3 No reaction. Dec. 19, 1908.

Home 215

PHYSICAL EXAMINATION.

NAME OF PUPIL Doxtator Earle

AGE 18 YEARS {New / Returned} STUDENT. TRIBE Cayuga STATE New York.

INSPECTION Well developed

Amt. Ind. blood - Full

PALPATATION Normal

PERCUSSION Slight impairment resonance
slight apex area.
in right lung.

AUSCULTATION Slight systolic murmur
at apex

MENSURATION {Insp. 37 1/4 / Exp. 32 1/2} RESPIRATION 20 VACCINATION 12/23/08 Good

TEMPERATURE 98 2 degs. HEIGHT 5 FT. 8 1/4 IN. VISION 10/10

PULSE 92 WEIGHT 141 1/2 LBS.

FAMILY HISTORY:

	Living	Condition of Health	Dead	Cause of death
FATHER	Yes	Good		
MOTHER	Yes	Good		
BROTHERS	2	Good		
			1	?
SISTERS	4	Good		

PERSONAL HISTORY:

Hemoptysis last spring followed by cough & loss of weight. Went home & gained 20 lb. — Returned in Sept. Has had cough ever since

REMARKS:

and spit up small clot of blood since here. Convalescent from measles now

Examined for Outing .... 190.... Physical Condition Health good.

Remarks:

BRIEF.

Application of

Earl A. Doxtader

FOR THE ENROLLMENT ~~OF~~

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

(Home add.) Versailles, N.Y.

Date of enrollment, ..., 191....

Term of enrollment, ~~Three~~ One ($1.) years

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Penna, of Earl G. Dostader (Name of child.), Male (Sex.), I, Earl G. Dostader (Parent, guardian,, or next of kin.) of Chicago P. O., State of Illinois, do hereby voluntarily consent and agree to the enrollment in said school for a period of one (Not less than 3.) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Versailles N.Y. on 8/17/1892 (Date.); that the father, Orlando Dostader (Name of father.), is (Is or was.) a full (Degree.) Indian of the Seneca Tribe located at Versailles Agency; that he left the tribe about _____ (Approximate date.); that the mother, Josephine Dostader (Name.), is (Is or was,) a full (Degree.) Indian of the Cayuga Tribe located at Versailles Agency, and left the tribe about _____ (Approximate date.); that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
District School	Iroquois N.Y.				
Indian School	Carlisle Pa	Dec 10 1902	March 1909	Sickness "	Senior

This 21st day of Febr. 1913

Two witnesses:

Earl G. Dostader (Parent, guardian, or next of kin.)

Harvey K. Meyer

P. O., _____

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, _____, do hereby swear that the statements made in the above application are true.

_____ (Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this _____ day of _____, 191_____

_____

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

Certificate of Physician.

I, ..., a practicing physician of .....

....., do hereby certify that I have carefully examined .....,

the child named in this application, and find that ..... is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This ..... day of ....., 191

....., M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, ..., a ..... (Business, calling, or profession.), of

....., ..., do hereby certify that I am personally acquainted with

..... who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with ..... (Name of Child.); that he is known and recognized in the community in which he lives as an Indian; that in my opinion he can not receive proper and adequate schooling at home for the reason that .....

.....

.....

This ..... day of ..... 191.....

.....

VOUCHER No. 2.

I, ..., a ..... (Business, calling, or profession.) of

....., ..., do hereby certify that I am personally acquainted with

....., who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with ..... (Name of child.); that he is known and recognized in the community in which he lives as an Indian; and that in my opinion he cannot receive proper and adequate schooling at home for the reason that .....

.....

.....

This ..... day of ....., 191.....

.....

Certificate of School Physician.

I hereby certify that on ....., I made a careful examination
(As soon after arrival as possible.)

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.....

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

215

215

5—192

BRIEF.

APPLICATION OF

Earle A. Doxtator.

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

POST OFFICE ADDRESS OF APPLICANT:

Versailles, N.Y.

Date of enrollment, ..., 190

Term of enrollment, Three (3) years.

NAME OF COLLECTING AGENT:

.....

Position, ...

6—871

5—192.

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa., of Earle A. Doxtator (Name of child.), M. (Sex.), I, _____ (Parent, guardian, or next of kin.) of Versailles P. O., State of N. Y., do hereby voluntarily consent and agree to the enrollment in said school for a period of three (Not less than 3.) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Brant, N.Y. on 8/17/1891 (Date.); that the father, Orlando Doxtator (Name of father.), is (Is or was.) a 4/4 (Degree.) Indian of the Seneca Tribe located at Cattaraugus Agency; that he left the tribe about _____ (Approximate date.); that the mother, Josephine Doxtator (Name.), is (Is or was.) a 4/4 (Degree.) Indian of the Cayuga Tribe located at Cattaraugus Agency, and left the tribe about _____ (Approximate date.); that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
Carlisle Indian					
School, Pa.	Pennsylvania	12/10/02	6/26/08	Time Out	10th
Common School,	Catt. Res. N.Y.	—/97	12/9/02	Went to Carlisle, Pa.	4 ths.

