

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3786

NUMBER 4640 6772		ENGLISH NAME Jesse Dook			AGENCY Rosebud			NATION Sioux		
BAND		INDIAN NAME			HOME ADDRESS Dook, Cut Meat, S. Dak.					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.		
FATHER, L		MOTHER, L	Full	19	5-7½	137	36	31	M.	
ARRIVED AT SCHOOL Oct. 8, 1911		FOR WHAT PERIOD Five years			DATE DISCHARGED 9-10-12		CAUSE OF DISCHARGE Failed to return			
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		
5-20-12		Home on Leave								

THE SHAW-WALKER CO., MINNEAPOLIS 121071

Months in school before Carlisle, 108

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

Miles to school - 7

NAME Foot, Wesse Sex Male. Female.

Tribes { Full } Sioux State South Dakota Date Sept. 15th., 1911
 { 1/4 }

Age 20 years Respiration 18 Condition of, Eyes Good

Height 5 ft. 10 1/8 ins. Ears Good

Weight 160 lbs. Mensuration { Insp. 35 Exp. 31 Throat Good

Temperature 98.6 Vaccination Yes Cervical glands Good

Pulse 72 Vision Good Skin Good

Inspection Good

Palpation Good

Percussion Good

Auscultation Good

Heart Good

~~Menstruation~~

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	Yes	Good		
Mother	Yes	Good		
Brothers <u>3</u>	Yes	Good	Yes	Pneumonia
			Yes	Baby Don't know
Sisters <u>3</u>	Yes	Good	Yes	Baby Don't know
			Yes	Baby Don't know

Personal history Attend Lower Cut Meat School 10 years. Always had good health.

Present condition Good

W. R. Bebold, 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.

117

BRIEF.

Application of

Jesse Foot

FOR THE ENROLLMENT OF

Himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Rosebud, South Dakota

Date of enrollment September, 1911 191

Term of enrollment Five (5) 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, Pa.

of Jesse Foot ; male ; date of birth April, 1892
(Name of Child) (Sex)

Sioux

(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Footé</u>	L	Sioux		Full
NAME OF MOTHER				
<u>Ogalalla</u>	L	"		Full

I, Jesse Foot, do hereby voluntarily consent and agree to my enrollment in said school for a period of five 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>Lower Cut Meat Day</u>	<u>1898</u>	<u>1908</u>		
2. <u>Rosebud Boarding</u>	<u>1908</u>	<u>1909</u>		
3. " "	<u>1910</u>	<u>1911</u>		
4.				

Jesse Foot
(Parent, guardian, or next of kin)

P. O. address: Cut Meat,

Two Witnesses:

South Dakota

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 *15* day of *September*, 19*11*.

William R. Belout

Physician at *Resbud* 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 _____
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This _____ day of _____, 19 _____

Jacominos
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.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

3986

March 12, 1913

Name

June Frost

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

Tribe

Sisew

Present Address

Cow meat, S.D.

Former Address

(Address from which we heard from you last.)

Present Occupation

Ranching

Remarks:

I am enjoying the ranch life as this is the chief industry of my country.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

✓
3786

January 24, 1914

Name

Jesse Foot

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

Tribe

Sioux

Present Address

Cut Meat, S.D.

Former Address

(Address from which we heard from you last.)

Present Occupation

Farming

Remarks:

I am very glad I received the arrow every time

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Jessie Froot

AGE

DIAGNOSIS Rheumatism

ADMITTED Jan 20/12

DISCHARGED Jan 27/12

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

Allen

REMARKS:

Patient Carlisle, Pa., 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks		
				2:00	Phenactin + Sa	3:00	milk				
				4:00	" "						
				6:00	" "	5:30	Soft.				
				Jan 24							
7:00	100	66		8:00	Phenact solol.	6:30	Soft.				
4:00	98.6	62				12:00	Soft.				
						3:00	milk				
						5:30	Soft.				
				Jan 25							
7:00	98	60		8:00	Phenact solol.	6:30	Full.				
4:00	98			4:00	" "	12:00	Soft.				
						5:30	Soft.				
				Jan 26.							
7:00	98.4			12:00	Phenact + Sa	6:30	Soft.	7:00	(No clock to take pulse.)		
4:00	98.8	60		4:00	" "	12:00	Full.				
						5:30	Full.				
				Jan 27, '12							
				8:00	Phenact solol.						

