

3743

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <del>4548</del> 6348		ENGLISH NAME Benjamin Roy		AGENCY White Earth		NATION Chippewa		
BAND Mississippi		INDIAN NAME		HOME ADDRESS Peter Roy Duane, Minn.				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.
FATHER, <i>L</i>		MOTHER, <i>D</i>	<i>1/4</i>	<i>18</i>	<i>5 5 1/4</i>	<i>35</i>	<i>3 1/2</i>	<i>M.</i>
ARRIVED AT SCHOOL <i>Sep. 8, 11.</i>		FOR WHAT PERIOD <i>Three years</i>		DATE DISCHARGED <i>6 - 10 - 12</i>		CAUSE OF DISCHARGE <i>Sickness</i>		

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, ..... *54* .....

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, .....

280

5-192 a

*of Benjamin Roy  
Carpenter*

APPLICATION OF

*Peter Roy*

FOR THE ENROLLMENT OF

*Benjamin Roy*

IN THE INDIAN SCHOOL AT

*Carlisle Perm.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*White Earth Agency Minn.*

Date of enrollment, \_\_\_\_\_, 191

Term of enrollment, \_\_\_\_\_ (\_\_\_\_\_) years.

NAME OF COLLECTING AGENT:

\_\_\_\_\_

Position, \_\_\_\_\_

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle State  
of Pennsylvania  
of Benjamin Roy ; Male ; date of birth May 18 1893 ;  
(Name of child.) (Sex.)  
Chippewa  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Peter Roy</u> <u>Jah Chee</u> <small>NAME OF MOTHER.</small>	<u>Living</u>	<u>Chippewa</u>	<u>Mississippi</u>	<u>1/2</u>
<u>Wazha Eguay</u>	<u>Dead</u>		<u>Mississippi</u>	<u>3/4</u>

I, Peter Roy, do hereby voluntarily consent and agree to his  
(Parent, guardian, or next of kin.)  
enrollment in said school for a period of three years, and also obligate myself to abide by  
(Not less than 3.)  
all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
<u>Duane, Minn.</u>	<u>Sept 1905</u>	<u>May 22 1911</u>	<u>to transfer</u>	<u>Fourth (passed)</u>
2.				
3.				
4.				

witness Ed & Ad Dupuis his Peter Roy  
(Parent, guardian, or next of kin.)

P. O. address: Duane

Two witnesses:

P. J. Freed  
Selena Fairbanks

Minn

GOVERNMENT PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This 3 day of August, 1911

P. A. Shattuck M.D.

Physician at Beaulieu

White Earth  
mine

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of Mr. Roy (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

This 5 day of Aug, 1911

John Howard  
Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

I hereby certify that on \_\_\_\_\_, 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

\_\_\_\_\_  
Nonreservation School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer. 6-870

1873  
7  
11  
18

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

*Provided*, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

The rules provide that—

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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

NAME Ben. Roy Jr. Sex <sup>Male.</sup> ~~Female~~

Tribes <sup>Full</sup> Chippewa State Minnesota August 3- 1911

Age 18 years Respiration Normal Condition of, Eyes Had trachoma

Height 5 ft. 9 ins. Ears Good

Weight 130 lbs. Mensuration { Insp. 33 Exp. 29 Throat Good

Temperature Normal Vaccination yes Cervical glands normal

Pulse Vision Fair Skin Good

Inspection normal

Palpation "

Percussion "

Auscultation "

Heart "

(Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	1	Good		
Mother	1		1	unknown
Brothers	1	Good	1	
Sisters	1		1	unknown

Personal history Had ~~measles~~ Had chicken pox

Present condition Fair

A. A. Slattery, 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.

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex  $\left\{ \begin{matrix} \text{Male.} \\ \text{Female.} \end{matrix} \right.$  Tribe  $\left\{ \begin{matrix} \text{Full} \\ \text{I/} \end{matrix} \right.$  Residence \_\_\_\_\_

(On \_\_\_\_\_, 19\_\_\_)

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
	T.	P.	R.				
19___							History, progress, and termination of the disease.