This 31st day of August, 1908

Two witnesses:

Ida L. Bunn — Mrs Josephine Doxtader (Parent, guardian, or next of kin.)

Emily S. Lincoln. — P. O., Versailles, N.Y.

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, Mrs Josephine Doxtader, do hereby swear that the statements made in the above application are true.

Mrs Josephine Doxtader (Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 31st day of August, 1908

Ida L. Bunn Notary Public

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

6—871

CERTIFICATE OF PHYSICIAN.

I, A. D Lake, a practicing physician of Gowanda, N.Y., do hereby certify that I have carefully examined Earl Dotlutes, the child named in this application, and find that he is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This 31 day of Aug., 1908 A. D Lake, M. D.

VOUCHER OF SOLICITOR FOR SCHOOL.

I hereby certify that I was present and witnessed the execution of the foregoing application made by _____ (Parent, guardian, or next of kin.); that its contents were explained or interpreted to _____ by _____ (Name of interpreter.); that I believe _____ understood the purport thereof; that I was present at the medical examination of the child named herein; that _____ resides with _____ (Name of person—parent, guardian, etc.), in or near the town of _____; that the child can not have adequate and proper educational facilities at home for the reason that

_____

_____

Dated at _____ _____

this _____ day of _____, 190 _____ (Official title.)

(NOTE.—This voucher must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.

VOUCHER NO. 1.

I, _____, a _____ (Business, calling, or profession.), of _____, _____, do hereby certify that I am personally acquainted with _____ who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____ (Name of child.); that he is known and recognized in the community in which he lives as an Indian; that in my opinion he can not receive proper and adequate schooling at home for the reason that _____

_____

_____

This _____ day of _____, 190 _____

VOUCHER NO. 2.

I, _____, a _____ of
(Business, calling, or profession.)
_____, _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____;
(Name of child.)
that he is known and recognized in the community in which he lives as an Indian; and that in my opinion he can not receive proper and adequate schooling at home for the reason that _____

_____

_____

This _____ day of _____, 190 _____

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____,
(As soon after arrival as possible.)
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.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without special permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

CARLISLE INDIAN INDUSTRIAL SCHOOL.

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

NUMBER	ENGLISH NAME	AGENCY	NATION
2972	Earl Doxtator	New York	Cayuga

BAND	INDIAN NAME	HOME ADDRESS
		Josephine Orlando Doxtator, Versailles, N.Y.

PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHTH	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, Living MOTHER, Living	Full	11	4-11½	93	3.1	28	M.

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Dec. 10, 1902	5 years.	June 19, 1908	Time out

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
Apr. 14, '03	Robert Belville, Yardley, Bucks Co., Pa.	In.
Apr. 22, '03	L. B. Reed, Princeton, Mercer Co., N. J.	9-15-03
Mar. 31-'04	H. M. Lovett, Morrisville, Pa.	9-17-'04
7-3-06	Long Branch with Band.	9-8-06
6-19-08	Home	

SHAW-WALKER MUSKEGON 5478

Months in school before Carlisle, 50

Grade entered at Carlisle, 5

Grade at date of Discharge,

Trade or Industry,

Church, Methodist

Conduct

Readmitted.

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
3991	Earl Doxtater	Cattaraugus	Cayuga.

BAND: (mother)

INDIAN NAME: Orlando Doxtater (Doxtater) / Josephine Doxtater

HOME ADDRESS: Orlando Doxtater, Versailles, N. Y.

PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHTH	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, L. MOTHER, L.	Full	Born 8-17-1891	5' 8¼"	141#	37¼	32²	M

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Sept. 12-1908.	3 yrs.	Feb. 8, 1911	Failed to return

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
Apr. 14-'03	Robert Belville, Yardley, Bucks Co., Pa	In,
" 22-'03	L. B. Reed, Princeton, Mercer Co., N. J.	9-15-'03
Mar 31-'04	H. M. Lovett, Morrisville, Pa.	9-17-'04
7-3-'06	Long Br. with band	
6-19-'08	Home.	
10-5-'08	On Leave with band, Phila.	10-10-'08
3-4-'09	Home on Leave	

Months in school before Carlisle, 30

Cattaraugus Res. 1897 To 1902

Carlisle 1892 To 1908.

Grade entered at Carlisle, 5th.

