

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3708 2709	ENGLISH NAME Jerusha Cornelius	AGENCY Oneida	NATION Oneida
BAND	INDIAN NAME	HOME ADDRESS Melissa Cornelius West Depere, Wis.	
PARENTS LIVING OR DEAD	BLOOD July	AGE 14	HEIGHT 5-3 $\frac{1}{4}$
FATHER, <i>L</i>	MOTHER, <i>L</i>	WEIGHT 105 $\frac{1}{4}$	FORCED INSP. 34
ARRIVED AT SCHOOL Oct. 27, 1911.	FOR WHAT PERIOD Three years	DATE DISCHARGED June 4, 1914	CAUSE OF DISCHARGE Time out
TO COUNTRY 5-2-12	PATRONS NAME AND ADDRESS Walter Rothwell, Habbors, Pa.		FROM COUNTRY 8-30-12.

THE SHAW-WALKER CO., MISKESBON 121071

Months in school before Carlisle, *27*

Grade entered at Carlisle, *Normal*

Grade at discharge,

Trade or Industry,

Church, *Adventist*

Miles to school - *3*

Readmitted
4477

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2709		ENGLISH NAME Rose (Jerucha) Cornelius				AGENCY		NATION Oneida				
BAND		INDIAN NAME		HOME ADDRESS mother - Mrs. Melissa Cornelius, West Depere, Wis.								
PARENTS LIVING OR DEAD 2			BLOOD full	AGE 18	HEIGHT 5-2	WEIGHT 111	FORCED INSP. 32.5	FORCED EXPR. 20	SEX. 7			
FATHER		MOTHER		ARRIVED AT SCHOOL Oct. 23, 1915		FOR WHAT PERIOD Three years		DATE DISCHARGED May. 21, 1916		CAUSE OF DISCHARGE Illness		
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY				

SHAW-WALKER, MUSKOGEE, MICHIGAN. 43445

Moments in school history Carlisle.

Grade entered at Carlisle.

Grade at date of discharge.

Trade or Industry.

Church.

NAME Rose Cornelius Sex Male Female
 Tribe Full Part Onoda State Wis. Date Oct 5, 1915
 Age 18 years Respiration 18 Condition of, Eyes Normal
 Height 5 ft. 2 ins. Ears Normal
 Weight 111 lbs. Mensuration { Insp. 32.5 in
 Temperature 98.5 Temperature at 5+6 PM. Exp. 30 in
 Vaccination Positive Throat Slightly hyperemic
 Pulse 74 Vision Normal Cervical glands Normal
 Skin Normal
 Inspection Chest is quite broad and full in appearance
 Palpation Normal
 Percussion Normal

Auscultation Slight prolongation of expiration over right apex.
 Heart Normal
 (Menstruation) Normal

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>56 yr.</u>	<u>Good</u>		
Mother	<u>50 yr.</u>	<u>Good.</u>		
Brothers	<u>33</u>	<u>Good.</u>		
	<u>27</u>	<u>Good</u>		
	<u>21</u>	<u>Good</u>		
Sisters	<u>25</u>	<u>Good</u>		
	<u>16</u>	<u>Good</u>		
	<u>11</u>	<u>Good.</u>		

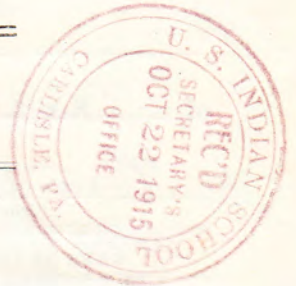
Personal history Mumps at 9, otherwise negative.

Present condition Patient has cough and cold at present also lost 7 lbs in weight, all symptoms are negative.
John A Cox, M. D.

327

Read Instructions on this Application Blank carefully

BRIEF.



Application of

Rose Cornelius

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oneida, Wis.

Date of enrollment 191.....

Term of enrollment (*3*) years

Printed by Carlisle Indians.

Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

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

of Rose Cornelius ; girl ; date of birth August 7 1897
(Name of Child) (Sex)
Oneida
(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>J. O. Cornelius</u>	<u>living</u>	<u>Oneida</u>		<u>1/2</u>
<u>Melissa Cornelius</u>	<u>living</u>	<u>Oneida</u>		

I,, do hereby voluntarily consent and agree to enrollment in said school for a period of 3 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>Oneida</u>				
2. <u>Carleton</u>	<u>1911</u>	<u>1914</u>		
3.				
4.				

Mr. and Mrs. J. O. Cornelius
(Parent, guardian, or next of kin)

P. O. address: West De Pere

Two Witnesses:

Wisconsin

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find.....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..... day of....., 19.....

Certificate inclosed

Physician at..... 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..... Isaac O. Cornelius.....
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This..... 19th..... day of..... October....., 19 15

J. L. Hart

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.

Read Instructions on this Application Blank carefully

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.

Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

525

5-192 a

APPLICATION OF

Melissa Cornelius

FOR THE ENROLLMENT OF

Jerasha Cornelius

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oncida, Wis.

Date of enrollment, _____, 191

Term of enrollment, *three* (*3*) years.

NAME OF COLLECTING AGENT:

Position, _____

Departed 10/25/11-

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 Jerusha Cornelius ; Female ; date of birth Aug. 7, 1897 ;
(Name of child.) (Sex.)
Quida
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Isaac O. Cornelius</u>	<u>L</u>	<u>Quida</u>		<u>Full</u>
NAME OF MOTHER. <u>Melissa Cornelius</u>	<u>"</u>	<u>"</u>		<u>"</u>

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

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
<u>Montezuma Day (Quida)</u>	<u>1908</u>	<u>1911</u>		
2.				
3.				
4.				

Melissa Cornelius
(Parent, guardian, or next of kin.)

P. O. address: West DePer, Wis.
P. O. Box #2.

Two witnesses:

[Signature]

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 24 day of Oct, 1911

J. A. Powell
Physician at Quincy

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 Melissa Cromley
(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 2 day of Nov, 1911

Joseph C. Hart
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 _____, 1911

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.

NAME ^(Jeruba) Rose Cornelius 525
 Sex ~~Male~~ Female
 Tribe ^{Full} Oneida State Wisconsin Oct. 30, 1911
 Age 14 years Respiration _____ Condition of, Eyes normal
 Height 5 ft. 1 1/2 ins. Mensuration { Insp. 32 Ears _____
 Weight 99 lbs. { Exp. 30 Throat _____
 Temperature 98.8 Vaccination Good Sea Cervical glands _____
 Pulse _____ Vision Normal Skin _____
 Inspection Slight but fair development.
 Palpation Normal
 Percussion "
 Auscultation "
 Heart "
 (Menstruation) just established

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father		The above patient is, for some reason or other, unable to say whether or not she ever had a family relation.		
Mother				
Brothers				
Sisters				

Personal history knows nothing of her family or personal history.

Present condition appears to be in good physical condition.

Q. E. Treible, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.
 Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.
 The reverse side is intended as a card-index case-record for use by all Service physicians.

Name

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

(On, 19...)

DATE.		T.		R.		SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
Apr 24 / 12						Obstetric	good		History, progress, and termination of the disease.
	4/16/13					For cutting	O.K.	good saw	
	May 29					" "	Heart immunes.	Rejection	

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 Mrs. Waltham Rothwell, Harbor Pa

Pupil's name Rose Cornelius

General health of the pupil good

Has pupil been ill the past two months? no

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 122 lbs.

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed?

Remarks:

Date July 30, 1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

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..... *Mrs. Walter Rothwell, Hatboro, Pa*

Pupil's name..... *Rose Cornelius*

General health of the pupil..... *good*

Has pupil been ill the past two months?..... *no*

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..... *122 lbs*

Has the pupil any trouble with the eyes?.....

Are the eyelids inflamed?.....

Remarks:.....

Date.....

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

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..... *Mrs. Hallie Rothwell*

Pupil's name..... *Jerusha Cornelius*

General health of the pupil..... *good*

Has pupil been ill the past two months?..... *no*

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..... *115 lbs*

Has the pupil any trouble with the eyes?..... *no*

Are the eyelids inflamed?..... *no*

Remarks:.....