NAME Benj. Roy Sex  Male  Female

Tribe <sup>Full</sup> Chippewa <sub>1/2</sub> State Mich Sept 11, 19 11

Age 18 years Respiration \_\_\_\_\_ Condition of Eyes OK

Height 5 ft. 8 1/4 ins. Mensuration { Insp. 35 Ears OK

Weight \_\_\_\_\_ lbs. { Exp. 31 1/2 Throat Enlarged tonsils

Temperature 98.2 Vaccination Sept 11 - 11 Cervical glands Enlarged

Pulse 72 Vision \_\_\_\_\_ Skin OK

Inspection Ptsoid chest.

Palpation Tactile fremitus inc. on lt. side

Percussion Impaired note at lt. apex to 3rd R.

Auscultation Expiration whee and roughened at Rt. apex. No rales

Heart Normal.

(Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yrs</u>	<u>J.B.</u>		
Mother			<u>Yrs</u>	<u>J.B.</u>
Brothers	<u>1</u>	<u>wife</u>		
Sisters			<u>1</u>	<u>J.B.</u>

Personal history neg chicken pox

Present condition Fair

Elmer Hess, 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.  
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Roy, Ben  
Father - Peter Roy

3743

7244



NO. ....

United States Indian School Hospital,  
Carlisle, Pennsylvania.

YEAR 1912

TRIBE .....

FULL. ONE .....

NAME Bern Roy

AGE .....

DIAGNOSIS Pulmonary Tuberculosis and  
Tubercled Lymphatic glands of  
neck

ADMITTED May 7

DISCHARGED June 10

RESULT Improved Sent Home

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraher

REMARKS:

Case No. \_\_\_\_\_

**DIAGNOSIS**

Revise \_\_\_\_\_

Notes of Case

Name *Ben Roy* M.F.

Age \_\_\_\_\_ S.M.W.

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission *May 7*

Diet *Full*

*Extra Milk & eggs.*

Treatment

Result *May*

Bowels Number of movements	M E M E M E M E M E M E M E M E M E M E M E M E																				
	1	1		1	1	1	1	1	0	0	1		0	1	1	1	0	1	1		
Urine Daily Amt																					
F.																					
107°																					
106°																					
105°																					
104°																					
103°																					
102°																					
101°																					
100°																					
99°																					
98°																					
97°																					
Day of Dis.																					
Pulse.	92	90	91	96	94	110	98	99	98	90	95	70	80	85	88	84	91	86	84	116	120
Resp.	22	22	20	22	24	34	24	28	30	30	26	20	20	22	24	26	28	24	32	30	36
Date.	28	29	30	31	1	2	3	4	5	6	7	8	9	10							

C. 42°  
41°  
40°  
39°  
38°  
37°  
36°  
35°

Patient Ben Ray Carlisle, Pa., June 9 1912 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Margaret Culbertson

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						8:30	Egg nog		Been sitting up
				9:15	stryc $\frac{1}{30}$				
					June 10				
8:00	101.4	120	86	8:00	9. 2 + 5.				
					Phen + salol				
				9:00	Styck Sulph				
				12:00	Phen + Salol				
					9 2 + 5				
				12:30	Styck Sulph				

Patient *Ben Roy*

Carlisle, Pa., *June 8,*

191*2*

Physician *Dr. H. B. Fraley*

Address

Nurse *May Culbertson*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
850	160	80	28	8W	Phen + Salol				
				8W	I, I + S	9W	Egg, no g.		
				9W	Styph Sulph				
				12:00	I, I + S.				
				2:00	Phen + Salol				
					Styph Sulph 1/2				
4W	181	84	24	4:00	Phen + Salol				
					June 9				
850	101	116	32	800	Phen + Salol				
				850	I, I + S				
				900	Styph Sulph	9W	milk & egg.		
				11:00	Phen + Salol				
				12W	Phen + Salol				
					Styph Sulph.				
					I, I + S.				
4W	100	110	30	200	Phen + Salol				
				4W	I, I + S. Styph Sulph.	3W	milk & egg		
				4W	Phen + Salol				

Patient Ben RoyCarlisle, Pa., June 6

191

Physician

Address

Nurse

Marg. Louberton

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6:00	99	88	27	8:00	Styach Sulph 22 18				
				6:00	" " "				
				9:00	" " "				
				8:00	G. 2 + S.				
				8:00	Phen + Salol	9:30	Egg neg.		
				10:00	" "	11:30	" "		
				12:00	Styach sulph 22 18				
				" "	Phena Salol				
				2:00	Egg neg.	2:00	egg neg.		
				3:00	$\frac{1}{30}$ Styach sulph				
				4:00	D.S. Phena + Salol				
				6	Phen + Salol				5-30 nose bleed
					June 7				
8:00	100	90	30	8:00	Phen + Salol				
				8:00	G. 2 + S.				
				9:00	Styach				
				10:00	Phen + Salol	9:00 P.M.	egg neg.		
				8:00 P.M.	" "				
				9:00	Styach sulph				