Grade at date of Discharge,

Trade or Industry,

Church, Methodist

Miles to sch.

5555

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
4940	Earl Doxtater	New York N.Y.	Cayuga

BAND	INDIAN NAME	HOME ADDRESS
		Orlando Doxtater Versailles N.Y.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, L.	MOTHER, L.	Full	21	59 1/3	151 1/2	38	33	M.

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Feb. 13. 13	One yeard	Sept. 10, 1913	Time expired

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
5-15-0	On Leave	

THE SHAW-WALKER CO., MUSKEGON 121071

Months in school before Carlisle, 50

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Methodist

Miles to each. 1/4

returned Feb 12 1913

NAME Earl Doxtader Sex { Male. ~~Female.~~

Tribe { ~~Full~~ } Cayuga State N.Y. Albion, 1913

Age 20 years Respiration 18 Condition of, Eyes O.K.

Height 5 ft. 9 1/4 ins. Mensuration { Insp. 38 Ears O.K.

Weight 151 1/2 lbs. { Exp. 33 Throat O.K.

Temperature 98.4 Vaccination 3-3-1913 Cervical glands O.K.

Pulse 80 Vision Skin O.K.

Inspection well developed

Palpation O.K.

Percussion O.K.

Auscultation O.K.

Heart O.K.

~~(Menstruation)~~

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	good		
Mother	"	"		
Brothers	2	4		
			1	infancy
Sisters	6	4		
			0	

Personal history measles.

Present condition good

H B Fraker, 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.

6—1955

CASE RECORD, 5—354.

Name ....

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

(*On* ...., *19*.....)

DATE.		SYMPTOMS.				TREATMENT.	DIAGNOSIS.	REMARKS.
19....		T.	P.	R.				History, progress, and termination of the disease.

6—1955

5555

CARLISLE INDIAN SCHOOL

No.	Name.	Age.	Tribe.	Degree of Indian Blood.	Name of Agency and Reservation, if Enrolled; if not, Post Office of Family.
4940	Earl Doxtator	21	Cayuga	Full	New York Versailles, N.Y.

Date Entered.	Months in school before enrollment here.	In What Grade or Room. On entering here.	In What Grade or Room. At date of this report.	Distance to nearest public school from pupil's home.	Remarks. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.) To Country	From Country	Date Discharged
2-13-'13	50			¼ mi	5-15-'13	On leave	Sep. 10, 13
							Catholic

~1639~

Progress from ..... (Date), ..., to ..... (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*								
Deportment ..... standing*								
Physical condition								

Remarks: .....

"Y & E" ~1640~

Earl Dextater Ex Stu. 5555

Physical Condition	133
Returned home - father's file	1071
Correspondence	2683

'1 Y AND E ROCH.

~~2 15~~ 203

REPORT AFTER LEAVING CARLISLE

441037 3M-4-09

NAME AT CARLISLE Earl Hoxtator

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1913		58 Wash. St., Suite 512 Chicago, Ill.	Hotel Employee Laborer.		

203

Oct. 27th, 1913.

Mr. Earl A. Doxtader,

1605 Vine St., Philadelphia, Pa.

My dear Friend:

I will be pleased to have you return to Carlisle to take up the work in our Business Department if you can arrange to pay for your transportation. The blank I enclose may be filled out by you and sent to me for our files.

Assuring you of my continued interest in your welfare and hoping that we shall see you here soon, I remain,

Very truly yours,

Encl.

HKM.

Superintendent.

Mr. M. Friedman,
Supt. Indian School,
Carlisle, Pa.

Dear Sir:-

I am writing you in regards to returning and taking the Business Course with a view of entering the service.

If you send me particulars I will be much obliged.

Your truly,
Earl A. Soxtader.

1603 Vine St.
Phila, Pa. Oct 26. 1913

P.S. Was more than pleased about the outcome of Penn-Indian Game.

Readmitted 9/5

NAME. Earl Doxtater | TRIBE. Cayuga | PARENT OR GUARDIAN.

DATE ENROLLED. Sept. 12, 1908 | TERM. Three Years | AGE. 18 | HOME ADDRESS. Orlando Doxtater (Father) Versailles, N. Y.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	
Jan: 09				Art	Ex	Ex	Hosp.	Good	V. Good			Home - Sick

9-215

January 8th, 1913

Name Earle A. Doxtader

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

Tribe Cayuga

Present Address #58 Washington St. Chicago Suite #512.

Former Address " " " "

(Address from which we heard from you last.)

Present Occupation Hotel Employee.

Remarks: Address mail to the above address.

1—567 a

Department of the Interior.

CHICAGO
8 3 30 PM
1913
ILL.