Date..... *May 2 1912*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

No. 2709 NAME. (Rose) AGE. 14 TRIBE. Oneida DEGREE OF INDIAN BLOOD. Full NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. Oneida

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
<u>Oct 27, 1911</u>	<u>27</u>	<u>-</u>	<u>-</u>	<u>3 mi</u>	To COUNTRY	FROM COUNTRY	DATE DISCHARGE
<u>Sep. 1913</u>	<u>-</u>	<u>-</u>	<u>Nov 2-11</u>	<u>-</u>			<u>6-4-14</u>
<u>April 1914</u>	<u>-</u>	<u>-</u>	<u>3. B</u>	<u>-</u>			<u>---</u>
<u>Oct. 1915</u>	<u>-</u>	<u>-</u>	<u>III</u>	<u>-</u>			<u>3-21-16</u>

Meth
Est. school.

Progress from _____, to _____, (Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade								
Academic..... standing*								
Industrial..... standing* (Department)								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition								

Remarks:

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Wis. 525

Name of Student *Jerusha Cornelius* Home Address *Mel. Cornelius W. Depue, Tribe, Oneida*

Age at Entrance	Date of Entrance	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>14</i>	<i>10-27-'11</i>		<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	
Patron	Locality		Days in School												
<i>Walter Rothwell</i>	<i>Hatboro, Pa.</i>														
Address	R.R. Station		Conduct												
			<i>g</i>												
Recommended by	Grade in School		Ability												
			<i>g</i>												
Grade of Home	Church		Health												
			<i>g</i>												
Date of Outing	Date Returned	Wages	Earnings												
<i>5-2-'12</i>	<i>8-30-'12</i>		<i>4.50</i>												

g. g.
g. g.
g. g.
4.50 4.50

NAME: *Jerusha Cornelius* | TRIBE: *Ojibwa* | PARENT OR GUARDIAN: *Melissa Cornelius*

DATE ENROLLED: *Oct. 27, 1911* | TERM: *Three years* | AGE: *14* | HOME ADDRESS: *West De Pere, Wis.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	

<i>Dec. 11</i>		<i>.</i>		<i>Gen.</i>	<i>G.</i>	<i>Ex.</i>		<i>Fair</i>	<i>Ex.</i>			
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Patient Rose Bonelius Carlisle, Pa., 7 191 11 Physician Dr. Smalley
 Address _____ Nurse Eva Samons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				12:00	Fr. Ferric Chlorid	530	milk $\frac{3}{8}$ VIII		
				2:00	"	"			
4:00	984	84		4:00	"	"			
				6:00	"	"			
					dec 8				
7:00	98	88				630	milk $\frac{3}{8}$ VIII		
				10:00	Fr. Ferric chl.	10.00	"		
				12:00	"	"	"		
				2:00	"	"	5.00	"	
				4:00	"	"	9.00	"	
				6:00	"	"	"		
				8:00	"	"	"		
					dec 9				
7:00	98	68				630	"		
							Water $\frac{3}{8}$ VIII		
				8:00	Fr. Ferric chl.	10.00	milk $\frac{3}{8}$ VIII		
				10:00	Fr. Ferric chl.	12.00	"		
				12:00	"	"	Soup		
				4:00	"	"	5.30 milk $\frac{3}{8}$ VIII		

Patient Rose Carnelinos Carlisle, Pa., Dec, 5. 1911 Physician Dr. S. M. Sibley
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	99	110		9:00	Magn Sulph $\frac{1}{2}$ ss				Complain of headache.
				11:00	" " "				
4:00	104.4	106			Dec 6	3:30	milk $\frac{1}{2}$ VIII		
7:00	101	84				6:30	" "		
4:00	99.4	82		10:00	Fr. Ferric chl.	10:00	" "		
				12:00	" " "	12:00	Soup + milk		
				2:00	Fr. Ferric chl.	5:30	milk $\frac{1}{2}$ VIII		
				7:00	" " "	9:00	" " "		
				6:00	" " "				
				8:00	" " "				
					Dec 7				
2:00	98	80				6:30	milk $\frac{1}{2}$ VIII		
				8:00	Fr. Ferric chl.	10:00	" "		
				10:00	Fr. Ferric chl.	12:00	" "		
				10:30	Dressing of Mag Sulph		Soup		

