

Carlisle Indian School Hospital.

Name

Catherine Crowl

Age *18*

Sec. *F.*

Diagnosis

Pulmonary T.B.

Admitted

Discharged

Jan. 30 - 1911

Days in Infirmary

Result

Dr. Peterson
Resident Physician.

(OVER)

DIET.

*Gull or
egg nog*

TREATMENT.

*Hydrophosphate
of I. i. d.*

	Date	Hr.	P.	R.	T.
<i>1.</i>	<i>6:30</i>	<i>84</i>			<i>99</i>
	<i>4:10</i>	<i>76</i>			<i>98</i>
<i>2.</i>	<i>6:20</i>	<i>76</i>			<i>98</i>
	<i>4:10</i>	<i>76</i>			<i>98</i>
<i>3.</i>	<i>6:20</i>	<i>84</i>			<i>98</i>
	<i>4:10</i>	<i>80</i>			<i>99</i>
<i>4.</i>	<i>6:20</i>	<i>76</i>			<i>90</i>
	<i>4:10</i>	<i>80</i>			<i>98</i>
<i>5.</i>	<i>7:00</i>	<i>100</i>			<i>98</i>
	<i>4:10</i>	<i>90</i>			<i>98</i>
<i>6.</i>	<i>7:00</i>	<i>78</i>			<i>98</i>
<i>11.</i>	<i>7:00</i>	<i>84</i>			<i>98</i>
<i>7.</i>	<i>7:00</i>	<i>74</i>			<i>98</i>
<i>7.</i>	<i>4:00</i>	<i>64</i>			<i>98</i>
<i>8.</i>	<i>7:00</i>	<i>64</i>			<i>98</i>

Carlisle Indian School Hospital.

Name

Catherine Crow

Age

Sec. *F*

Diagnosis

Pulmonary TB

Admitted

Discharged

Jan. 30 - 1911

Days in Infirmary

Result

Dr. DeFoney
Resident Physician.

(OVER)

DIET.

*Full fare
and eggs
for medical*

TREATMENT.

*Aspirin 4 times
7:9 4 hours*

Date	Hr.	P.	R.	T.
Mar 24	4:10			98
Mar 25	6:30 4:10	74 76		98 98
Mar 26	6:30			98
Mar 27	6:30 4:10	70		98 98
Mar 28	6:30 4:10	78 70		98 98
29	6:30	76		98
30	6:30	70		98
31	6:30 4:10	78 70		98 98

Carlisle Indian School Hospital.

Name

Katherine Crow

Age

18

Sec.

Diagnosis

J. B. Pulmonary

Admitted

Discharged

Days in Infirmary

Result

E. J. ... M. D.

Resident Physician.

DIET.

*Milk & Eggs T. I. D.
Max. Wm. 257 ft.*

TREATMENT.

*J. Digitalis m 15
every 3rd hr.*

Date	Hr.	P.	R.	T.
<i>July 3</i>	<i>7:30</i>	<i>100</i>		<i>98</i>
<i>July 7</i>	<i>4:00</i>	<i>80</i>		<i>98</i>
<i>8</i>	<i>7:00</i>	<i>70</i>		<i>98</i>
<i>10</i>	<i>7:25</i>	<i>110</i>		<i>98</i>
<i>14</i>	<i>7:45</i>	<i>98</i>		<i>98</i>
	<i>4:00</i>	<i>74</i>		<i>98</i>
<i>July 16</i>	<i>4:00</i>	<i>74</i>		<i>98</i>
<i>18</i>		<i>72</i>		<i>98</i>
<i>19</i>	<i>7:30</i>	<i>80</i>		<i>98</i>
<i>20</i>	<i>7:15</i>	<i>79</i>		<i>98.2</i>
	<i>4:00</i>	<i>72</i>		<i>98</i>
<i>21</i>	<i>7:00</i>	<i>60</i>		<i>97.8</i>
<i>22</i>	<i>3:30</i>	<i>64</i>		<i>98.2</i>
	<i>7:50</i>	<i>66</i>		<i>98</i>
	<i>4:00</i>	<i>30</i>		<i>98</i>
<i>23</i>	<i>7:25</i>	<i>80</i>		<i>98</i>
	<i>7:30</i>	<i>80</i>		<i>98</i>
<i>24</i>	<i>7:45</i>	<i>100</i>		<i>98.4</i>
	<i>4:00</i>	<i>80</i>		<i>98</i>
<i>25</i>	<i>7:35</i>	<i>78</i>		<i>98</i>
<i>11</i>	<i>3:45</i>	<i>64</i>		<i>98.4</i>
	<i>4:00</i>	<i>72</i>		<i>98.4</i>

Carlisle Indian School Hospital.

Name

Katherine Crowd

Age _____

Sec. _____

Diagnosis

Pulmonary T.B.

Admitted _____

Discharged _____

Days in Infirmary _____

Result _____

Dr. De Foney —
Resident Physician.

(OVER)

DIET.

TREATMENT.