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300

C

Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6—3305

NOTE—RESIDENTS IN CHARGE OF PATIENTS ARE REQUIRED TO COPY ALL LABORATORY REPORTS UPON THIS SHEET THE SAME DAY THAT THEY ARE RECEIVED.

Indian School Hospital, Carlisle, Pa.

Laboratory Sheet.

NAME Earl Archuleta WARD Boys CHIEF Allen

URINE EXAMINATIONS.

DATE.	AMOUNT IN 24 HOURS.	SP. GR.	REACTION.	SEDIMENT.	ALBUMIN.	SUGAR.	SPECIAL.	MICROSCOPICAL.
3/18/13	9	1020	acid	neg	neg	neg	—	neg casts

BLOOD EXAMINATIONS.

DATE.	RED CELLS.	LEUCOCYTES.	HÆMOGLOBIN.	SERUM REACTIONS.	DIFFERENTIAL COUNTS AND SPECIAL EXAMINATIONS.

SPUTUM EXAMINATIONS.

DATE.	MACROSCOPICAL.	T. B. MINUS.	T. B. PLUS.	MICROSCOPICAL.

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1913

TRIBE FULL. ONE

NAME Earl Doxtator

AGE

DIAGNOSIS Acute articular Rheumatism

ADMITTED Mar. 17. DISCHARGED May 3.

RESULT Good.

VISITING PHYSICIAN: RESIDENT PHYSICIAN:

A. R. Allen H B Foulke

REMARKS:

Case No.

DIAGNOSIS

Revise

Notes of Case

Name Earl Dostator M.F.

Age S.M.W.

