

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

In school before Carlisle, 45
 Date entered at Carlisle, 7
 Date of Discharge,
 Name or Industry,
 Methodist
 Miles to school - 5

Miles to school - 5

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

[illegible]

Months in school before Carlisle. 10

Trade entered at Carlisle, *3rd*

Trade at date of Discharge, 7th.

Trade or Industry, *Printer*

Church. Methodist
Miles to sch. 4

U. S. Naval Station
Guam, M. I.

May 29, 18.

John Francis Jr.

Dept Indian Sch,
Carlisle, Pa.

Sir:
Naval School

W
7
R

This will acknowledge the receipt of your letter dated Feb. 27, 1918. Calling my attention to the War Risk Insurance.

I am one and proud too say that I have taken out the Insurance, and can say it is a great thing in case of permanent disability or death.

I would also be glad to know that every
possible student or graduate who are
in the noble services of Uncle Sam
has done the same.

I will also give you a small figures
in the Red Cross drive as follows:-
More than \$2000. is the net results of the
Second Red Cross War Drive in Guernsey,
May 3 and 4. In effort to carry Guernsey
over the "top" in the Red Cross Drive,
the native and military population of
the most remote districts swarmed to the
Capital, participated in the parades and
spent money freely at the numerous
concessions that were working for the
Red Cross.

The center of attraction for the crowds
was the booths that line the streets at
the west side of the Plaza. There were
~~known~~ ^{known} devices to lure money to the Red
Cross coffers was in operation. Among
the strangest devices that helped to bring
in returns was the ruffling of two turtles,
both weighing 300 lbs.

We are also going to have a Guernsey
Industrial Fair on the following date

July 4th, 5th and 6th. of July.
The full details, I do not know
a present, therefore I am unable
to give them to you.

This is about all I can say
for this time, give my regards
to the school in general, especially
the ones I know.

I receive the Red Man and always
and certainly enjoy reading the
happenings of the school.

I am as ever

Capt. Jackson Howard.

U. S. Naval Station

Maine Bks. Genoa, M. I.

Neen Book
in letter
11-7-17

3725-



U.S. MARINES

Guam, M.I.

Sept. 30, th 1917

Supt of Carlisle Ind. Sch.,

Carlisle, Penna,

Dear Sir:

I received a letter some
time ago from Hon. Lipp, then
as superintendent, but since then
I think there is a change, although
I may be mistaken.

I ~~was~~ attended your school
since nineteen hundred and five
up to $\frac{1}{2}$ 2. and was in the
noble services of U. S. M. C.,

and I would love to get the Red man
and the Carle Arrow; but I have not
yet the time, to get stamps as the trans-
port sails in a few minutes.

I wish that you would put my name
on the Subscribes and in the next letter
or in a month I will send ^{you} the full
amount of the Arrow & Red Man.
also would love to have the last Commemorative
number of the graduating class. and several
back numbers of Red Man. and I will
be sure and send ^{you} the amount. in the
Oct. Transport.

I am in Guam, M. I. in the Pacific
Ocean, and we print a weekly news letter,
which I am sending ^{to} the Printing office
and I wish that you would get it and
read it, as I think it is interesting.

And father or I will give you my expenses
as a United States Marine Corps.

Yours Carle Student.

Jack Jackson

But since my enlistment, there was

so many Jackson's, I had my
name changed to Jackson Leobard
so please send them to me.

My address is

Jackson Leobard,

Marine Barracks.

Naval Station,

400. Guam, M. I.

Excuse my penmanship as
I am in a hurry.



3725-

Guam, M. I.

Oct, 27, 1917.

Supt of Carlisle Indian School.
Carlisle, Penna.

Dear Sir:

Please find enclosed
Stamps for the Red Man and
the Weekly arrow.
Where been lost without

the Red Man and around for some
time. For I used to be one of the
fellows in the Printing Plant at Carlisle.
I am in the United States Marine
Corps stationed in Guam, M. I.
on the Pacific. I would be very glad
if you will also send me the Senior
arrow of the Class of 1917- and also
the Red Man with these pictures, and
a few back issues of the Red Man.

Reading material is very scarce
out here, for we get mail once a
month.

Hoping you do not think far, and
in the next letter I will give you my
experiences as a Marine.
Yours Jack Jackson.