Patient Rose Cornelius Carlisle, Pa., 191 Physician Dr. Smalley
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				2:00	Tr Ferric Chl.				
4:00	98	74		4:00	" " "				
				6:00	" " "				
				8:00	" " "				
					dec 10				
7:00	98	70				6:30	meat & veg		
4:00	98	88	22	8:00	Tr. Ferric Chl.	10:00	" "		
				10:00	" "	12:00	" "		
				12:00	" "	3:00	" "		
				2:00	" "	3:30	" "		
				4:00	" "	9:00	" "		
				6:00	" "				
				8:00	dec " "				
7:00	98	68				6:30	" "		
				8:00	Tr. Ferric Chl.	10:00	" "		
				10:00	Tr. Ferric Chl.	12:00	" "		
				2:00	" " "	3:30	" "		
	98	64	24	4:00	" " "				
				6:00	" " "				

Patient Rose Cornelius Carlisle, Pa., Dec 11 1911 Physician Dr. S. M. Kelley
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00				8.00	5 gr Ferri chl				
					Dec 12				
2.00	98	68	8.00	8.00	5 gr Ferri chl.	6.30	milk $\frac{3}{4}$ 1/2		
				12.00	" "				
4.00	98	88	18	4.00	" "				
				6.00	" "				
				8.00	" "				
					Dec 13				
7.00	98	90	20	8.00	5 gr Ferri chl	6.30	Full diet		
				10.00	Tr. Ferric chl.	12.00	" "		
				12.00	" " "	5.30	" "		
				2.00	" " "				
9.00	94	90	20	4.00	" " "				
				6.00	" " "				
				8.00	" " "				
					Dec 14				
7.00	98	90	20			6.30	" "		
				8.00	Tr. Ferric chl.				

Patient B. Sehornius Carlisle, Pa., Dec. 14 1911 Physician Dr. S. S. Sibley
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				10:00	Tr. Ferric chl.	10:00			
						12:00	Full diet		
				12:00	" " "	5:30	Full diet		
				3:00	" " "				
4:00	98	100	22	4:00	" " "				
				6:00	" " "				
					Dec 15				
7:00	98	100				6:30	Full diet		
				8:00	Tr. Ferric chl.				
				10:00	Tr. Ferric chl.	10:00			
						12:00	" "		
				12:00	Tr. Ferric chl.				

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Rose Cornelius M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission Dec. 5, 1911.