Nativity

Occupation

Residence

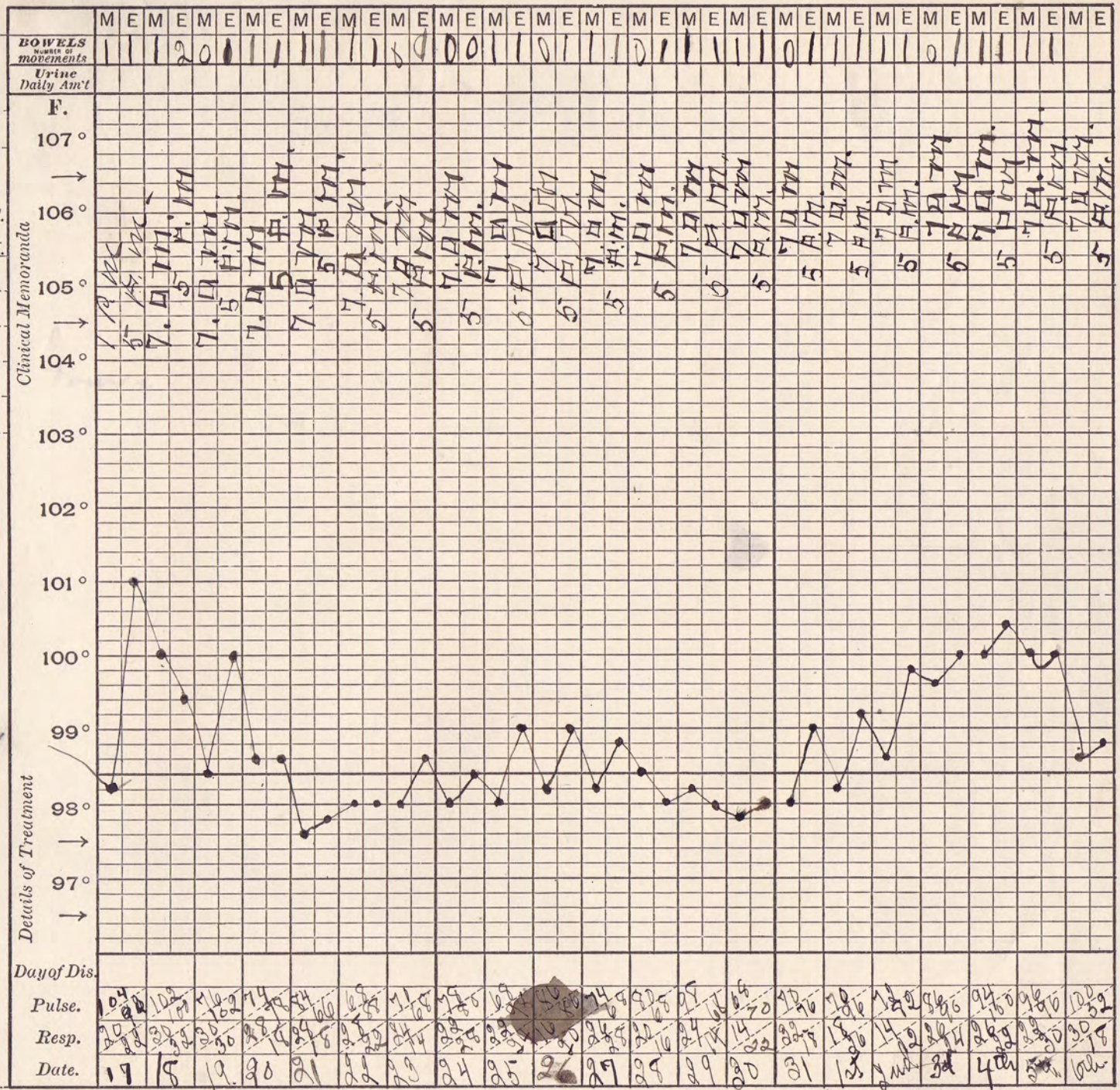
Date of admission Mar 18-13

Diet liq P. m

Treatment

Codeine gr 1/6 every 3-4 hrs if pain,

Result



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

Mar.

April

Case No.

DIAGNOSIS

Revise

Notes of Case

Name Earl Dontader M.F.

Age S.M.W.

Nativity

Occupation

Residence

Date of admission March 17th 1913

1.00 P.M.

Diet

Treatment

Result

BOWELS Number of movements

Urine Daily Am't

Clinical Memoranda

Details of Treatment

Day of Dis.

Pulse.

Resp.

Date.

C.

Copyright, 1885, by James C. Wilson, M.D.

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

April. 1913

Case No.

DIAGNOSIS

Revise

Notes of Case

Name Carl Soptader M.F.

Age S.M.W.