Since then I have changed my name
on account of so many Jackson, to the present
name. — Because my mail and other
property of the service was lost. —

Yours Respectfully.

Jackson Colvard.

Marine Barracks

Naval Station.

Guam, M.I.

CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that

John Jackson

(Name of student.)

has made the following record in

Carlisle Indian School

(Name of school.)

SUBJECTS—ACADEMIC AND VOCATIONAL.

GRADE.

RATING.

Oral English

11

78

Arithmetic

80

Reading

77

Spelling

69

Language

73

Effort

Deportment

DETAILS SERVED.

LENGTH OF TIME IN EACH.

RATING.

and is ~~not~~ eligible to pursue work in the

(Cancel one.)

Third

grade, academic; and

grade or year vocational.

5-4859

Superintendent.

Principal.

CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that

John Jackson

(Name of student.)

has made the following record in

Carlisle Indian School

(Name of school.)

SUBJECTS—ACADEMIC AND VOCATIONAL.

GRADE.

RATING.

Oral English

11

78

Arithmetic

80

Reading

77

Spelling

69

Language

72

Effort

Department

DETAILS SERVED.

LENGTH OF TIME IN EACH.

RATING.

and is ~~not~~ eligible to pursue work in the **Third** grade, academic; and
 (Cancel one.)
 grade or year vocational.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Jackson, Jack DATE 12/12 1908AGE 16 YEARS { NEW { STUDENT. TRIBE Cherokee STATE N. Car.

DEGREE OF INDIAN BLOOD.....

INSPECTION Well developed.PALPATION NormalPERCUSSION NormalAUSCULTATION { RESONANCE.....
{ RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 35 3/4 RESPIRATION 24 PULSE 70
{ EXP. 31TEMPERATURE 98.2 degs. HEIGHT 5 FT. 4 IN. WEIGHT 131 LBS.VISION 10/10 VACCINATION good - Ren. 12/22/08

FAMILY HISTORY:

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

PERSONAL HISTORY:

Good health

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

April 6, 1909

CONDITIONS:

good

3-3-4

564

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Jack Jackson Indian name is _____
 Name of father Harold Jackson
 Name of mother, Minnie Jackson Tribe Cherokee
 Reservation, Cherokee Degree of Indian blood of child, 1/8
 Is either parent white, if so, which? father Are either or both allotted? Yes
 On what reservation? _____ Age of child, 12 What
 reservation school attended? Cherokee How long? 7 yrs
 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.) _____

NOTE—The above blank 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, Minnie Jackson, parent, guardian or next of kin of the
 above-named child, Jack Jackson, do hereby consent to _____
 transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.
 Dated at Cherokee NC on the 28
 day of June, 1905

(Signed.) _____

[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named _____
 _____, and have found _____ physically sound, and recommend
 the transfer so far as _____ health conditions are concerned. Dated at _____
 on the _____ day of _____, 190 _____

(Signed) _____

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

The statements concerning the above-named Jack Jackson 4th physical are be-
lieved by me to be correct, and I hereby recommend the transfer.
 Examination

(Signed.) _____

U. S. Indian Agent or Superintendent

NOTE—Age limits, twelve to twenty years, preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian

Card made

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, 190

[Faint handwritten notes or bleed-through from the reverse side of the page.]

[Faint handwritten notes, possibly bleed-through from the reverse side.]

NAME Jack Jackson Sex Male. ~~Female.~~

Tribes Cherokee State N. C. Date Sept. 14, 1910

Age 17 years Respiration 18 Condition of, Eyes Excellent

Height 5 ft. 4 1/2 ins. Ears "

Weight 135 1/2 lbs. Mensuration { Insp. 37

Temperature 98.8 Exp. 34 1/2 Throat "

Pulse 62 Vision 6 Cervical glands Normal

Inspection Normal (Chest, etc.) Skin "

Palpation "

Percussion "

Auscultation "

Heart Second aortic sound slightly accentuated.

(Menstruation) "

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>✓</u>	<u>Good</u>	<u>✓</u>	<u>?</u>
Mother	<u>✓</u>	<u>Good</u>		
Brothers				
Sisters				

Personal history of measles, german measles and pertussis, with good recovery in every case.