Diet

Liquid
up. Dec 13
Discharges Dec 15

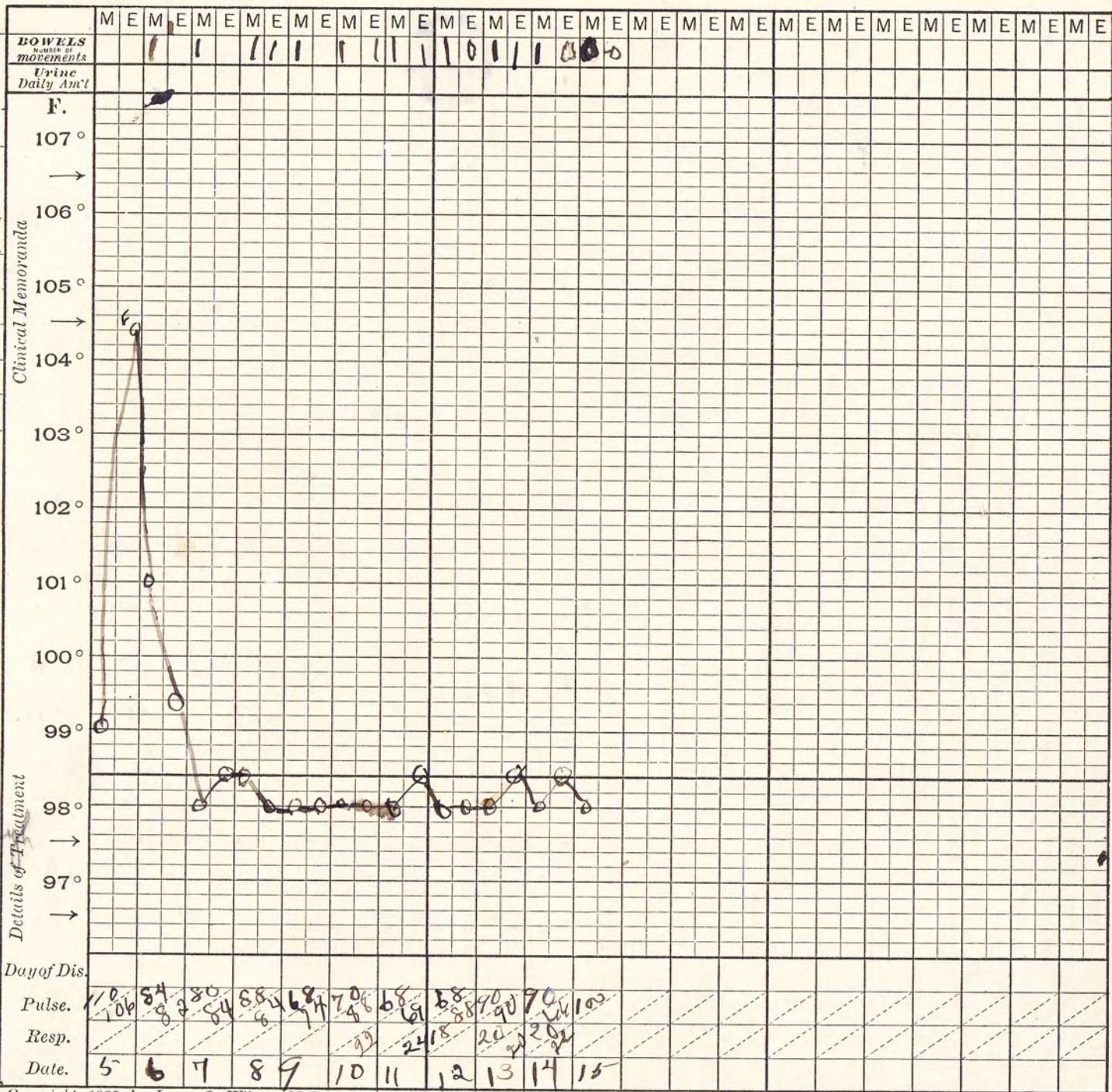
Treatment

~~very Saph by ss.~~
~~every 2 hr.~~

Dr. Ferri chloridi
w x every 2 hr. through
glass tube.

locally dressing of
Epsom Salts.

Result h



C. 42°

41°

40°

39°

38°

37°

36°

35°

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE

FULL. ONE

NAME Russ Connelius

AGE

DIAGNOSIS Erysipelas

ADMITTED Dec. 5

DISCHARGED Dec. 16

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

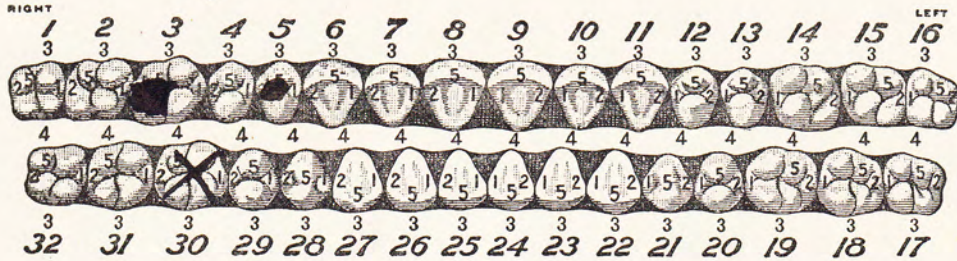
A. Hallen

Chas. E. Drisdley

REMARKS:

PUPIL'S DENTAL RECORD.