Nativity

Occupation

Residence

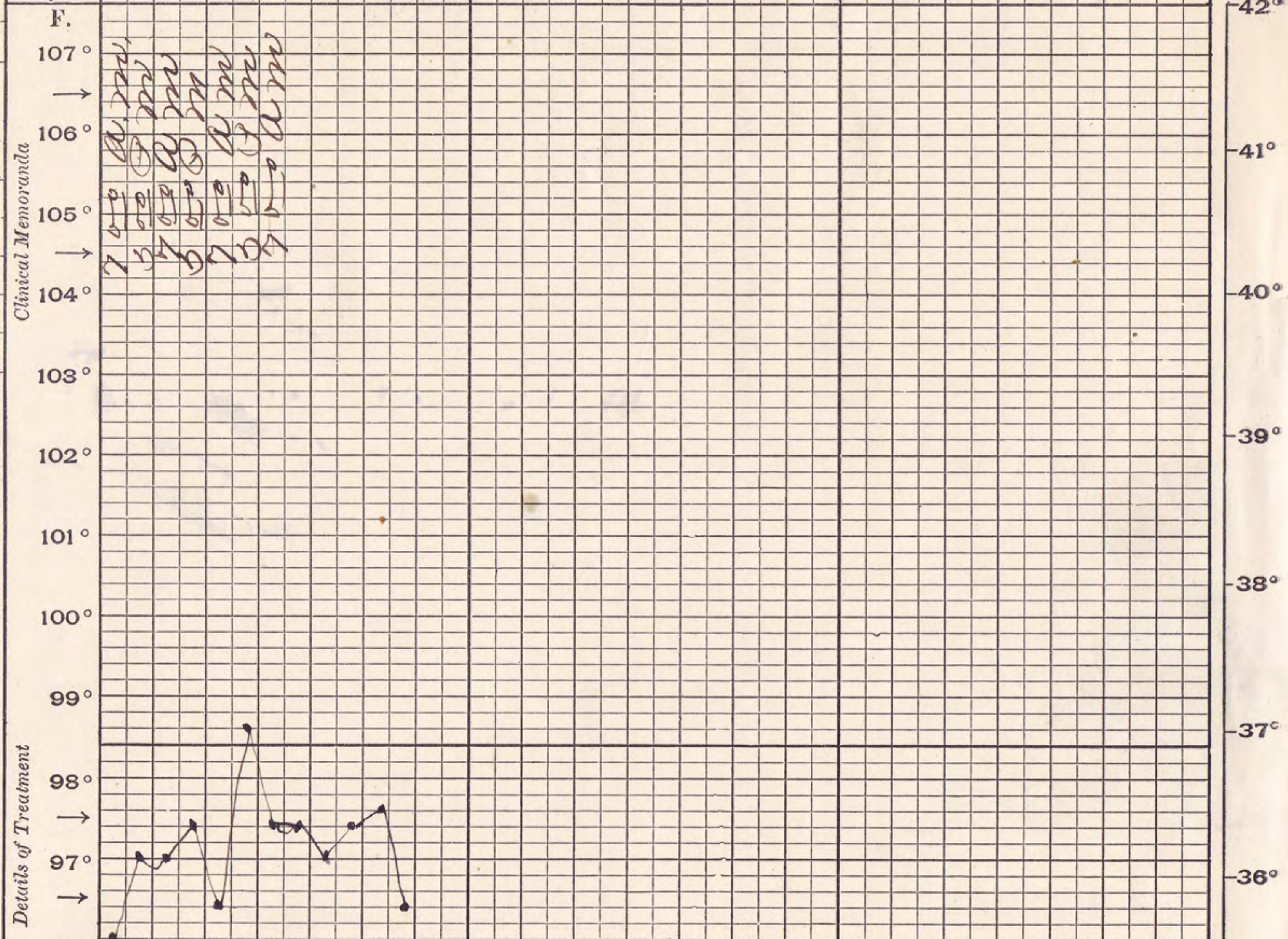
Date of admission March 17 – 10

Diet 1 00 P.M.

Treatment

Result

	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOWELS number of movements	\	\	\	\	\	\	\	\	\	\	\	\		
Urine Daily Am't														



Day of Dis.							
Pulse.	90 / 84	90 / 84	86 / 84	84 / 96	72 / 100	75 / 90	
Resp.	22 / 22	22 / 20	18 / 20	22 / 20	18 / 20	20 / 21	
Date.	28	29	30	1	2	3.	4

ap may

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

Patient Earl Portatar Carlisle, Pa. May 4 191 3 Physician Dr Iden & Fralic

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May 4-13				
				12;30	Spec Mix				
				1;30	Blood Mix				
				4;30	Spec Mix				
				5:45	Blood Mix				
				8;30	Spec Mix				

Patient Earl Hoptaker Carlisle, Pa. may 1 1913 Physician

Address Nurse Delia Edwards

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 00	97.2	84	22		May 1				
				12 30	Blood med				
				4 00	Spec Mix.				
				6 00	Blood med				
				8:00	Spec Mix	8:00	Milk.		
				730	May 2-13				
				1230	Blood Med.				
				400	Spec Mix.				
				600	Blood Med:				
					May 3-13.				
				700	Blood Mix				
				800	Spec. mix				
				1200	Spec mix				
				1230	Blood mix				
				400	Spec mix				
				545	Blood mix				
				800	Spec mix				
					May 4 19-13				

Patient Carl Dottator Carlisle, Pa. April 28 191 Physician

Address Nurse Alice Edwards

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	96	20	22	8 00	Spec mix				
6 00	97	84	22	9 00	Soft & Phen				
				12 00	Spec mix				
				4:w	" "	8:w	lemonade.		
				5:45	Spec mix "				
				8:w	" "				
					Apr. 29-13				
7 00	97	20	24	7 00	Spec mix				
5 00	97.2	84	20	8 00	" "				
				12 00	" "				
				12 30	Spec mix				
				4 00	" "				
				5 45	" "				
				8 00	" "				
					Apr 30				
7 00	96.2	86	18	7 00	Spec mix				
5 00	98.3	84	20	8 00	" "				
				12 00	" "				
				12 30	Blood med				
				4 00	Spec mix				
				8 00	" "				

Patient Carl Dotator Carlisle, Pa. April 26 – 1913 Physician Julia Mc Allen

Address Nurse Frank Angus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					April 26-13				
				5 00	Salol & Phen				
				6 00	" & "				
				9:w	Sal & Phen				
				8:w	Spec mix	8:w	Lemonade.		
					April 27-13				
7 00	96	70	20	8 00	Spec mix				
5 00	98	80	20	9 00	Salol & Phen				
				11 00	" and "				
				12 00	Spec mix				
				1 00	Salol & Phen				
				3 00	" and "				
				4 00	Spec mix				
				5 00	Salol & Phen				
				6 00	" and "				
				7 00	Salol & Phen				
				8 00	Spec mix				
				9 00	Salol & Phen				

Patient Earl Doxtader Carlisle, Pa. April 25 1913 Physician Drs. Allen & Fralic.

Address Nurse Francie Angus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					April 25. - 1913		Lemonade		
7.00	97	84	24	8.00	Spec mix				
				9.00	Salal & Phen				
5.00				11.00	" "				
				12.00	Spec mix				
				1.00	Salal & Phen				
				8.00	Salal & Phen				
				4.00	Spec mix.				
				6.00	Salal & Phen				
				6.00	Salal & Phen				
				7.00	~~Total~~				
				8.00	Spec. Mix.				
				9.00	Salal & Phen.				
					April 26-13.				
				8.00	Spec mix				
				9.00	Salal & Phen				
				11.00	" & "				
				12.00	Spec mix				
				1.00	Salal & Phen				
				3.00	" & "				
				4.00	Spec mix				