Patient Carlisle, Pa., Jan 21, 191 2, Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:30	98	64		9:00	Phena & Salol.	6:30	Milk, Coffee		Complains of spitting up blood, and a pain in the chest.
				12:00	" "				
				3:00	" "	12:00	Soft.		
4:00	98 ⁴	66		4:00	" "	5:30	Soft.		
				6:00	" "	9:00	milk		
				6:00					
Jan. 22.									
8:00	98	62		8:00	Phena & Salol	6:30	Soft.		
				10:00	" "				
				12:00	" "	12:00	Soft.		
				2:00	" "				
4:00	99	60		4:00	" "				
				6:00	" "	6:00	Soft.		
				7:00	" "				
Jan 23.									
9:00	98	66		8:00	Phena & Salol	6:30	Soft.		
				8:00	Phena & Salol.				
				10:00	" "				
4:00	98 ⁴	62		12:00	" "	1:00	Soft.		

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME

Jesse Fogle

AGE

DIAGNOSIS

Pulmonary Tuberculosis

ADMITTED

Feb 14

DISCHARGED

May 20.

RESULT

Greatly Improved (Sent Home)

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Patient *Jesse Hoot*Carlisle, Pa., *May 10*191*2*

Physician

Address

Nurse

Pearl Bonser

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	98	72	28					400	not here.
					<i>May 11</i>				
8:00	98	78	26						
					<i>May 12</i>				
8:00	98	82	26					1000	not here
					<i>May 13</i>			300	" "
8:00	98	84	24						
						10:00	<i>milk.</i>		
					<i>May 14</i>			450	not here.
8:00	98.2	78	24						
					<i>May 15</i>				
8:00	98	82	26					400	not here.
					<i>May 16</i>				
8:00	98.3	88	26						
					<i>May 17</i>			450	not here.
8:00	98	82	26					900	not here
								400	" "
								900	" "

Patient Carlisle, Pa., *April 24* 191..... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
730	984	70	80			630	Full		
						1200	"		
						530	"		
					<i>April 25</i>				
						630	Full		not here for temperature
						1200	Full	400	not here
					<i>Apr. 26</i>				
						630	Full		
						1200	Full	400	not here
					<i>Apr 27</i>				
						630	Full		
						1200	"	400	not here
						530	"		
					<i>April 28</i>				
						630	Full		
						1200	"		
						530	"		
					<i>April 29</i>				
						630	Full	730	not here
400	984	60	30						

Patient Carlisle, Pa., *April 18* 191..... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>830</i>	<i>98</i>	<i>70</i>	<i>88</i>			<i>811</i>	<i>milk</i>	<i>911</i>	<i>milk</i>
						<i>830</i>	<i>Full</i>		
						<i>911</i>	<i>milk</i>		
					<i>April 19</i>				
<i>730</i>	<i>98</i>	<i>74</i>	<i>89</i>			<i>630</i>	<i>Full</i>	<i>911</i>	<i>milk</i>
						<i>300</i>	<i>milk</i>		
<i>400</i>	<i>98⁴</i>	<i>80</i>	<i>30</i>			<i>1200</i>	<i>Full</i>		
						<i>580</i>	<i>Full</i>		
					<i>April 20</i>				
<i>700</i>	<i>98</i>	<i>70</i>	<i>80</i>			<i>630</i>	<i>Full.</i>	<i>900</i>	<i>milk</i>
						<i>1200</i>	<i>Full</i>	<i>310</i>	<i>not here</i>
<i>700</i>	<i>98</i>	<i>70</i>	<i>30</i>		<i>April 21</i>	<i>630</i>	<i>Full</i>	<i>414</i>	<i>" "</i>
						<i>1200</i>	<i>"</i>		
					<i>April 22</i>	<i>630</i>	<i>Full</i>	<i>700</i>	<i>not here</i>
						<i>1200</i>	<i>Full</i>	<i>300</i>	<i>not here</i>
						<i>530</i>	<i>Full</i>	<i>400</i>	<i>" "</i>
					<i>April 23</i>				
<i>700</i>	<i>98⁴</i>	<i>70</i>	<i>80</i>			<i>630</i>	<i>Full</i>	<i>400</i>	<i>" "</i>