Present condition Excellent.

Clifford E. Waller, 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.

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

(On, 19...)

Aug. 1955

564

BRIEF.

Application of

Rennie Blythe

FOR THE ENROLLMENT OF

Jack Jackson

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Cherokee N.C.

Date of enrollment, *September*, *14*, 19*10*

Term of enrollment, *Three* (*3*) years

Application for Enrollment in a Non-reservation 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

of Pa Jack Jackson m.; date of birth Feb first
(Name of Child) (Sex)
Cherokee
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Step Father David Blythe</u>	<u>Living</u>	<u>Cherokee</u>	<u>Seaton</u> <u>Band.</u>	<u>3/4</u>
NAME OF MOTHER				
<u>Nannie Blythe</u>	<u>Living</u>	<u>"</u>	<u>"</u>	<u>3/4</u>

I, Nannie Blythe, do hereby voluntarily consent and agree to Jack Jackson enrollment in said school for a period of Three years, and also obligate myself to abide by all the rules and regulations for Indian Schools.
(Not less than 3)

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
1. <u>Carlisle</u>	<u>June 29</u> <u>1905</u>	<u>June 22</u> <u>1910</u>	<u>Term expired</u>	<u>7</u>
2.				
3.				
4.				

Nannie Blythe
(Parent, guardian, or next of kin)

P. O. address: David Blythe

Two Witnesses:

Whittier M. C.

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 14 day of Sept., 19 10

Clifford S. Waller

Physician at Cherokee Agency.

CERTIFICATE OF AGENT OR SUPERINTENDENT.

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 Nannie Blythe
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 14th day of Sept., 19 10

Frank Kyselka

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

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 is living, and if neither of them is 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.)

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.

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



Miss
Hazard:-
Please note
correction and
return letter to
M. Friedmann
Office
Whittier, N. H.
Oct. 30th 1912.

Carlisle,
Penna.

3725

Dear Sir:-

Just a correction which
I noticed in the "Arrow" of
October 25th 1912 is the issue,
which I wish to correct, and
explain to you, where I do attend
school. But the correction
is that I am not attending the
school at Cherokee, but
I am attending Trinity College

in North Carolina, and I am making
good, last summer I attend a preparatory
school in North Carolina, so that I
would be able to attend College in the
fall, so I did make college and everybody
feel respect of me at this institution, I am
also playing foot-ball on the gridiron this
fall, and we have a fine team, and
I am popular among the students.

So if you please Mr Friedman
see that this mistake is corrected
and try and correct it soon as possible,
so that they will not be any mistake
about it. — I am also trying to do my
very best, and certainly is hard work
here at Trinity College. But nevertheless
I will uphold Carlisle standard where
ever I go. Hoping you make this correction
and trusting to hear from you, at an
early reply. I am a former ex-student
and now attending Trinity College in
North Carolina. I am in the best of
health, and make make Carlisle a
visit at Commencement, next spring.

hoping to hear from you at an
early reply. - Excuse mistakes
and blunders as I am in a
hurry to catch the train to Trinity
I go every morning, and come home
every evening from College.
good bye.

I am yours Respt.

Jack Jackson,

address - Whittier, N.C.

3725-

July 11, 1910.

Mr. Jack Jackson,

Whittier, N. C.

My dear Friend:

I was pleased to receive your letter of July 8 saying that you have settled down to work at your home. This is the best you could have done both for yourself and for this School. In order to help you, Mr. Miller is being asked today to send your money as you request. Make good use of it so that it will be of the best possible assistance to you.

I extend you my very best wishes for success, and that you may enjoy a pleasant vacation at your home this summer.

Your friend,

HKM-MC

Superintendent.

(3)

Whittier, N.B.

July 8, 1910

Dear Supt. Friedman.

I now write you
a few lines on specially
business hoping that you
will do my favor. Mr
Friedman please send
or have my money sent
to me soon as you
can arrange it. I need
the money on business
to put to good use. I am
a student left this summer
and please have it sent

to me,

I am getting along fine
settles right down to
work as you said before
I left, hoping you will
do my favor.

yours Resp^t.
Student.
Jack Jackson.

My address is:—

Whittier,

N. Carolina.

R.F.D. No. 1.