Name Rose Cornelius Age 16 Sex F
 School Carlisle Indian Training
 Date of examination September 12th 1913, 191



NO.	SUB. NO.	CONDITION OF TEETH, AND WORK REQUIRED.	WORK ACTUALLY DONE.	DATE, 191
<u>5</u>	<u>5</u>	<u>Good Filling</u>	<u>Amalgam</u>	<u>9/12/13</u>
<u>30</u>	<u>---</u>	<u>Extraction</u>	<u>Extraction</u>	<u>9/12/13</u>
		<u>Cleaning</u>	<u>Cleaning</u>	<u>9/13/13</u>
<u>3</u>	<u>5</u>	<u>Filling</u>	<u>Amalgam</u>	<u>9/13/13</u>

327

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN BUREAU

Oct. 28th, 1915.

Mr. J. C. Hart,
Superintendent, Oneida Agency,
Oneida, Wis.

My dear Sir:

This is to report to you that Rose and Mary
Frances Cornelius have arrived here and that they have
begun their work.

The applications for their enrolment which you
forwarded here with your favor of the 19th instant are
being returned to you herewith so that your approval can
be noted thereon.

Very respectfully,

HKM.

Acting Superintendent.

327

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Oneida, Wis., Oct. 19, 1915

Supt. O. H. Lipps,
Carlisle, Pa.

Dear Mr. Lipps:

I am inclosing applications and physician's certificate of Mary Frances Cornelius, and Rose Cornelius.

They have been given orders for tickets and expected to start this week.

Very sincerely yours,

J. B. Hart,
Supt.

525

June 2nd, 1914.

Mr. Isaac O. Cornelius,

R. F. D. 2, West De Pere, Wis.

My dear Sir:

This is to advise that arrangements are being made to have your daughter Rose leave here on Thursday of this week with the other girls who are to start on that day for their homes. Transportation for her passage to De Pere will be provided for her use and several other girls will accompany her to that point.

I would thank you to let me hear from you when Rose has arrived at your home.

Very truly yours,

HKM.

Supervisor in Charge.

XXXXXXXXXXXXXXXXXX
XXXXXXXXXX

525

March 28th, 1914.

Mrs. Melissa Cornelius,
West De Pere, Wisconsin.

My dear Madam:

This is to advise that your daughter
Jerusha's period of enrolment will terminate at
the close of this school year and she will then
be entitled to return home with the other students
who are entitled to that privilege.

I write you this in reply to your card of
March the 26th.

Very truly yours,

HKM.

Supervisor in Charge.



Dear Sir

Post Card.



I just want

Made in Germany. A. C. Bosselman & Co., New York.

To tell you that my daughter Rose Cornelius her time is up and I expect her to come home this is all yours truly Yours
 Rose Cornelius.

Superintendent,
Carlisle.

Indian School,
Pa.

327

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Carlisle, Pa.
Feb. 16th., 1916.

Mr. Meyer:

Rose Cornelius is passing tubercle bacilli in her sputum. I understand that she suffered with tuberculosis some years ago and was dismissed from this school on that account. I recommend that arrangements be made to place her in a sanatorium.

respectfully,

Nathan R. ...

G. O. Cornelius

327

Febr. 16th, 1916.

Mr. J. C. Hart,
Superintendent, The Oneida Agency,
Oneida, Wis.

My dear Sir:

Please find noted below a copy of a report that was submitted to me this afternoon by our school physician:

Rose Cornelius is passing tubercle bacilli in her sputum. I understand that she suffered with tuberculosis some years ago and was dismissed from this school on that account. I recommend that arrangements be made to place her in a sanatorium."

It can probably be arranged to send the girl to the Sac and Fox Sanatorium at Toledo, Iowa, but before any such action is taken I would be pleased to hear what the parents' wishes are in the matter and what you would recommend.

Very truly yours,

HKM.

Superintendent.

(Copy to Mr. Cornelius.)

327

March 11, 1916.

Mr. J. C. Hart
Superintendent Oneida School
Oneida, Wisconsin.