Patient Carlisle, Pa., *April 13* 191..... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
760	98.4	80	34			630	Full	300	not here
						1250	"	401	not here
						530	"		
					<i>April 14</i>				
760	98.4	70	32			630	Full	900	milk
460	99	70	34			1250	"		
						530	"		
					<i>April 15</i>				
760	98	70	32			630	Full	900	milk & eggs
						1200	"	400	not here
						530	"		
					<i>April 16</i>				
730	98	70	30			630	Full	300	not here
						900	milk	400	not here
						1200	Full		
						531	"		
					<i>April 17</i>				
730	98.4	70	30			630	Full	900	milk
						900	milk	400	not here

Patient Carlisle, Pa., *April 3* 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						630	not here.		<i>not here to have temperature taken</i>
						1200	Full		
						530	Full		
					<i>April 4</i>				
730	98.4	80	34			630	Full	40	<i>not here</i>
						1200	"		
						530	"		
					<i>April 5</i>				
730	98.4	80	32			630	Full		
						1200	"	400	<i>not here</i>
						530	"		
					<i>April 6</i>				
760	98.4	80	34			630	Full		
						1200	"	400	<i>not here</i>
						530	"		
					<i>April 7</i>				
760	98.4	80	34			630	Full	407	<i>not here</i>
						1200	"		
						480	"		

Patient Jesse Forte Carlisle, Pa., Mar 29 1912 Physician Dr. F. Galic
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98 ⁴	68	20			8:30	7 ml		
						12:00	"	10:00	not here for nourishment
						3:00	milk		
						5:30	7 ml	9:00	Not here.
					Mar. 30				
7:00	98	74	20			8:30	"		
						12:00	"	10:00	not here for nourishment
						5:30	"		
					Mar 31				
7:00	98 ⁶	74	20			6:30	"	10:00	Not here.
						12:00	"	3:00	Not here.
						5:30	"	4:00	Not here
					April 1			9:00	" "
7:30	98.4	80	34			6:30	7 ml		
						10:00	—	8:00	not here
					April 2				
7:30	98.4	70	34			6:30	7 ml	10:00	not here.
								4:00	" "

Patient Jesse Korte Carlisle, Pa., Mar 25 1912 Physician Dr. Fralich
 Address _____ Nurse Eva Lunnie

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98 ⁶	70				6:30	Full.		
						12:00	"	10:00	not here for nourishment
3:00	98	70				3:00			
						3:30			
Mar 27									
7:00	99	70				6:30	"		
						12:00	"		
3:00	98.4	80	19			5:30	"		
Mar 28									
7:00	98 ⁹	80	18			6:30	"		
						10:00		10:00	not here for nourishment
						12:00	"		
						3:00	"		
						5:30	"	9:00	"

Patient Jesse Forte Carlisle, Pa., Mar 22 1912 Physician Dr. F. R. R. R.
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	76				6:30	Milk		
						12:00	"	10:00	not here for nourishment
						5:30	"		
Mar 23									
7:00	98	80				6:30	"		(not here all
						10:00	"		after-noon.)
						5:30	"		
Mar. 24									
7:00	98 ¹	76				6:30	"		
						12:00	"		
						5:30	"		
						9:00	Milk		
Mar 25									
7:00	98 ⁴	72				6:30	Milk		(not here all
						12:00	"		after-noon.)
						5:30	"		

