

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

Months in school before Carlisle, 2

Trade entered at Carlisle, 1884.

trade at date of Discharge,..... ..

Trade or Industry,

Church, Catholic

Miles to school - 15

464

5-192 a.

BRIEF.

APPLICATION OF

Louise Mary Pierre,

FOR THE ENROLLMENT OF

Joseph Wahive Pierre,

IN THE INDIAN SCHOOL AT

Carlisle, Penn.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Flathead, Agency Montana,

Date of enrollment, *February 24*, 19*11*.

Term of enrollment, *Five* (*5*) years.

NAME OF COLLECTING AGENT:

Ed C. Morgan

Position,

Supt. Ed. A. D. Agnew

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 ~~CHEMAWA, OREGON,~~

Charles L. Pierre
 of *Joseph Wakine Pierre*; date of birth *1893*;
 Name of child. Sex.
Conf. Flathead.
 Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<i>Emear Pierre</i>	<i>L.</i>	<i>Flathead</i>		<i>Full</i>
NAME OF MOTHER.				
<i>Louise Mary Pierre</i>	<i>L.</i>	<i>Flathead</i>		<i>Full</i>

I, *Louise Mary Pierre*, do hereby voluntarily consent and agree to *his*
 Parent, guardian, or next of kin.

enrollment in said school for a period of *5* 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.
1.				
2.				
3.				
4.				

Louise Mary Pierre
 Parent, guardian, or next of kin. *her thumb*
Camas,
Montana, *mois*

Two witnesses:

P. O. address:

Chas L Lewis
Isaac Hawley

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 26th day of Feb., 1901.

John H. Heidelberg
Physician at Marshall Agency.

CERTIFICATE OF AGENT OR BONDED 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 Louisa Mary Pierre was voluntary, and I recommend the transfer of the said child.
Parent, Guardian or next of kin.

This 26th day of February, 1901.

Fred C. Morgan
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

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 _____ 190

School Physician.

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.

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.)

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.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Pierre Joseph* DATE *Feb 3 1911*

AGE *18* YEARS { NEW { STUDENT { TRIBE *Seethend* STATE *Mont.*

DEGREE OF INDIAN BLOOD *Full blood*

INSPECTION *Well developed, round shouldered*

PALPATION *Normal*

PERCUSSION *Normal*

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

HEART SOUNDS *Good*

MENSURATION { INSP. *38 1/2*
{ EXP. *33* RESPIRATION *20* PULSE *80*

TEMPERATURE *98.6* degs. HEIGHT *5* FT *3 1/2* IN. WEIGHT *171* LBS.

VISION _____ VACCINATION *Feb. 3 - 1911*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER				
MOTHER				
BROTHERS {				
SISTERS {				

PERSONAL HISTORY:

REMARKS: *Conjunctivitis (non granular)*

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

April 5, 1913
O.K.

NAME Joseph Wahiwe Pierre Sex Male
 Tribe Flathead State Montana Date Febr. 26, 1911
 Age 18 years Respiration 18 Condition of, Eyes Healthy
 Height 5 ft. 5 3/4 ins. Ears Healthy
 Weight 165 lbs. Mensuration { Insp. 36 1/2
 Exp. 32 1/2 Throat Healthy
 Temperature 98 1/2 Vaccination Had smallpox Cervical glands Normal
 Pulse 74 Vision good Skin Healthy
 Inspection Robust. Healthy
 Palpation normal
 Percussion normal
 Auscultation normal
 Heart normal
 (Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>41</u>	<u>Stabbed.</u>
Mother	<u>38</u>	<u>good</u>		
Brothers <u>2</u>	<u>15</u>	<u>good</u>	<u>1 yr</u>	<u>choked.</u>
	<u>9</u>	<u>good</u>		
Sisters <u>1</u>			<u>16 yr</u>	<u>slout know.</u>

Personal history has had diseases of childhood & Smallpox

Present condition good.

John H. Hirschman, 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 $\begin{cases} \text{Male.} \\ \text{Female.} \end{cases}$ Tribe $\begin{cases} \text{Full} \\ | \end{cases}$ _____ Residence _____
(On _____, 19____)

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

3703

, 191

Name

Joseph W. Pierre

(Please give name by which enrolled and also present or married name.)

Tribe

Flathead

Present Address

Green Spring Mont.

Former Address

Lamas Mont.

(Address from which we heard from you last.)