Date	Hr.	P.	R.	T.
<i>May 10</i>	<i>7:00</i>	<i>7 0</i>		<i>98</i>
<i>11</i>	<i>7:00</i>	<i>86</i>		<i>98</i>
<i>12</i>	<i>7:00</i>	<i>86</i>		<i>98</i>
<i>13</i>		<i>64</i>		<i>98</i>

Carlisle Indian School Hospital.

Name

Katherine Crowd

DIET

Age *25*

Sec. *F*

Diagnosis

Pulmonary

Admitted

Discharged

Jan. 13 - 1911

Days in Infirmary

Result

REVELMENT

Dr. DePuey
Resident Physician.

(OVER)

DIET.

Full tray

TREATMENT.

*Leysophosphites
G. & C.*

Date	Hr.	P.	R.	T.
<i>Feb. 13</i>	<i>9:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>Feb. 14</i>	<i>7:00</i>			<i>96</i>
	<i>4:00</i>			<i>98</i>
<i>Feb. 15</i>				
	<i>4:00</i>			<i>98</i>
<i>Feb. 16</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>Feb. 17</i>	<i>7:00</i>			<i>98</i>
				<i>98</i>
<i>Feb. 18</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>Feb. 19</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>96</i>
<i>Feb. 20</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>

Carlisle Indian School Hospital.

Name

Katherine Crowd

Age

Sec. *G.*

Diagnosis

Pulmonary

Admitted

Discharged

Jan. 13 - 1911

Days in Infirmary

Result

Dr. DeFoney
Resident Physician.

(OVER)

TREATMENT.

DIET.

*Keypo phosphate & Gull Tray
G-1 - 9 # hours
8-12-11*

Date	Hr.	P.	R.	T.
<i>Feb 21</i>	<i>9:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>Feb 23</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>Feb 24</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>Feb 25</i>	<i>7:00</i>			<i>98</i>
<i>Feb 26</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>99</i>
<i>Feb 27</i>	<i>7:00</i>			<i>98</i>
	<i>4:00</i>			<i>98</i>
<i>28</i>	<i>7:00</i>			<i>98</i>

Carlisle Indian School Hospital.

Name

Kath Crowds.

Age

18

Sec.

F,

Diagnosis

F. B.

Admitted

Discharged

Days in Infirmary

Result

Her Hess.
Resident Physician.

TREATMENT.

DIET.

For bligitalis get Eggs morning
15-9-3 hrs. 9-12-
3-6-9.
Mix vom get 25
T.i.s. 2-4.

Date	Hr.	P.	R.	T.
July 28	350	74		98.6
July 29	700	74		98
	420	70		98.2
July 30	730	70		98
July 31	700	74		98
Aug 1	700	72		98
	400	70		98.4
Aug 2	700			98
Aug 3	700	70		98
	700	74		98
	420	72		98
Aug 5	700	88		98
	400	84		98

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Crowd Catherine DATE Oct 3 1910

AGE 18 YEARS { NEW STUDENT. TRIBE Chippewa STATE Minnesota
 { RETURNED

DEGREE OF INDIAN BLOOD Full

INSPECTION Fairly well developed.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
 { RESP. MURMUR Normal

HEART SOUNDS

MENSURATION { INSP. 36 RESPIRATION 20 PULSE 80
 { EXP. 34

TEMPERATURE 98 degs. HEIGHT 5 FT 8 IN. WEIGHT 124 LBS.

VISION $\frac{10}{20}$ VACCINATION Good scar

MENSTRUATION

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER			<u>yes</u>	<u>?</u>
BROTHERS {	<u>5</u>	<u>2</u>		
			<u>3</u>	<u>?</u>
SISTERS {	<u>4</u>			
			<u>4</u>	<u>?</u>

PERSONAL HISTORY:

General good health.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

Rejected 2/20/13

NAME Crowd Katherine 123
 Sex Male Female
 Tribe Full Chippewa State Maine Date Aug 10, 1911

Age 19 years Respiration _____ Condition of, Eyes O.K.
 Height 5 8 ins. Mensuration { Insp. 36 Ears O.K.
 Weight 120 lbs. { Exp. 34 Throat Constricted
 Temperature 100 Vaccination good scar Cervical glands O.K.
 Pulse 96 Vision _____ Skin O.K.

Inspection Poor expansion - much emaciation
 Palpation Rt apex and L. apex normal - at level of 3rd L. R. inf.
 Percussion Impaired at level of L. 3rd R.

Auscultation Bronchial breathing at L. 3. R. toward axilla.

Heart Weak. Rapid - No murmurs
 (Menstruation) O.K.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>O.K.</u>		
Mother			<u>Yes</u>	<u>? T.B.</u>
Brothers <u>5</u>	<u>2</u>		<u>3</u>	<u>? T.B.</u>
Sisters	<u>4</u>		<u>4</u>	<u>? T.B.</u>

Personal history Up to Oct. 3 - generally in good health.

Present condition Marked case of Pulmonary T.B. with frequent hemorrhages.

E. H. H. H., 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 *Crowd Katherine*

Age *19* Sex Male. Female.