Patient Jesse F. Wite Carlisle, Pa., Mar 18 1912 Physician Dr. Frahm
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98 ⁶	64				6:30	7:00	10:00	not here for nourishment
						12:00	"		
						3:30	"	9:00	" " " "
Mar 19									
7:00	98 ⁶	76				6:30	7:00		
						12:00	"	10:00	not here for nourishment
						3:30	"		not here all
Mar 20									
7:00	98	70				6:30	"		
						12:00	"	10:00	not here for nourishment
						3:30	"		
Mar 21									
7:00	98 ⁶	70				6:30	"		
						12:00	"	10:00	" " " "
						3:30	"		
								9:00	" " " "

Patient Jesse F. Holt Carlisle, Pa., Mar. 14 1912 Physician Dr. F. Zali
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	74				6:30	Full		
						12:00	Full	10:00	not here for nourishment
						5:30	"	9:00	"
					Mar 15				
7:00	98 ^l	70				6:30	"		
						12:00	"	10:00	"
						5:30	"		not here all after-noon.
					Mar 16				
7:00	98	68				6:30	Full		
						12:00	"	10:00	not here for nourishment
						5:30	"		
						9:00	milk		
					Mar ¹⁸ 20				
7:00	98	68				6:30	Full.		
						12:00	"		
						5:30	"	9:00	milk.
									not here all after-noon

Patient Jesse Forte Carlisle, Pa., Mar 11 1912 Physician Dr. Fralich
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98 ⁶	70				6:30	Full		up for breakfast
						12:00	"	10:00	not here for nourishment
						5:30	"		
									not here all after-noon.
					Mar 12				per Holstler.
2:00	99	78				6:30	Full		
						12:00	"	10:00	not here for nourishment
						5:30	"		
					Mar 13				not here all after noon.
7:00	98 ⁶	69				9:30	"		
						12:00	"	10:00	not here for nourishment-
						5:30	"	5:00	" " " " "
									& not for use after-noon.)

Patient Jesse Grote Carlisle, Pa., Mar 7 1912 Physician Dr. Fralich
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	75				1:30	Full		
						12:00	"	10:00	not here for nourishment
						5:30	"		
					Mar 8			9:00	(not here all
7:00	98 ^h	70				6:30	"		after-noon)
						12:00	"	10:00	not here.
						5:30	"		
									not here all
									after noon.
					Mar 9				
7:00	98	76				6:30	Free		
						12:00	"	10:00	not here for nourishment
						5:30	"		
					Mar 10				
7:00	98	64				6:30	no breakfast		complaints of pain
4:00	98 ^h	60				5:30	Tea Same bread + butter		in region of heart - Remained in bed all day

Patient Jesse J. oute Carlisle, Pa., Mar 4 1912 Physician Dr. Fraley
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	28 ⁶	76				6:30	3 ¹ milk		not here all after-noon.
						10:00	egg + milk		
						12:00	3 ¹ milk		
						5:30	..		
					Mar 5				
7:00	28 ⁶	76				6:30	3 ¹ milk		
						10:00	egg + milk		
						12:00	3 ¹ milk		
						5:30	..		
					Mar 6				
7:00	98	70				6:30	3 ¹ milk		
						10:00		10:00	not here for nourishment
						12:00	..		
						5:30	..		not here all after-noon.
								6:00	not here

Patient Jesse F. Fote Carlisle, Pa., Mar. 1 1918 Physician Dr. Frazer
 Address _____ Nurse Eva Sumner

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				9:00	Phur. + Salol	10:00	egg + milk		
				12:00	" "	12:00	milk, Soup		not here
				3:00			wheat bean		
				6:00	" "		potatoes		
						3:00	milk.		
						5:30	egg, tea, Sauce potato gravy		
					Mar 2				
7:00	98 ^b	72				6:30	coffee, oatmeal	12:00	not here
							wheat gravy - 3:00	" "	all
						10:00	egg + milk		after noon.
						12:00	F. all		
						5:30	" "		
7:00	98	84			Mar 3				
				8:00	Phur. + Salol	7:00	F. all.		
						12:00	" "		
						5:30	" "		
						9:00	" "		