3725

Feb. 13, 1917.

Mr. Jack Jackson,
Marine Barracks, Company B,
Mare Island,
Vallejo, Calif.

Dear friend:

I have your letter and I am sure that your friends at Carlisle will be surprised to know that you have joined the U.S. Marine. I shall have a little notice of your whereabouts put in the "Arrow" so that your friends may know just where you are and what you are doing. I will send your change of address to Mr. Brown, the printer.

The "Arrow" will cost you 25¢ per year and the Red Men you can get for 50¢ per year. You can send this amount to me in stamps if you choose.

With my best wishes for your continued success, I am,

Very truly yours,

D:R

Superintendent.

Mr. Barracks,
Marine Island
Vellejo, Calif.

" Of Indian School,
Leafield, Penna.

Dear Sir:

Just a few lines in regards
to your paper the Leafield "Arrow"
and the Red Man. I would very
much love to get them, but do not
know the exact price of them.

But being an ex student I think
that I desire them, and I think
that you will agree with me.

I wish that you would send
the the arrow and the Red Man

and also the back numbers of each, and
I will be well pleased if you do me the
favor that I ask, and I think that
I will subscribe for them, as to read
them it seems like dear old home.

I am in the United States Marine
Corps at Maine Barracks, Calif. will
be pretty soon for some foreign station.

I will write you later in regards
to my experience as a Marine, and my
travels.

I expect the school is progressing along
nicely, and I guess you all are preparing
for a large commencement exercises.

Good luck to you and your school.

Please let me hear from you, and
last of all, please send me the Paper and
the Red Man.

I am an Ex-Student.

Jack Jackson

Maine Barracks

Marine Island,

Vallejo, Calif.

Company - B.

Vallejo

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

Jas. M. Slack, Forest Grove, Pa.

Pupil's name

~~Robert B~~ Jack Jackson

General health of the pupil

Good

Has pupil been ill the past two months?

Yes

Name of disease

Seemed to be Rheumatism caused by cold

Name and address of the physician in attendance

C. M. Ellis

Forest Grove, Bucks Co, Pa.

Does the pupil have a cough?

No

For how long has he had it?

Give the pupil's weight

148

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 *James M. Slack, Forest Grove, Pa.,*

Pupil's name *Jack Jackson*

General health of the pupil *Good*

Has pupil been ill the past two months? *No to my knowledge*

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 *146*

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

Are the eyelids inflamed? *No*

Remarks:

*Kindly record weight and
return report immediately
B. S. Hess. M. D.*

8725

July 11th, 1910.

Mr. Jack Jackson,

Whittier, N.C.

Dear Jack,

There is enclosed herewith check for \$43.04 closing your account. You will sign the check before presenting for payment.

Sincerely your friend,

W.H.M.

Superintendent,

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				1200	Spec mix	1200	Full		
				200	" "	530	"		
				200	" "				
				100	" "				
				800	" "				
				800	Spec mix				
					April 25				
830	98.4	60	28	1200	Spec mix	630	Full		
				200	" "	1200	"		
				400	" "	530	"		
400	98	70	30	600	" "				
					April 26				
930	98.4	62	30	800	Spec mix	630	Full		
				1000	" "	1200	"		
				1200	" "	530	"		
				200	" "				
400	98 ⁴	76	30	1400	" "				
				600	" "				

Patient..... Carlisle, Pa.,..... 191..... Physician.....
 Address..... Nurse.....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
860	98	70	80			630	Full.		
					April 21				
400	98	66	36	300	Cough Syrup.	320	Full.		
						380	Full		
					April 22				
780	98	80	34	800	Spec mix	630	Full		
				1000	" "	1200	"		
				1200	" "	480	"		
				200	" "				
400	98	80	32	400	" "				
				600	" "				
				900	" "				
					April 23				
780	98	32	20	1000	Spec mix	630	Full		
				200	" "	1200			
400	98	10	30	400	" "	530			
				600	" "				
					April 24				
730	98	60	20	800	Spec mix	630	Full		
400	98	30	30						