Present Occupation

Farmer.

Remarks:

Excellent.

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlisle

6-3305

Pennsylvania

Jocko Mont,
Dear Friend:—
Well
I arrive here at agency
very safely
I have been making
a good record at
Carlisle I hope to
make the same
here at my
home
I am very well
From
John Pierre

NAME.

Joseph Pierre

TRIBE.

Flathead

PARENT OR GUARDIAN.

Louise Mary Pierre

DATE ENROLLED.

March 2, 1911

TERM.

Five years

AGE.

17

HOME ADDRESS

Camas, Montana

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

Joseph W. Pierre

PRESENT NAME

Case No.

DIAGNOSIS

Revise _____

Notes of Case

Name Joseph Pierre M.F.

Age _____ S.M.W.

Nativity.....

Occupation_____

Residence.....

Date of admission May 18, 1911

Diet

Frank.

Treatment

I. Q. S. g⁻ T. i. d.

Extra. milk & eggs.

Temp 9 3 hrs.

Result

[illegible]

Carlisle Indian School Hospital.

Name

Joseph Pierre

Age

Sec.

Diagnosis

Oedema Puerice

Admitted

Discharged

Aug 16 - 11

Days in Infirmary

Result

E. H. H. H.

Resident Physician.

DIAGNOSIS

Notes of Case

Age 1 1 S.M.W.

Nativity.....

Occupation.....

Residence.....

Date of admission.....

Diet

Treatment

Result _____

[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

Joseph Pierre

AGE

DIAGNOSIS

Tubercular glands.

ADMITTED

May 18

DISCHARGED

July 19

RESULT

Much improved to go home with Brother

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

W. B. Frazer

REMARKS:

Patient Joseph Pierre Carlisle, Pa., July 16 191 2 Physician _____
 Address _____ Nurse Oretta Boursonnaie

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	90 1/5	114	30	8:00 9:00 10:00 12:00	Strych Sulph. 2. 2. 8. 8. J. 14. & 14.	6:00	egg toast + coffee		
4:00	102 3/5	124	38	2:00	J. 14. & 14.	12:00	.. toast milk		
11:00 am	101	114	30	9:00	Strych Sulph.	6:30	toast egg tea		
				11:00	J. 14. & 14. cl. 2. & 8.				
				5:00	Oil.				
				6:00	Strych Sulph				
				8:00	J. 14. & 14.				
8:00	99	106	28		July 17.	6:30	egg toast coffee		
8:00	99 3/5	96	32	7:30	2. 2. 8. 8.	11:00	milk		
1:00	101 3/5	102	30	8:00	J. 14. & 14.	12:00	Soft.		
3:30	100 4/5	114	32	9:00	Strych Sulph	3:00	milk		
				10:00	J. 14. & 14.	5:30	Soft.		
				12:00	Olive Oil				
				12:00	J. 14. & 14.				
				12:30	2. 2. & 8.				
				2:00	J. 14. & 14.				
				4:00	" " "				
				6:00	2. 2. & 8.				

Patient Joseph Pierre Carlisle, Pa., July 17 191 2 Physician _____
 Address _____ Nurse Oyetta Bourbonnais

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July 17				
				6:00	Strychn + Sulph.				
				6:00	T.H. + H.				
7:00	100.2	132	38	8:00	Strychn + Sulph.				
				8:00	T.H. + H.	8:00	milk		
7:00	98 $\frac{3}{5}$	100	26		July 18	6:30	Soft		
10:00	98 $\frac{4}{5}$	112	28	6:30	Olive Oil	10:00	milk		
1:00	100 $\frac{1}{5}$	100	30	8:00	Q Q & S.	12:00	Soft		
3:30	100	120	32	8:00	T.H. & H.	3:00	milk + egg		
				9:00	Strychn Sulph				
				10:00	T.H. & H.				
				12:00	Olive Oil				
				12:00	T.H. & H.				
				12:30	Q Q & S.				
				6:00	T.H. + H.				
				6:00	Strychn + Sulph				
				8:00	T.H. + H.				
7:00	97 $\frac{4}{5}$	106	28		July 19	6:30	Soft		

Patient Joseph Pierre Carlisle, Pa., July 11 1912 Physician _____
 Address _____ Nurse Agnes Bartholmeu