Patient Earl Sporatator, Carlisle, Pa. 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					April 22 '13				
				2:00	Sal & Phen		Lemonade		
				4:00	Sal & Phen Spec mix				
				6:00	Sal & Phen "				
				8:00	Sal & Phen Spec mix				
					Apr 23				
7:00	97.4	74	20	8:00	Spec mix		Lemonade		
				9:00	Salol & Phen				
5:00	98.2	80	22	11:00	" "				
				12:00	Spec mix				
				2:00	Salol & Phen				
				4:00	Salol & Phen & Spec mix				
				6:00	Salol & Phen				
				8:00	Spec. mix				
					April 24				
7:00	98	68	22	8:00	Spec mix		Lemonade		
				9:00	Salol & Phen				
6:00	98	80	24	11:00	" "				
				12:00	Spec mix				
				1:00	Salol mix.				
				3:00					
				4:00	Spec mix.				

Patient Earl [illegible] Carlisle, Pa. April 20 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				7 00	Salol + Phen				
7:00	97'	74	22	8 00	Spec mix				
				9 00	Salol + Phen				
5:00	99	84	22	8 10	Codeine				
				9:10	Hypo cod.				
					April 21-13				
7:00	98'	73	20	8 00	Spec mix				
				9 00	Salol & Phen				
5:00	98'	72	21	11 00	" "				
				12 00	Spec mix				
					April 22				
7:00	98^2	88	22	8 00	Spec mix				
				9 00	Salol & Phen				
5:00	97	74	20	11 00	" "				
				12 00	Spec mix				

Patient Earl Doxtator Carlisle, Pa. April 18 191 Physician

Address Nurse Frances Angus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					April 18th				
				8 00	Spec. mix				
7.00	97	80	24	9 00	Sal + Phen				
				11 00	" "				
5.00	98	74	20	12 00	Spec. mix				
				1 00	Sal + Phen				
				3 00	" + "				
				4 00	Spec. Mix.	3 00	Lemonade		
				5 00	Sal. Phen.				
				~~8 00~~	~~Spec. Mix.~~				
				7 00	Salol + Phenac				
				8 00	Spec mix.	8 00	Lemonade		
				9 00	Salol + Phena				
					April 19				
7.00	98	88	24	8 00	Spec mix				
				9 00	Salol + Phena				
5.00	98	74	22	11 00	" "				
				12 00	Spec mix		Lemonade		
				1 00	Sal. + Phen.				
				3 00	" + "				
				4 00	Spec. Mix.				
				5 00	Sal + Phen.				

Patient Earl Dorstator Carlisle, Pa. 191 Physician Allen + Fralick

Address Nurse Frances Rupp

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					April 15-'13				
7:00	974	72	22	9 00	Spec. Mix	4 00	Lemonade	2:00	bed bath
				12 00					given by
5:00	98	80	20	4 00	" "				Miss Young
				6 00	" "				
				9 00	" "				
					April, 16-13.	400	" "		
7:00	98	70	20	9 00	Spec. Mix				
				12 00	" "				
5:00	98'	74	22	4:00	" "				
				8:00	" "				
					April 17-'13	4 00	" "		
7:00	972	70	20	8 00	Spec. Mix	8 00	" "		
				9 00	Sul. Phen.				
5:00	973	94	24	11 00	" "				
				12 00	Spec. Mix				
				1 00	Sul. Phen.				
				3 00	" "				
				4 00	Spec Mix				
				5 00	Sul Phen				
				8 00	Spec Mix				

Patient Earl Dopkins Carlisle, Pa. April 15 1913 Physician Allen & Fralic

Address ____ Nurse Frances Angus,

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					April 15-13.				
7:00	97.4	72	22						
5:00	98.2	80	20						

Patient Earl D. Hartzler Carlisle, Pa. April 12 1913 Physician Allen & Fralic

Address Nurse Frances Angus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				30	April 12-13				
7:00	98	68	20	9:45	Contin.				
				400	Spec Mix				
5:00	98	70	20	700	Sul.				
				800	Spec Mix.				
				900	Cod.				
					April 13-13.				
				8:00	Spec Mix				
7:00	98[2]	70	20	12:00	" "				
				4:00	" "				
5:00	98	78	22	8:00	"Powder"				
					April 14-13.				
7:00	98	74	22						
				8[no]	Spec. Mix				
5:00	98[3]	86	24	12[no]	"				
				4[no]	" "				
				8[no]	" "				