Patient Jesse Forde Carlisle, Pa., Feb 27 1912 Physician Dr. Frazer
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				4:00	Rhenat Salol 5-3	5:30	Fuel.	9:00	Milk.
									Feb 28
7:00	98 ^b	90		9:00	Rhenat Salol	6:30	Fuel		
						10:00	egg + milk		
						12:00	Fuel		
						5:30	..	5:30	did not eat -
									any supper.
									Feb 29
7:00	100 ^e	88		9:00	Rhenat Salol	6:30	no Breakfast	6:30	Would not eat -
						10:00	milk		any breakfast -
						12:00	milk Soup bread + but- potato peas		complain of pain in vicinity of heart.
4:00	100	90				3:00	milk.		
						5:30	two bread + but. potato sauce		
									Mar 1
7:00	98 ^b	70				6:30	Coffee, oatmeal, egg, gravy - bread.		

Patient Jesse Foote Carlisle, Pa., Feb 24 1912 Physician Dr. Kralic
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98 ⁴	80				6:30	F ull		not here see after noon.
						12:00	egg + milk		
						12:00	F ull		
						5:30	"		
						9:00	Egg + Milk.		
					Feb 25				
3:00	98 ⁶	96				6:30	F ull		
						12:00	"		
						5:30	"		
					Feb 26				
2:00	99	90		12:00	Phena + salol.	6:30	"		
				3:00	" " "	10:00	"		
				2:00	" " "	12:00	"		
						3:00	milk		
						5:30	F ull		
					Feb 27				
2:00	98 ⁶	70		9:00	Phena + Salol.	6:30	"		
				12:00	" " "	10:00	egg + milk		
				3:00	" " "	12:00	milk honey potato bread + butter		

Patient Jesse F. Cook Carlisle, Pa., Feb 21 1912 Physician Dr. Fraley
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
2.00	98 ⁶	76				6.30	Full		
4.00	98.4	74				10.00	not here for milk		
						12.00	Soup + ca. potato & milk		
						5.30	Full		
Feb 22									
7.00	98	78				6.30	"		not here all
10.00	97 ⁶	62				10.00	milk		all after-noon.
						12.00	Full		
						5.30	"		
Feb 23									
2.00	98 ⁴	70				6.30	Full		(not here all after-noon.)
						10.00	egg + milk		
						12.00	Full		
						5.30	"		
						9.00	Milk		

Patient Jesse Fool Carlisle, Pa., Feb. 18 1912 Physician Dr. Fraley
 Address _____ Nurse Eva Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	98 ^b	74				6.30	Full		
						10.00	Milk		
						12.00	Full		
4.00	98 ^y	80				2.00	Milk		
						5.30	Full		
						9.00	milk		
					7. Feb. 19				
7.00	99	80				6.30	Full		
1.00	98 ^b	66				10.00	milk + egg		
4.00	98 ^y	70				12.00	Full		
						2.30	"		
						10.00	—————		Not here.
					7. Feb. 20				
7.00	98 ^b	80				6.30	"		
						10.00	egg + milk		
						12.00	Full		
						5.30	"		

Patient Jesse Forte Carlisle, Pa., Feb. 14 1912 Physician Dr. F. Galic
 Address _____ Nurse Eva Simmons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
11.00	98 ⁸	72				12 n	Full -		
2:00	99	74				3:00	milk.		
						5:30	Full		
Feb 15 -									
7.00	98 ⁶	72				6:30	"		
10.00	98 ⁹	64				10.00	milk		
						12 n	Full		
						3:00	milk.		
						5:30	Full		
Feb 16									
7.00	98 ⁶	70				6:30	"		
7:00	98 ¹¹	66				10.00	tea cream		
						12:00	Full		
						5:30	"		
Feb 17									
7.00	98 ²	68				6:30	"		
9:00	98 ¹¹	68				10.00	egg & milk		
						12:00	Full		
						5:30	"		

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Jesse Forte M.R.

Age _____ S.M.W.

Nativity _____

Occupation Student

Residence Ind. Sch.

Leak, Pa.