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				10:00	T.H. & H.	10:00	Egg nog.		
				12:00	Olive Oil	1 st			
				12:30	L Q & S				
				12:00	T.H. & H.				
				2:00	" " " "				
				3:00	Styrac Sulph.				
				4:00	T.H. & H.			4:00	neck dressed
				6:00	" " "				
					Styrac Sulph				
				8:00	T.H. & H.				
					July 12.			9:00	Salts.
8:00	100.3	128	36	7:30	L Q & S.	10:00	refused milk		
				7:00	Olive Oil.				
				8:00	T.H. & H.			10:00	Temp taken
				10:00	" " " "	12:00	egg toast & milk		
				12:00	" " "				
				12:30	L Q & S.				
				2:00	T.H. & H.	3:00	Refused milk.	3:00	Refused milk.

Patient Joseph Pierre Carlisle, Pa., July 14 1912 Physician
 Address Nurse Lydia Boudonmaise

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July 14			7:30	See to head.
				6:00	Styrch Sulph $\frac{1}{2}$ ss				
				6:00	J H + H.				
				8:00	" " "	8:00	milk		
7:00	100 $\frac{3}{8}$	128	32		July 15				
				8:00	J J & S.	6:00	egg toast & coffee		
1:00	101 $\frac{3}{8}$	106	36	8:00	J H & H	10:00	milk		
				9:00	Styrch Sulph				
3:30	102 $\frac{1}{8}$	116	31	10:00	J H & H	12:00	egg toast milk		
				12:00	J H & H				
				12:00	Olive Oil	3:00	milk		
				12:00	Styrch Sulph	5:30	egg toast & tea		
				12:30	J J & S.				
				2:00	J H + H.				
				3:00	Styrch Sulph.				
				4:00	J H + H				
				6:00	" " "				
					Styrch Sulph.	8:00	milk,		
				8:00	J H & H.				

Patient

Address

Joseph Pierre Carlisle, Pa.,

July 12 1912

Physician

Nurse Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	100	130	34	6.00	Strych Sulph.				
				6.00	L. Q. + S.				
				6.00	T H + H.				
				8.00	" " "				
					July 13				
8.00	100	132	34	8.00	L. Q. + S.	10.	milk.		
3.30	101.3	112	34	7.00	Olive Oil				
				8.00	T H + H.				
				9.00	Strych Sulph				
				10.00	T H + H.				
					"				
				2.00	J. H. + H.				
				4.00	" " "				
				6.00	" " "				
				8.00	" " "	8.00	milk		
					July 14				
8.00	100	100	36	8.00	T H + H.				
				9.00	Strych 1/30				
7.00	102 3/4	114	30						

Patient Joseph Fuirre Carlisle, Pa., July 9 191 2 Physician _____
 Address _____ Nurse Agnes Bartholmew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July 9				
				4:00	T H & H	3:00	milk & egg		Doesn't eat much.
					July 10				
8.00	100	112	36	8:00	L L & L				
				" "	T H & H				
3.00	101	136	36	9:00	Strych Sulph	9:30	Egg mag.		
				10:00	T H & H				
				12:00	L L & L				
				12:00	T H & H				
				2:00	" " "				
				4:00	" " "				
				6:00	" " "				
				6:00	Stryc Sulph.				
				8:00	T H & H	8:00	egg beaten up.		
					July 11				
8.00	100	108	36	7:30	L L & L				
3.00	101	116	30	7:00	Olive Oil				
				8:00	T H & H				
				9:00	Strych Sulph				

Patient Joseph Pierre Carlisle, Pa., July 7 1912. Physician _____
 Address _____ Nurse Agnes Bartholomeaux.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July 7.				
8.00.	98.3	68		10.00	J.H. & H.				
3.00	100	66		12.	" " " "				
				2.00	" " " "				
				5.00	stry & sulph.				
8.00	100 $\frac{2}{5}$	106	30		July 8.				
3.00	102 $\frac{4}{5}$	100		8.00	L Q & S.				
	5-			8.00	J.H. & H.				
				9.00	strych sulph	9.30	Egg - mag		
				10.00	J.H. & H.				
					July 9.				
8.00.	101	128		8.00	J.H. & H.				
				9.00	strych sulph	9.30	Egg mag	8.30	Has to stay in bed.
				10.00	J.H. & H.				
				12.00	strych sulph				
				12.00	J.H. & H.				
				12.30	L Q & S.				
				2.00	J.H. & H.				
				3.00	strych sulph.				

