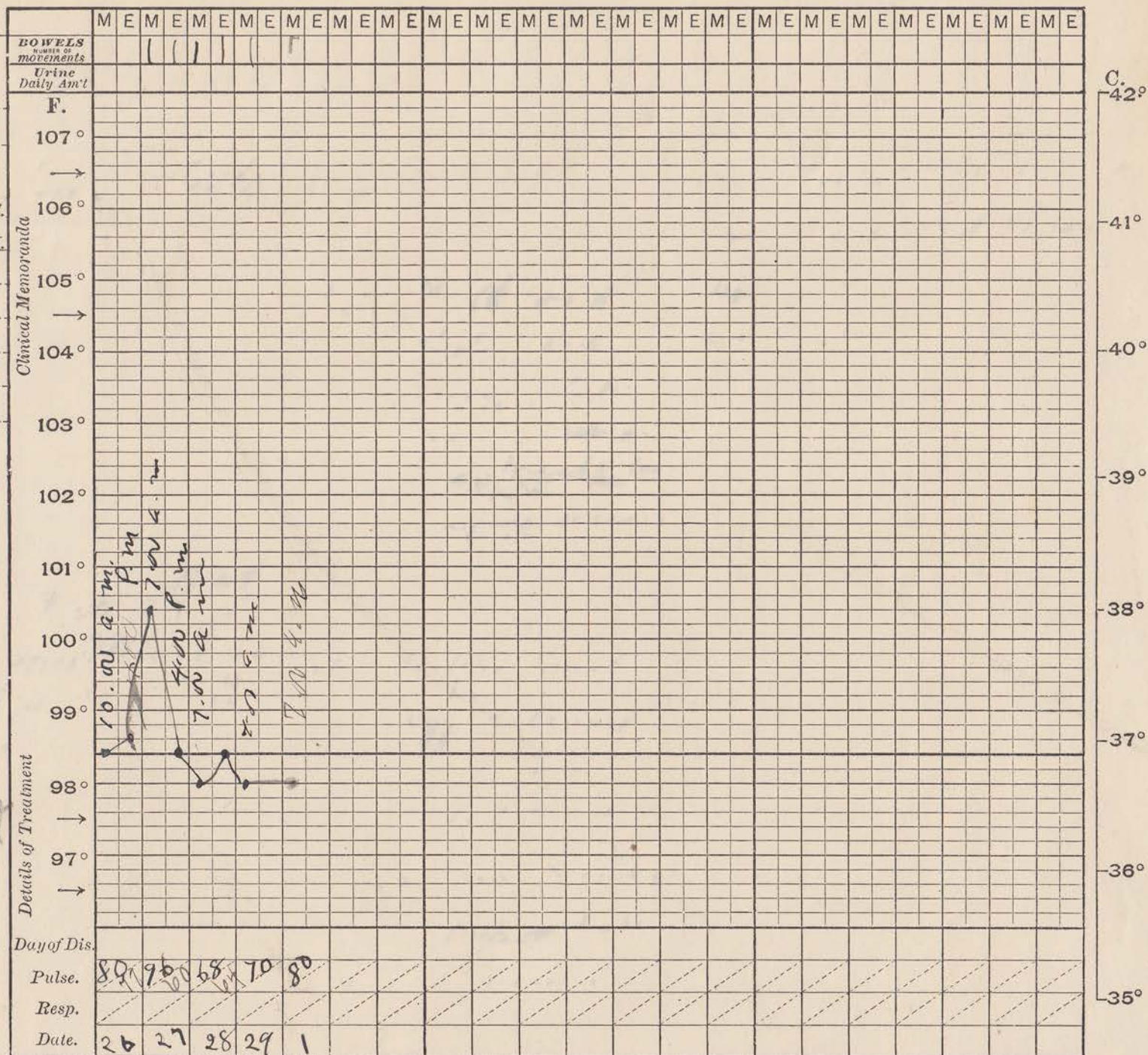
Diet

Soft -

Treatment

Mag. Sulph-
Tonsillitic tab of
2 hrs -
Inval out throat
every 2 hrs

Result 8



Address

Patient Benton Roland Carlisle, Pa., Feb. 28 1912 Physician Dr. F. F. F.
 Address _____ Nurse Eva Linn

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	68		8:00	Lins. Tab	6:30	Coffee, oatmeal	10:00	swabbed throat
				10:00	" "		gravy bread +	12:00	swabbed throat
				12:00	" "		butter -	2:00	" "
				2:00	" "	12:00	milk bread +	4:00	" "
				4:00	" "		butter, potato	6:00	" "
				6:00	" "		onion -		
						5:30	tea, bread & butter		
							gravy sauce		
7:00	98	70		8:00	Lins. Tab.	6:30	Coffee, oatmeal		
				10:00	" "		gravy bread		
				12:00	" "		+ butter		
				2:00	" "	12:00	Milk Soup		
				4:00	" "		potato peas		
				6:00	" "		bread + butter		
						5:30	Food -		