Patient Jack Jackson Carlisle, Pa., May 1 191 Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	97.3	62	24	8:10	Spec mix April 1.				not here
					April May 2				
8:00	101	78	26	8:10	Spec mix				
				12:00	" "			4:00	not here.
				2:00	" "				
				4:00	" "				
				6:00	" "				
				8:00	" "				
					May 3				
8:00	98.2	80	26	8:10	Spec mix				
				10:00	" "				not here at 4:00.
				12:00	" "				
					May 4				
8:00	101.6	84	36	8:10	Spec mix phenacetol				
				10:00	" "				
				12:00	" " = phenacetol				
				2:00	" "				
				4:00	" "				

Patient _____ Carlisle, Pa., *April 27* 191 _____ Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						630	Full		
						1200	"		
						580	"		
					<i>April 28</i>				
						630	Full		
						1200	"		
						580	"		
					<i>April 29</i>				
730	98	60	30	8.10	Spec mnx	630	Full		
					1200	"	"		
4.00	98	70	32	2.00	"				
					4.00	"	"		
					6.00	"	"		
					<i>apm 30</i>				
				8.10	Spec mnx				
					<i>April 30</i>				
8:30	97	64	28						
4.00	98 $\frac{2}{3}$	64	22						

Patient Jack Jackson Carlisle, Pa., May 5 191 Physician
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	101.2	82	34	8:30	Phena + Salol				
				12:00	Phena + Salol				
					Spec. mix.			4:00	not here
					May 6 th				
8:00	102.1	68	30	8:30	Phena + Salol				
					Spec mix				
				12:00	Phen + Salol				
					Spec. mix				
				2:00	Phen Salol				
				4:00	Spec mix			4:00	not here
					Phen. Salol.				
					May 7				
				8:30	Phena + Salol				
					Spec mix				
				10:00	" "				
					Phena + Salol				
					May 7				
10:00	92.4	56	30	12:00	Spec mix				
4:00	102	80	32		Phen + Salol.	9:00	milk		

Patient Jack Jackson Carlisle, Pa., May 8 191 Physician
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	102.2	64	26	8:00	Spec mix Salol + Phena				
				10:00	Spec mix Salol + Phena				
				12:00	Spec mix Salol + Phena				
				2:00	Spec mix Salol + Phena			4:00	not here
					May 9				
8:00	112	76	28	8:00	Spec mix Salol + Phena				
				10:00	Spec mix Phen Salol				
				12:00	Spec mix Phen Salol				
				2:00	Spec mix Phen Salol			4:00	not here
				4:00	Spec mix Phena + Salol			9:00	milk
				6:00	" " "				
				8:00	" " "				

Patient Jack Jackson Carlisle, Pa., May 10 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	102	84	28	8:00	Spec mix Phena & Salol				
				12:00	Spec mix Phen & Salol			4:00	not here.
				2:00	Spec mix Phen & Salol				
					May 11				
				8:00	Spec mix P. 2 & S.				
					Phena & Salol				
8:00	99.3	84	28	12:00	Spec mix Phen & Salol				
				2:00	Spec mix Phen & Salol				
				8:00	" "				
					Spec mix May 12				
8:00	102.3	68	26	8:00	Spec mix P. 2 & S. & Salol			10:00	milk.

Patient Jack Jackson Carlisle, Pa., May 12 191 2 Physician _____
 Address _____ Nurse Paul Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				1000	Spec mix I. G. & S. Phen + Sal	200	milk		
				200	Spec mix Phen + Salol				
				400	Spec mix				
200	103	96	30		I. G. & S. Phen + Sal				
				600	Spec mix Phen + Sal.				
					May 13				
8:00	102	84	28	8:00	Spec mix I. G. & S. Phen + Salol				
				2:00	Phen & Salol Phen & Salol			4:00	not here
					May 13				
8:00	101.3	84	24	8:00	Phen + Salol I. G. & S. Phen + Salol				
				8:00	Phen + Salol	8:00	milk		

Patient Jack Jackson Carlisle, Pa., May 14 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8W	2.2 + S				
					Spec mix			4W	not here
					Phen + Salol				
8:00	98.1	70	26	12W	Spec Mix				
					Phen & Salol				
				2W	Spec Mix				
					Phen & Salol				
					May 15				
8:00	101.2	84	28	8W	Phen + Salol				
4W	98	80	30		Spec mix				
					2.2 + S.				
				12W	Phen & Salol				
					Spec Mix				
				2W	Phen & Salol				
					Spec Mix				
				4W	Phen & Salol				
					Spec Mix				
				6W	Phen & Salol, Spec M.			9W	milk
				8W	" " " "				