Patient *Joseph Pierre*

Carlisle, Pa.,

191

Physician

Address

Nurse *Agnes Bartholmeu*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	100.1	84	20	4:00	2 Q, & S.	3:00	milk.		
					June 26.	8:00	milk + Eggs.		
8:00.	98.2	100	24	8W	2 2 + S				
4:00.	98.3	128	24		Olive oil	10.	milk		
				12W	"	8:00	milk + eggs.		
					2 2 + S	8:00	milk		
				4W	"				
					Olive oil				
					June 27.				
8:00	98.	84	20.	6:30	olive oil				
				8W	2 2 + S.				
				12W	"				
					Olive oil				
4W	98.3	108			June 28.	10.	milk.		
8:00.	98.	96.	22.	8W	2 2 + S				
					Olive oil				
				12W	"				
					2 2 + S.				
4W	98.3	110							

Patient Joseph Pierre Carlisle, Pa., July 4 191 2 Physician Dr. F. Galic
 Address _____ Nurse Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	Olive oil				
					2, 2 + S.		milk + egg		
				8:00	J. H + H.				Weight - July 4
330	101 $\frac{3}{3}$	76	24	2:00	" " "	300	milk		147 $\frac{3}{4}$
					July 5.				
8:00.	99.3	64	22	8:00	Olive oil				
3:00	99	90	24		2, 2 + S.				
				10:00	J. H + H.				
				12:00	" " "				
				2:00	T H + H.				
				4:00	T H + H.				
				4:00	L, L, + S.				
				6:00	7 H + H	800	milk + egg		
					July 6.				
8:00	98.	86	24	8:00	2, 2 + S.				
2:00		84		12:00	2, 2 + S.				
				12:00	Olive Oil.				
				2:00	J. H + H.				
				6:00	" " "				

Patient

Joseph Pierre

Carlisle, Pa.,

June 29

1912

Physician

Address

Nurse

Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					June 29.	8.00	milk + eggs		
8.00	98	94	20.			3.00	milk		
4W	99 ²	100							
					June 30.				
8.00.	99 ² ₅	68	22.			10.00	milk + egg.		
3.00	99 ² ₅	100	24			3.00	milk + egg		
					July 1				
8.00	98.3	100	20	5.00	2 + 8.				July 1.
7.30 P.M.	99.3	98	20	9.00	headache Tablet.				headache
					July 2.				
8.00	98	74	20.						
2.00	98.3	64	20.						
					July 3.				
8.00	99.2	104	20.	8.00	9 2 + 5	10.00	milk.		
3.00	99	100	24	12.00	" " " "	3.00	milk.		
				4.00	" " " "	8.00	"		
					July 4				
7W	99 ³	116	20						

Patient Joseph Pierre Carlisle, Pa., June 22 1912 Physician _____
 Address _____ Nurse Helen Johnson.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98 ³ / ₅	108	26						
8:00	98 ⁴ / ₅	98	24						
				8:00	Olive Oil				
					cl. L. + S.				
				12:0	Olive Oil				
					cl. L. + S.				
					June 24	8:00	milk		
8:00	98 ³ / ₅	104	26	8:00	Olive Oil				
					9. 2 + S				
				12:00	" "				
					Olive Oil				
				4:00	" "				
					9. 2 + S				
3:00	98	87	22						
					June 25				
				8:00	9. 2 + S				
					Olive Oil				
				12:00	" "				
					9. 2 + S				

Patient *Joseph Pierre*

Carlisle, Pa., *June 19*

191 *2*, Physician

Nurse *Helen Johnson*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	98.2	106	24						
11:00	98 $\frac{3}{5}$	88	22						
				6:00	olive oil				
					June 20				
				8:00	2 2 + S				
					olive oil				
				12:00	2 2 + S				
					olive oil				
4:00	98	89		4:00	" "				
					2 2 + S				
8:00	98	104	20		June 21				
				8:00	2 2 + S				
					olive oil				
				12:00	" "				
					2 - 2 + S				
4:00	98 $\frac{3}{5}$	104		4:00	" "				
					olive oil				
					June 22.				
8:00	98	106	24						

Patient Joseph Pierre Carlisle, Pa., May 6 191 Physician
 Address Nurse Margaret Culbertson.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00						3:00	Milk, egg		
					June 7				
8:00	98.5	80	20			9:00	milk	11:00	neck dressed
					June 8				
8:00	98	80	28			9:00	milk		
					June 9				
8:00	98	90	30						
5:30	98	80	30						
					June 10				
8:00	98	80	24			9:00	milk		
					June 11				
8:00	98	90	30			9:00	milk		
					June 12				
8:00	98	80	20						
4:00	98.1	82	20						
8:00	97.5	98	20		June 13.				