Patient Ben Roy Carlisle, Pa., June 7 191... Physician Dr. F. Malic  
 Address \_\_\_\_\_ Nurse Marg. Culbertson

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				12:00	g. 2 + S.				
					Phen + salol				
				2:00	" "				
				3:00	Strych Sulph				
				4:00	Phen + salol				
				6:00	" "				
					Strych Sulph				
				8:00	Phen + salol				
				9:00	Strych Sulph				
				9:00	ii alophen tab.				
					June 8.				
8:00	100	80	20	5:00	Phen + salol				
					g 2 + S.			8:00	Says feels better.
				9:00	Strych Sulph too				
				12:00	g. 2. S. Stryc. Sulph				
				3:00	" "				
4:00	101	80	22		" " "		Milk cannot take		
				6:00	" "				Says feels weak
					Place cap to chest				

Patient \_\_\_\_\_ Carlisle, Pa., \_\_\_\_\_ 191 \_\_\_\_\_ Physician *Jiang Culbertson*  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
850	110	110	84	8W	9 2 + 5 Phen + salol	10:00	milk & eggs		
					June 2				
850	102	90	80	8W	9 2 + 5 Phen + salol				
					12:00				
					9 2 + 5				
400	101 <sup>3</sup>	88	30	9W	9 2 + 5 Phen + salol				
					June 3				
800	102	90	80	8:00	9 2 + 5 Phen + salol				
					June 4				
850	101	70	80	8W	9 2 + 5 Phen + salol				5:15 about Hemorrhage. In bed See caps to chest
					12:00				

Patient Ben Roy Carlisle, Pa., May 29 1912 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Pearl Bonser,

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100	88	20	8:00	Phen + salol				
4:00	100	90	30		9. 2. + 5.				
				12:00	I. I. & S.				
					Phen + salol				
				4:00	I. I. & S.				
					Phen + salol				
					May 30				
				8:00	9. 2. + 5.				
					Phen + salol				
8:00	98.3	82	22		May 30				
4:00	100.5	80	20						
					May 31				
8:00	99.4	68	20	8:00	Phen + salol				
4:00	102	100	34		9. 2. + 5.				
				12:00	I. I. & S.				
					Phen + salol				
				4:00	I. I. & S.	3:00	milk leggy.		
					Phen + salol				

Patient *Ben Roy.*Carlisle, Pa., *May 26*

1912

Physician

Address

Nurse

*Paul Bonser,*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	102	98	26	9:30	Phen & Salol. Q.S.	9:30 #0.30	milk.		
				11:30	" " "	10:00	milk & egg.		
						12:00	" "		
3:00	100	82	20	2:00	" "	2:00	" "		
				4:00	" "	4:00	" "		
					May 27				
8:00	101.1	86	22	8:50	Q. Q. & S.	10:00	milk & egg.		
4:00	102	100	84		Phen & Salol.				
				12:00	Q. Q. & S.				
					Phen Salol.	8:00	milk & egg.		
				4:00	Q. Q. & S.				
					Phen Salol.				
					May 28				
8:00	102			8:00	Phen & Salol				
					Q. Q. & S.				
					May 28				
8:00	102	92	22	12:00	Q. Q. & S.	8:00	milk & egg.		
4:00	100	90	82		Phen & Salol				
				4:00	Phen Salol & Q. Q. & S.				

Patient Ben Roy  
 Address Carlisle

Carlisle, Pa., May 23

1912

Physician Dr. Fralio  
 Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8W	g. 2 + S				
4W	102	110	36		Salol & Phen				
				12W	2 2 & S				
					Salol & Phen				
				8W	Salol & Phen				
				4W	2 2 & S.				
					may 24				
8:50	107	100	28						
4W	111	90	38	8W	2, 2 & S				coughs a little.
				12W	2, 2 & S				
					Phen & Salol	8W	milk & egg.		
				4W	2 2 & S.				
					Phen & Salol				
					may 25				
8:50	103	102	28	8W	2 2 & S.	6:30	milk		
4W	100	111	36		Phen & Salol	8W	milk		no eggs
				12W	2, 2 & S	12:00	"		
					Phen & Salol	3:00	"		
						5:30	"		
				4W	2 2 & S.	8:00	"		