Dear Mr. Hart:-

Your wire relative to Rose Cornelius was received this morning. As I wired you in reply, Rose is still in the hospital but is getting along very nicely. She is waiting for some money from her parents to pay her expenses on her way home. Her transportation will be provided at government expense.

As soon as she hears from her parents, I can arrange for her return home.

Will you please give this information to her father and mother.

Very truly yours

Superintendent.

NRD

327

Febr. 25th, 1916.

Mr. and Mrs. Isaac O. Cornelius,

West Depere, Wis.

My dear Friends:

When your letters of recent date were referred to our school physician today he stated that he will be glad to see your daughter Rose go home, because the rest she formerly had at your home enabled her to regain the strength she had lost here and to keep in good condition.

When Rose was seen at this office this afternoon in regard to her going home she stated that she cannot well get ready before the latter part of next week, and as there is no immediate need for her going it is believed best to let her take what time she needs to get ready. In view of the fact that she does not have any funds to pay for her incidental traveling expenses enroute home it will be appreciated if you can send at once what you desire she shall use. Her transportation will have to be provided at government expense.

Hoping I shall hear from you without delay, so that Rose can be started home next week, I remain,

Very truly yours,

HKM.

Superintendent.

West Deferre Wis.

Feb. 23 1916.

O. H. Lipps -

Superintendent Indian School
Carlisle Pa.

Dear friend -

I've received
your letter, I understand
you to say that my
daughter Rose Cornelius
was dismissed from
Carlisle school some
years ago on account
of her failing health.
I know myself that
she was examined by
a doctor here and
she was all right
and while there.

She never was sick that way, and never complain any thing about her health that time and she stayed there until she finished her term of three years. Then she came home and she was here at home with us one year. Then she wanted to go back to Carlisle again and we went to the doctor again and was examined and the doctor said she was all

I
right, so we let
her go back to school
again, I am very sorry
to know that she is
sick. So I beg you
please send her down
as possible I will
make arrangements my
self after she comes
to place her in a
Sanatorium, I know
the place is just about
ten miles from here
where I intend to
have her go. I surely
will do my best for
her after she comes
so please send her down
I am so worrying about her

Your friends

Mr. and Mrs. Isaac Comings

Nest Depue Wis.

R. 2 box 102.

1916

Otsego-Deperu, Otis. Feb. 17,

Oscar St. Lipps:

I just thought I would drop a few lines to you.

I wish you would have mercy on me to think of the question I am going to ask you or to tell you. My thoughts are very heavy in thinking of things to night over my daughter Rose Cornelius. I understand my daughter is failing in health. She is getting very poor. every time she is weight, she has always lost a few pounds. I also understand she is sick quite often

I wish you would please have my girl examined by the Doctor and see if she is fit to be there at school in that condition. If you see that she is ailing to bad. Couldn't you please send her home as soon as possible. I am feared she might be to sick. she will not be able to come home alone. I am really worried over her to think she is losing her flesh. For myself If Dr. thinks she is able to come home. Please let her come soon.

So please let me know
soon how she is and what
to be done.

Sincerely

Mrs Isaac O. Comdine

Add. West Deper
Box 102. It is.

West De Pere Wis.
Feb 21. 1916.

A H Lipps,
Carlisle,
Pa.

Dear Mr Lipps,

In answer to your letter asking the permit or aproved to sending my daughter Rose to Toledo Iowa.

I am sure that to send her to an institution of that kind would be that best thing for her, but I am sure that to send her there would not relieve her much because she is home sick as much as any thing, and for that reason I would that she be sent home. We can than try and get her in the Outagamie Sanatorium, or perhaps the State Sanatorium would be best.

The idea is to get her where we can visit her when ever we can.

There is a case at the Government School like that of Rose and could not

be taken at Toledo on account of they being
so full that they could not take him.

We as parents to Rose beg of you to
send her home as soon as possible.

Hoping you will agree with us.

Yours Respectfully

Isaac O Cornelius,

Route 2, West De Pere,

Box 102. Wis.

327

Carlisle, Pa.

Feb. 25th., 1916.

Mr. Meyer:

I will be glad to see Rose Cornelius returned to her parents as is their desire, being convinced that she will pick up and do nicely just as she did in the years past, after being sent home for the first time.