Patient Benton Poland Carlisle, Pa., Feb 26 1912 Physician Dr. Fralic
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
10.00	98 ⁴	80		10.00	Mag. Sulph Tonsillitis Lab.				
				12:00	" "	12-00	Milk, Soup		
				2:00	" "		potato hominy		
				4:00	" "		bread + butter		
				6:00	" "	5:30	tea, sauce potato bread → butter		
Feb 27									
7:00	100 ⁴	96		8:00	Tonsillitis Lab.	6:30	coffee, toast -		
				10:00	" "		egg omelette		
				12:00	" "	12:00	Milk, hominy		
				2:00	" "		bread + butter, potato		
				4:00	" "		soup		
				6:00	" "	5:30	tea bread +		
				8:00	" "		butter potato sauce		

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.....

Pupil's name..... *Benton Rowland*

General health of the pupil..... *very 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..... *98*

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

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 Enoch Wilson Allentown, Pa.

Pupil's name Benton Rowland

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 100 lbs

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed? _____

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..... *Enoch Wilson Allentown, Pa.*

Pupil's name..... *Benton Rowland*

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..... *110*

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

Are the eyelids inflamed? *No*

Remarks:.....

NO.

374-2

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Benton Boland

AGE 1

DIAGNOSIS Bronchitis

ADMITTED Jan 10

DISCHARGED Jan 16/12

RESULT OK

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

REMARKS:

[illegible]

Patient Benton Roland Carlisle, Pa., Jan 15 1912 Physician Dr. S. S. Sibley
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 ⁰⁰	98	86		8 ⁰⁰	sodium sal.	6:30	Milk & Coffee		
					salol wa gr V				
					strychnine $\frac{1}{30}$ gr.	10:00	Milk		
				10:00	sodium sal.				
					salol w w gr V				
				12 ⁰⁰	Sodium Sal gr V	12:00	Milk Soup		
					Salol " "				
				1 ⁰⁰					
				2 ⁰⁰	Sodium Sal	3 ⁰⁰	Milk		
					Salol				
4 ⁰⁰	98	84		4 ⁰⁰	Sodium Sal				
					Salol	5:30	Tea.		
				6:00		7:00	Milk		
				8:00	Sod. Sal + Salol				
					Jan. 16, 1917.				
7:30.	98	88		8 ⁰⁰	Sod. sal & salol	8:30	Milk, Coffee		
				10 ⁰⁰	" " " "	10:00	Milk		
				12 ⁰⁰	" " " "				

Patient Benton Roland Carlisle, Pa., Jan 13 1912 Physician Dr. S. Neibly
 Address _____ Nurse Eva Limone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				2.00	Sodie Salycilates + Salol	3.00	milk		
				4.00	" " "				
4.00	98	68		6.00	Strych $\frac{1}{30}$				
				6.00	Sodie Salycilates + Sal.			5.30	did not take milk
				8.00	" " "				
				8.00	Salol.	9.00	Milk		
					Jan 12				
9.00	98	66		8.00	Sodium Sal. + salol	1.30	milk $\frac{1}{2}$		
4.00	98	68			Strych $\frac{1}{30}$	12.00	refused milk		
				11.00	Sodium Sal. + salol	3.00	milk		
				12.00	" " "				
					Strych $\frac{1}{30}$ gr.				
				2.00	Sodium sal. + salol				
				4.00	" " "				
					Strych $\frac{1}{30}$ gr.				
				6.00	Sodium sal. + salol	4.30	tea		
				8.00	" "	9.00	milk		

Patient Benton Poland Carlisle, Pa., Jan 12 1912 Physician Dr. S. S. Snelley
 Address _____ Nurse Eva Simmons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7-11	99	80				6-30	milk II 3		nose bleed
				12-11	Salol	12-11	"		during night -
					Sodii Salicylas		8 am + 11		1/30 grain Physostigma
					Strychnine 1/20				3 times a day.
4-11	98	66		2-11	Salol				
					Sodii Salicylas	3-11	milk		
				4-11	Strychnine 1/30 gr.	2-30	milk & tea		
				6-11	Sodii Salicylas				
					Salol				
				8-00	"				
					Sodium Salicylates				
					Jan 13				
7-11	98	74		8-00	salol	6-30	milk & coffee		
				8-00	sodium Salicylates				
				8-00	strychnine 1/30 gr.				
				10-00	salol				
					sodium Sal. Pgr				
				12-11					
					Salol				
					Strychnine 1/30				