Date of admission Feb. 14, 1912

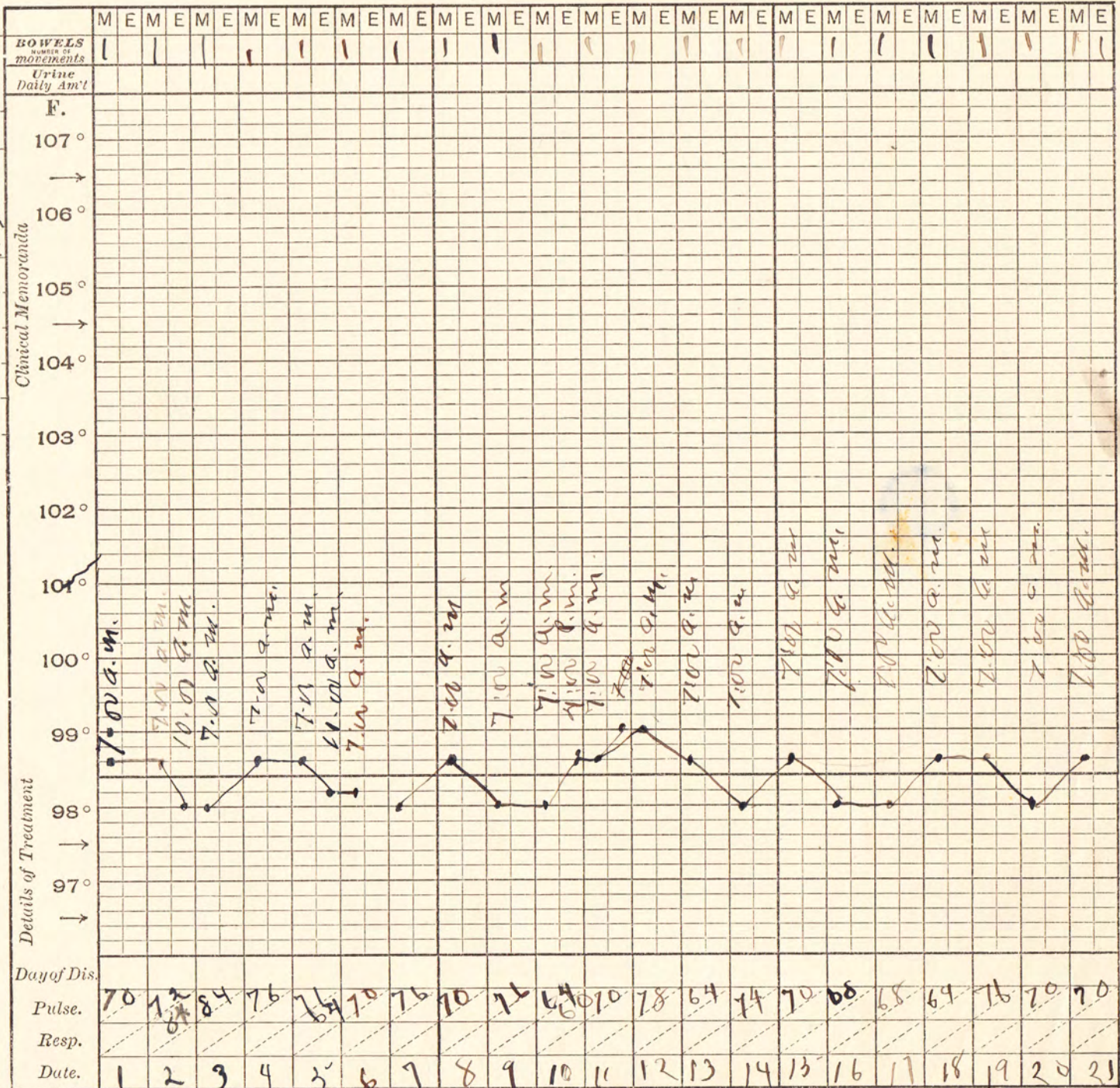
Diet

Full

Treatment

Extra eggs

Result _____



Foots, Jesse

3786

Father's file - Mr. Foots

6906

Agent's file

903

Correspondence

7329