Tribe Full *Chippewa*

Residence *Orville Pa.*

(On *Aug 10, 1911*)

DATE.	SYMPTOMS.			TREATMENT.	DIAGNOSIS.	REMARKS. <small>History, progress, and termination of the disease.</small>
	T.	P.	R.			
<i>1911</i>						
<i>Aug 10</i>	<i>100</i>	<i>96</i>	<i>-</i>	<i>All symptoms of a marked case of Pulmonary T. B. + hemorrhage</i>	<i>Rest - Eggs white now at Mt Alto</i>	<i>Pulmonary T. B. At Mt. Alto</i>

3944

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>2558</i> <i>3149</i>	ENGLISH NAME <i>Katherine Crowd</i>	AGENCY	NATION <i>Chippewa</i>					
BAND <i>6. I. P.</i>	INDIAN NAME <i>Nawj qshe go haw</i>	HOME ADDRESS <i>John Crowd Ponsford, Minn.</i>						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.	
FATHER, <i>L</i>	MOTHER, <i>D</i>	<i>Full</i>	<i>18</i>	<i>5'8"</i>	<i>124</i>	<i>36</i>	<i>34</i>	<i>F</i>
ARRIVED AT SCHOOL <i>Sept. 30, 1910</i>	FOR WHAT PERIOD <i>Five years</i>	DATE DISCHARGED <i>5-15-12</i>		CAUSE OF DISCHARGE <i>Poor health</i>				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
<i>8-7-11</i>	<i>Mc Alto. Pa.</i>					<i>1-17-12</i>		
<i>1-25-12</i>	<i>"On Leave"</i>					<i>Returned</i>		
<i>4-15-13</i>	<i>"On Leave"</i>					<i>11-30-12</i>		

THE SHAW-WALKER CO., MUSKEGON, 79104

... school before Carlisle, *27*.....

Grade entered at Carlisle, *3*.....

Grade at date of Discharge,.....

Grade or Industry,.....

Church, *Episcopal*.....

Miles to school

NAME Catherine Crowd Sex ^{White} Female

Tribe ^{Full} Chippewa State Minnesota Date Sept. 23, 1910

Age 18 years Respiration Normal Condition of, Eyes Good

Height 5 ft. 8 ins. Ears Normal

Weight 125 lbs. Mensuration { Insp. 32 1/2
Exp. 30 1/2

Temperature Normal Vaccination yes Cervical glands //

Pulse 76 Vision Good Skin //

Inspection normal

Palpation //

Percussion //

Auscultation //

Heart //

(Menstruation) //

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>1</u>	<u>Good</u>		
Mother			<u>Dead</u>	<u>Don't know</u>
Brothers <u>2</u>		<u>Good</u>		
Sisters	<u>0</u>		<u>2</u>	<u>deceased died of Pulm. T. B</u> <u>don't know age.</u>

Personal history Negative

Present condition Good

P. A. Hattery, 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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The reverse side is intended as a card-index case-record for use by all Service physicians.

123

5-192 a

APPLICATION OF

FOR THE ENROLLMENT OF

Catherine Crowd.

IN THE INDIAN SCHOOL AT

NAME OF AGENCY FROM WHICH PUPIL CAME:

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 Pa

of Catharine Crowd; F; date of birth Aug-10th-1892;
(Name of child.) (Sex.)
Chippewa
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>John Crowd</u>	<u>L</u>	<u>Chipp-</u>	<u>O.T.P.</u>	<u>Full</u>
<u>Kay Bunsogay</u>	<u>D</u>	<u>"</u>	<u>"</u>	<u>Full</u>

I, Catharine Crowd, do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of Five 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>1. Pons Pt</u>				
<u>WE Agency</u>	<u>1906</u>	<u>1909</u>	<u>Term expired</u>	
<u>3.</u>				
<u>4.</u>				

Catharine Crowd
(Parent, guardian, or next of kin.)

P. O. address: Ponoford, Minn.

Two witnesses:

Raymy with
Fred White
White Earth

SEP 22 1910

GOVERNMENT PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find her 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 23 day of Sept, 1910

P. A. Dutton M.D.

Physician at White Earth

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 Arthur Crowl
(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 26th day of Sept, 1910

John R. 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

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.

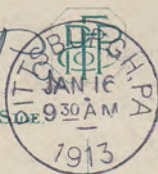
An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

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



1421 B. bluff St.

Pittsburgh
POST



CARD



MESSAGE MAY BE WRITTEN ON THIS SIDE ADDRESS ONLY ON THIS SIDE

FORT PITT PUBLISHING CO., PITTSBURGH, PA. MADE IN U. S. A.

Dear Sir,

Could you please inform me as to the whereabouts of Miss Cathryn Crowd who was at one time at Mount Alto. and of Miss Annal Tenenbaum

Superintendent
 Carlisle Indian School
 Carlisle
 Pa.

A-14846

January 17, 1913.

Mrs. Annie Tenenbaum,
1421 Bluff Street,
Pittsburgh, Pa.

Dear Madam:

Your postal care, inquiring about Katherine Crowd,
just received.

Katherine is now in school here.

Very respectfully,

LaF.

Superintendent.

3944