Patient Jack Jackson Carlisle, Pa., May 16 1912 Physician _____
 Address _____ Nurse Fearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	97.3	68	26	8:00	9.2 + S Phen + Solal				
				12:00	Q. Q. & S. Spec mix Phen & Solal				
				2:00	Spec mix Phen & Solal				
4:00	99	110	38	4:00	Spec mix Phen & Solal.				
					May 17				
8:00	97	78	26	8:00	9.2 + S Phen + Solal				
				12:00	Q. Q. & S. Phen & Solal				
				2:00	Phen & Solal Spec mix			8:00	not here.
				4:00	Phen & Solal Q. Q. & S.				

Patient Jack Jackson Carlisle, Pa., May 18 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
3.00	97.8	80	36.	8 W	G. 2 + S				
	81				Phen + Salol				
				12 W	" "				
				2 W	Phen + Salol				
				4 W	" "				
					G. 2 + S.				
				6 W	Phen + Salol				
				8 W	" "			9 W	milk
					May 19				
8.00	101.3	74	32	8 W	Phen + Salol				
4 W	98.4	88	36		G. 2 + S.			9 W	milk
				10 W	Phen + Salol			8 W	"
				12 W	Phen + Salol + 2 L of S				
				2 W	Phen + Salol				
				4 W	2 L of S.				
					Phen + Salol.				
					May 20				
				8 W	Phen + Salol				
					G. 2 + S.				

Patient Jack Jackson Carlisle, Pa., May 20 1912 Physician _____
 Address _____ Nurse Pearl Bouser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	98.2	92	30						
4:00	99	118	30						
					May 21				
8:00	100.2	84	28	8:00	Salol + Phen				
4:00	102	116	34		9, 2 + S.				
				12:00	Salol + Phen				
					2, 2 + S.				
				2:00	Salol + Phen				
				4:00	2, 2 + S.				
					Salol + Phen				
					May 22				
8:00	99.3	88	26	8:00	9, 2 + S.				
4:00	98.4	80	30		Salol + Phen				
				12:00	2, 2 + S.				
					Salol + Phen				
				4:00	2, 2 + S.				
					Phen + Salol				

Patient Jack Jackson Carlisle, Pa., May 23 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	102.4	86	28	8:10	I. 2 & S				
4:00	101	88	30		Salol & Phen				
				12:10	I. 2 & S.				
					Salol & Phen				
				4:00	I. 2 & S.				
					Salol & Phen				
					May 24				
8:00	100.3	84	26						
4:00	101	102	30	8:00	I. 2 & S.				
					Phen & Salol				
				10:10	I. 2 & S.				
					Phen & Salol	8:00	milk & egg		
				4:00	Phen & Salol				
					I. 2 & S.				
					May 25				
8:00	97.2	82	20	8:00	I. 2 & S.	10:00 12:00 8:00	milk & egg " " milk		
					Phen & Salol	6:00	" & egg	7:00	eggs.
4:00	102	90	86	12:00	I. 2 & S.	8:00	" " "		
					Phen & Salol				

Patient Jack Jackson Carlisle, Pa., May 26 1912 Physician _____
 Address _____ Nurse Paul Bonser.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	101.1	70	18	9:30	Phen & Salol. I.D., S.	9:30	milk		Refused breakfast
				1:00	" " "	10:00	milk, Egg.		
				4:00	" " "	12:00	" "		Slept well
3:00	98	72	16			3:00	" "		Feels much better
					May 27	5:30	" "		
8:00	100.2	84	26	8:00	I. D. & S.	10:00	milk & egg.		
11:00	98	90	36		Phen & Salol				
				12:00	I. D. & S.				
					Phen & Salol				
				4:00	I. D. & S.	3:00	milk & egg.		
					Phen & Salol				
					May 28				
4:00	97.3	62	20	8:00	I. D. & S.				
4:00	98	76	20		Phen & Salol				
				12:00	I. D. & S.				
					Phen & Salol	8:00	milk & egg.		
				4:00	I. D. & S.				
					Phen & Salol				