Patient Joseph Pierre. Carlisle, Pa., June 14 191 2 Physician _____
 Address _____ Nurse Helen Johnson.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	97	94	22		d. G. S.	10	Milk & egg.		
4:00	97 $\frac{8}{10}$	88	22	12	" " "	3	" " "		
				4	" " "	8	"		
8:00	98 $\frac{3}{5}$	110	24		June 15				
				8h	g 2 + S				
				12h	" " "				
4:00	98	88	22		June 16				
8:00	98 $\frac{3}{5}$	104	24	8h	g 2 + S				
					Olive Oil.				
7:00	99	118	24	8h	Olive Oil				
8:00	98 $\frac{3}{10}$	104	24		g 2 + S				
				12h	" " "				
					Olive Oil				
				4h	" " "				
					g 2 + S -				
4:00	99.3	108	26		June 18				
8:00	99.1	106	24	8h	g 2 + S				
					Olive Oil				
				12h	" " "				
					g 2 + S				
				4h	Olive Oil				

Nurse

H.	Margaret Culbertson	Remarks
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H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	98	104	22						
4:00	98.4	80	20						
					June 1.				
8:00	98.4	76	20			10:50	Milk & egg		Wound dressed
					June 2				
8:00	98.4	80	20						
4:00	99	110	20						
					June 3				
8:00	98	80	20						Wound dressed
					June 4				
8:00	98	70	18						
					June 5				
8:00	98	88	22						Wound dressed
					June 6				
8:00	98	80	20						

Patient Joseph Pierre Carlisle, Pa., May 25 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	98	82	28			10:00	milk		
4:00	98.4	80	28						
					May 26				
8:00	98.1	88	20			10:00	milk & egg,		
3:00	98.1	74	20			3:00	" "		
					May 27				
8:00	99.1	66	18			10:00	milk & egg.		
4:00	98.4	80	32						
						3:00	milk & egg.		
					May 28				
8:00	99.1	100	24						Island opened
4:00	98.4	80	32						by Dr Allen. Broken down
					May 29				
8:00	99	100	24						
4:00	98.4	90	30						
					May 30				
8:00	98.4	84	20						Wound dressed
4:00	102 $\frac{3}{5}$	80	22						

Patient Joseph Pierre Carlisle, Pa., May 18 1912 Physician _____
 Address _____ Nurse Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	97.1	80	24						
3:00	98	86	28		May 19				
8:00	99.1	90	36						
					May 20				
8:00	97.3	78	26						
					May 21				
8:00	98.1	74	26						
1:00	100	88	80						
					May 22				
8:00	98.3	102	28						
4:00	98.4	80	80						
					May 23				
8:00	97.3	86	28						
4:00	98.4	80	80						
					May 24				
8:00	99	78	28						
4:00	98.4	80	28						

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Joseph Tierra M.F.

Age 60 S. M. W.

Nativity_____

Occupation.....

Residence.....

Date of admission May 18.

Diet

Full

Extra milk & eggs.

Treatment

Result May

Clinical Memoranda		Details of Treatment		Day of Dis.	
F.	Urine Daily Amt	Pulse.	Resp.	Date.	
107°	8:00 Q 744	90	24	18	
106°	4:00 P 24	90	24	19	
105°	8:00 Q 24	94	30	20	
104°	3:00 P 24	78	26	21	
103°	8:00 Q 24	78	26	22	
102°	8:00 Q 24	100	20	23	
101°	4:00 P 24	88	20	24	
100°	8:00 Q 24	88	20	25	
99°	4:00 P 24	88	20	26	
98°	8:00 Q 24	88	20	27	
97°	4:00 P 24	88	20	28	
	8:00 Q 24	88	20	29	
	4:00 P 24	88	20	30	
	8:00 Q 24	88	20	31	
	4:00 P 24	88	20	1	
	8:00 Q 24	88	20	2	
	4:00 P 24	88	20	3	
	8:00 Q 24	88	20	4	
	4:00 P 24	88	20	5	
	8:00 Q 24	88	20	6	
	4:00 P 24	88	20	7	