Respectfully,

Walter Rudloff M. D.

327

DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

March 15th, 1916.

Mr. J. C. Hart,
Superintendent, The Oneida Agency,
Oneida, Wis.

My dear Mr. Hart:

I enclose herewith a copy of a self-explanatory letter that has just been addressed to Rose Cornelius's mother.

Referring to your letter of the 13th instant, I must state that Rose still claims she has received but one dollar from home to use in paying for her incidental expenses enroute home and it was at her request that her leaving here has been so long delayed. However, it will now be arranged so that she leave at the time specified and I hope she can make the trip without becoming too tired out.

Very truly yours,

Encl.
HKM.

Superintendent.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Oneida, Wisconsin,

March 13th, 1916.

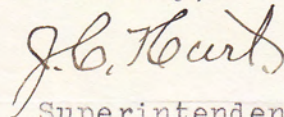
Mr. O. H. Lipps, Supt.

Carlisle, Pa.

Dear Sir:

Replying to your letter of March 11th, stating that Rose Cornelius will return as soon as she receives money from her parents for expenses, her brother has just informed me that his father sent money for expenses probably direct to Rose. I do not know the amount but, Philip says that it was sent about a week ago.

Very sincerely,



Superintendent.

JCH/GFW

March 15th, 1916.

Mrs. Isaac O. Cornelius,
West De Pere, Wisconsin.

My dear Madam:

I regret very much to report that thru a misunderstanding on the part of your daughter Rose she has been awaiting an additional amount of money she expected to receive beside that which was sent her by her brother, so that she is yet here.

When she was seen at this office this afternoon she was told that it will be best for her to arrange so that she can leave soon and as she has almost five dollars in cash to pay for incidental expenses enroute home she should be able to make the trip without being deprived of the comforts more money would secure for her.

She is to leave Carlisle on Tuesday evening of next week and you may expect her to arrive at De Pere late the night of the day following, the 22nd of March.

Trusting that the arrangements now being completed meet with your approval and that I will hear from you after

-2- Mrs. Isaac O. Cornelius.

your daughter has arrived at your home, I remain,

Very truly yours,

HKM.

Superintendent.

(Copy to Supt. Hart.)

7-11-16

Open this March 1, 1916

or!

I'm glad to hear from you so we
we send the money in case to
come home. You have promised she
could come home. If we could send
money to her. If we shall now expect to
in her come. Let us know soon when she
could come. I can send just enough so
she won't get hungry on her way That's
all I could do.

Yours truly

Mrs Isaac O. Cornelius

POST CARD

ADDRESS SIDE

Mr Oscar Zipp
Indian School
Carlisle
Penna.

ONE

RD

RD

can school

carriage

West De Pere Wis.
March 12, 1966.

Dear Sir

Drop a few
lines just to ask you
what day she will start
So I can meet her at
the station West De Pere
I been waiting two week
for my daughter Rose to
come home

Please tell me what time
she is coming home

I am in hurry to know?

Your truly, Melissa
Oscar Dippo.

4477

February 15, 1917

Miss Rose Cornelius,
c/o Mrs. Isaac O. Cornelius,
West DePere, Wis.

Dear Miss Cornelius:

I am in receipt of your check for 14¢ properly signed and endorsed and am enclosing postage to cover same.

Thanking you for your prompt attention to this matter, I am

Yours very truly,

Chief Clerk in Charge.

LG

Enc.

Miss Rose Cornelius,
c/o Mrs. Isaac O. Cornelius,
West DePere, Wis.

Dear Miss Cornelius:

On checking over the pupils' bank accounts at this school, I find that you have a balance of 14¢ and I am enclosing a check for that amount. As the amount is so small, I suggest that you sign and endorse the check and return it in the enclosed franked envelope, which requires no stamp, and I will send you 14¢ in postage. Please attend to this as soon as possible as we are sometimes caused considerable trouble by checks being held and not cashed.

With kind regards and best wishes, I am

Yours very truly,

Chief Clerk in Charge.

LG
Enc.

July 5, 1917