Patient Jack Jackson Carlisle, Pa., May 29 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	97.4	72	16	8:00	2 2 + 5				
4:00	98.4	70	20		Phen + Salol				
				12:00	2 2 + 5				
					Phen & Salol	8:00	milk & egg		
				4:00	2 2 + 5				
					Phen & Salol				
					May 30				
				8:00	2 2 + 5				
					Phen + Salol				
8:00	98	82	20						
4:00	99.5	84	20						
					May 31				
8:00	96.3	70	20	8:00	Phen + Salol				
4:00	98.	96	80		2 2 + 5				
				12:00	Phen & Salol				
					2 2 + 5	8:00	milk & egg		
				4:00	Phen & Salol				
					2 2 + 5				

Patient

Carlisle, Pa.,

191

Physician

Mary. Culbertson.

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:10	100	90	30	8:10	J. 2 + S. Phen + salol	10:00	milk + egg		
8:10	98	70	20	8:10	June 2 J. 2 + S. Phen + salol				
				12:10					
4:10	102	84	20	4:10	J. 2 + S. Phen + salol				
8:10	98	70	20	8:10	June 3 Phen + salol J. 2 + S.	10:00	milk + egg		
8:10	98.4	80	20	8:10	June 4 J. 2 + S. Phen + salol				
				11:10					

Case No. _____

DIAGNOSIS

Longmont

Revise _____

Notes of Case

Name Jack Jackson M.F.

Age _____ S.M.W.

Nativity.....

Occupation Student

Residence Indian School

Carlisle Dennis

Date of admission April 21.