Patient Ben Roy, Carlisle, Pa., May 20 1912. Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	101.2	100	28					4:00	not here.
					May 21				
8:00	102.1	100	28	8 W	g. 2 + S.				
4:00	102	104	38		Phen + Salol				
				12:00	2 2 / 4				
					Phen + Salol				
				8:00	Phen + Salol				
				4:00	2 2 / 8.				
					May 22				
8:00	<del>101</del>	96	26	8 W	Phen + Salol				
4:00	104	120	86		g. 2 + S.				
				12:00	2 2 / 8				
					Phen + Salol				
				2:50	Phen + Salol				
				4:00	2 2 / 8.				
					Phen + Salol.				
					May 23				
8:00	101.2	98	32						

Patient *Ben Roy*

Carlisle, Pa., *May 17*

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Physician

Address

Nurse *Pearl Bousler*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100.3	86	28	8:10	Phen + Salol				
3:50	101.4	100	26.		g 2 + S.				
				12:10	2 2 18.				
				12:10	Phen + Salol			4:00	not here.
				2:10	Phen + Salol				
					May 18				
				8:10	Phen + Salol				
					g. 2 + S.				
				1:20	" "				
				4:10	" "			9:00	milk
					May 19				
8:50	100.3	102	28	8:10	g. 2 + S				
4:10	100	100	36		Phen + Salol			9:00	milk
				12:10	Phen + Salol			8:00	"
					2 2 18.				
				4:10	Phen + Sol				
					2 2 18.				
					May 20				
				8:10	Phen + Salol				
					g. 2 + S.				

Patient Ben Roy Carlisle, Pa., May 14 191... Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Pearl Bousel

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				12W	Phen & Salol 2 2 8.				
					May 15				
7:00	99.2	84	28	8W	Phen & Salol				
4W	100	88	30		2 2 8.				
				12W	Phen & Salol 2 2 8				
				2W	Phen & Salol				
				4W	Phen & Salol 2 2 8				
				6:00	Phena & Salol.				
				8:00	.. ..				
					May 16				
8:00	99.4	84	26	8W	2 2 8 Phena & Salol				
4W	100	80	50	12W	Phen & Salol 2 2 8.				
				2W	Phen & Salol				
				4W	2 2 8.				



Patient Bern Roy Carlisle, Pa., May 10 191      Physician       
 Address      Nurse Paul Bonas

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100.3	82	30	8 W	Phena + Salol.				
4 W	99	80	30	12 W	" "				
				2 W	" "				
				4 W	" "				
					May 11				
				8:40	Phena + Salol				
					May 11				
8:00	100.1	80	30	12 W	Phen + Salol				
				8 W	" "	8 W	milk	2 W	not here
					May 12				
8:00	100.1	80	30	8 W	Phena + Salol				
					g. 2 + S.			1000	not here
					May 13			200	" "
8:00	101.3	84	26	8 W	Phena + Salol			300	" "
					2, 2 + S.				
				8 W	Phena + Salol			4 W	not here
					May 14				
8:00	98.2	78	26	8 W	Phena + Salol				
					2 2 + S.				

Patient *Ben Roy John Benjamin*

Carlisle, Pa., *May 7*

1912

Physician

Address

Nurse *Pearl Bouser*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
10:00	101.2	100		800	Phena + Salol				
4:00	101	98	30						
<i>May 8.</i>									
8:50	101.4	99	34	8:00	Phena + Salol				
4:00	101	80	32	10:00	" "				
				12:00	" "				
				2:00	" "				
				4:00	" "				
<i>May 9</i>									
8:00	100.3	82	30	8:00	Phena + Salol -				
				10:00	" "				
4:00	98.4	80	30	12:00	Phena + Salol				
				2:00	" "				
				4:00	" "				
				6:00	" "				
				8:00	" "				
<i>May 10</i>									
8:00	100.3	82	30						

Case No. \_\_\_\_\_

**DIAGNOSIS**

Revise \_\_\_\_\_

Notes of Case

Name *John Benjamin* M.F.

Age \_\_\_\_\_ S.M.W.

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission *May 1*

Diet

*Soft.*

Treatment

*Phena & Salol.*

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