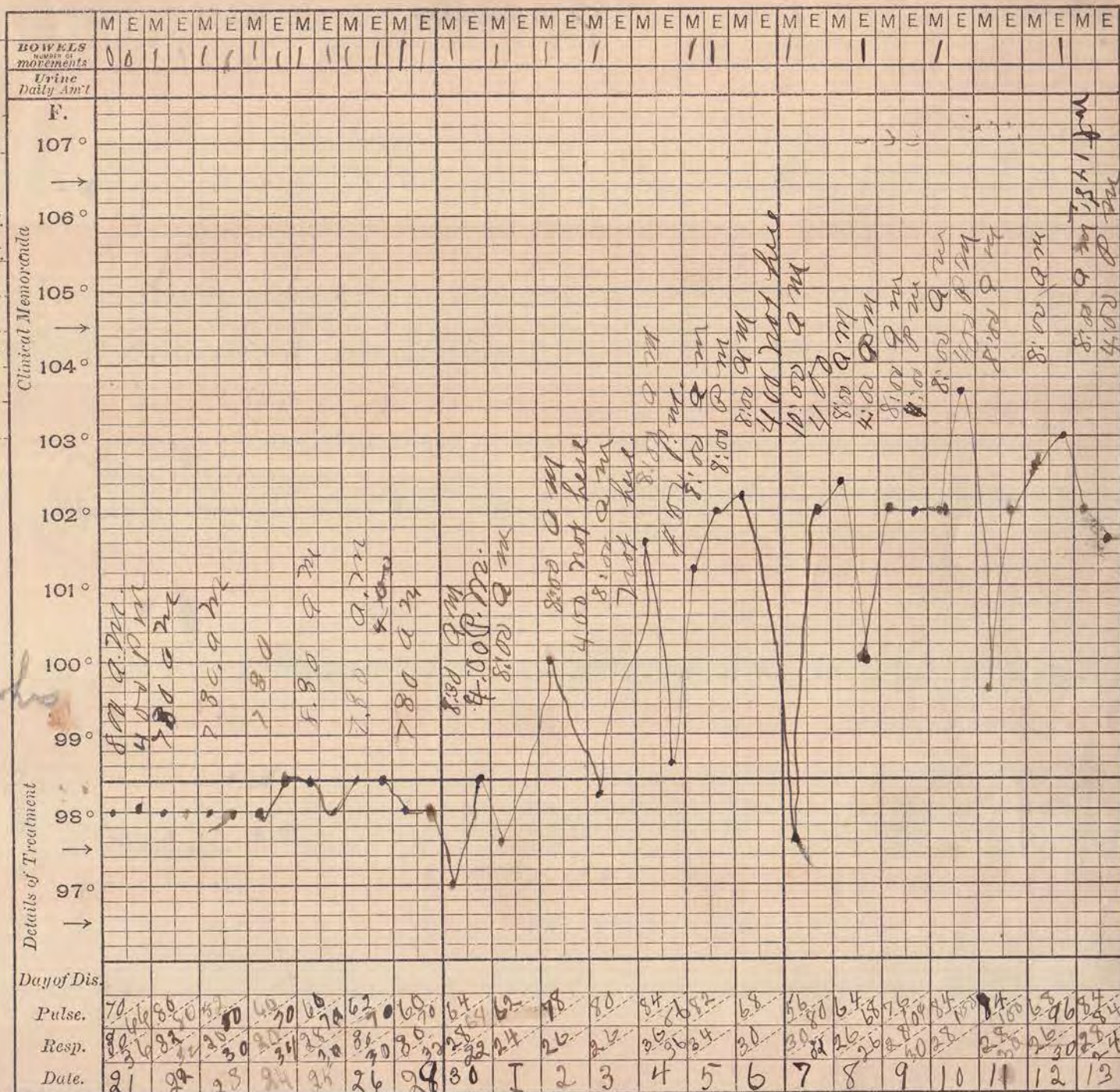
Diet

Diet
Full
Milk.

Treatment

Enalapheng shu

Result.....



DIAGNOSIS

Notes of Case

Age 10 S.M.W.

Nativity.....

Occupation _____

Residence-----

Date of admission April 21

Diet

Treatment

Result May

[illegible]

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

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE.....

NAME Jack Jackson.

AGE

DIAGNOSIS Insipient Tuberculosis

ADMITTED Apr. 21

DISCHARGED June 3.

RESULT Improved, ~~sent~~

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Foalhe

REMARKS:

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL

Jack Jackson.

TRADE

Printing.

ABILITY

Good Press feeder.

CONDUCT

Good.

REMARKS

Will make a good printer.

INSTRUCTOR

E. H. Miller



POSTAL CARD

THE SPACE BELOW IS FOR THE ADDRESS ONLY.

SUPT. M. FRIEDMAN,

U. S. Indian School,

CARLISLE, PA.

THE SPACE BELOW MAY BE USED FOR CORRESPONDENCE.

arrived home after
a fatigous journey.
I find home
people well as
usual & think
I will enjoy the
visit very much.
Give best regards
to friends.
Yours truly,
Jack Jackson

3725-
TRADE RECORD, CARLISLE.

PUPIL

Jack Jackson.

TRADE

Printing - Press Feeder.

ABILITY

Good!

CONDUCT

Good -

REMARKS

Doing good work.

INSTRUCTOR

E. H. Mills.

3725

TRADE RECORD, CARLISLE.

PUPIL

Jack Jackson -

TRADE

Printing -

ABILITY

Good -

CONDUCT

Good -

REMARKS

Will make a good workman -

INSTRUCTOR

E. H. Mills -

3725

NAME. Jackson, Jack.		TRIBE. Cherokee		PARENT OR GUARDIAN. Nannie Jackson (Mother)	
DATE ENROLLED. July 1, 1905		TERM. 5 Years		HOME ADDRESS. Cherokee N. C.	

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct	Ability.	Conduct	
Apr. 05	5. 06											
Jan. 09	7	Good	V. Good	Print	Fair	Good	30	Good	Ex	Good	Good	
July 09	9	Good	V. Good	Gen.	Good	"		Good	Good	Good	Good	
Jan. 10	9	Good	Ex	Print	"	"	15	"	"			
July 10	10	V. G.	Ex	"	"	"		V. Gd	G.			
Jan. 11	11	Good	V. Good	"	"	"		"	V. Gd			
July 11	11	vg.	Ex.									
Dec. 11				"	Good	Good		V. Gd	V. Gd			

NAME AT CARLISLE

Jack Jackson

PRESENT NAME

Jackson, John,

3725

address of - wanted by Inter. Com. Sch. 688

Correspondence

2109.

Patron's file - Wm. W. Davis.

2299

" " Jos. P. Canby

3415

Regarding return - Rev. George James

2109