Patient Earl Hostator Carlisle, Pa. 191 Physician

Address Nurse Barley.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 a.m.	98.1	76	22		April 9th '13				
5 P.M.	98.3	64	20	4:00	Spec Mix.				
				8 00	Spec. Mix				
					April 10 - '13				
				8 00	Spec. Mix				
				12 00	" "				
				8 00	Spec Mix				
						8 00	Lemonade		
7 a.m.									
7.00	99.4	86	24		April 10-13				
2 P.M.				4 00	Spec Mix				
5.00	96	70	22						
				4 00	April 11-13				
7.00	98	80	24	6	Spec Mix				
				9 00	" "				
5.00	98	76	22	8	" "				
					April 12				
				8 00	Spec. Mix				
				12 00	" "				

Patient Earl Doptotay Carlisle, Pa. Apr 6th 1913 Physician

Address Nurse Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 am	98.3	100	30		April 6-13		Lemonade.		
				8 a.w	Spec Mix	10 a.w	Lemonade.		
				12 a.w	" "	12	" "		
5 P.M.	98.4	52	18	4 P.M.	" "	2	" "		
				8 P.M.	" "	4	" "		
						6	" "		
						8	" "		
					Apr. 7th.	10	Lemonade.		
7. am	98.3	84	24	8 am	Spec Mix	12	"		
				12	" "	2 a.w	"		
5 P.M.	99	88	26	4 P.M.	" "	4 a.w	Orange.		
				8 P.M.	" "	5 P.M.	Lemonade.		
					Apr. 8th.		apr. 8.		
7 am	98.4	84	18.		Spec Mix		Lemonade		
				8 am	" "	10 am	"		
				12	" "	2 P.M.	"		
5 P.M.	98.2	80	16.	4 P.M.	" "	4 P.M.	"		
				8 P.M.	" "	8 P.M.	"		
					April 9				
				8 a.w	Spec mix				
				12 a.w	" "				

Patient Earl Doptalon Carlisle, Pa. April 3rd 1913 Physician

Address Nurse Dailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7. a.m.	99.3	86	26.	8	Spec Mix	8	Lemonade,		
				1:30 12	" "	10	"		
5 P.M.	100	90	24	4	" "	12	"		
				8	" "	2	"		
						4	"		
						6	"		
						8	"		
					April 4th.		Lemonade.		
7. a.m.	100	94	26	8 a.m.	Spec Mix.	8	"	9:0 to 3:0	Vibrator used and also small electric batter. Complained of much pain in right leg. Very restless.
5 P.M.	100.2	100	22.	12 3:0	Hyd. "	10	"		
				4 5:0	Codeine tablets	12	"		
				8	" "	2	"		
						4	"		
						6	"		
					Apr. 5th.	8	Lemonade		
7. a.m.	100	96	22			8	"		
				8:0	Spec mix	10	"		
				12:0	" "	12	"		
5 P.M.	100	96	30.	4:0	" "	2	"		
				8:0	" "	4	"		
						6	"		
						8	"		

Patient Earl Dontator Carlisle, Pa. April 1st 1913 Physician Allen & Fralic

Address Nurse Mary Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 AM	98.1	70	18		April 1-13	8	Lemonade		
				8 00	Spec mix	10	" "		
				12 00	" "	12	" "		
				1:00	Spec Mix	2	" "		
5 PM.	99.1	96	26	8:00	" "	4	" "		
					~~April~~ 2	6	" "		
				8 00	Spec mix	8	" "		
				12 00					
					April 2				
7 AM	98.3	72	14	8:00	Spec mix		Lemonade		
				12 00		8	"		
5 PM.	99.4	82	12	1:30	codeine tablets				
				2:00	Spec mix	10	"		
				3:00	codeine tablet "				
				8:00	" "	12	"		
						2	"		
						4	"		
						6	"		
						8	"		
					April 3rd				
				8 00	Spec mix	8:00	Lemonade		
				12 00	" "	10 00	"		
						12 00	"		

Patient Earl Lipstain Carlisle, Pa. March 24 1913 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				9 pm	Digitalis gtts X.				
					Mor. ¼ gr.				
					Strych sulph 1/30 gr.				
					March 30				
7 am	97.4	68	14	9 pm	Sod sal gr XX.				
				~~2 oz~~		10 am	lemonade		
				~~3 oz~~	" "	12	lemonade,		
				12 Mid.	Special Mixture.	2 pm	" "		
				~~3 oz~~		4 pm	" "		
5 pm	98	70	22	6 pm	Codine	6 pm	" "		
				8 pm	Special Mixture	8 pm	" "		
				9:30	Codeine				
				11:30	Hypo,				
					Mar 31				In bed.
7 am	98	70	32	8 oz	Spec mix				
				12 oz	" "	4:30	lemonade		
				2:30	" "	5:30	" "		
5 PM	99	76	18	8 pm	" "	8 pm	" "		
				8:30	Codeine				

Patient Earl Mortator Carlisle, Pa. Mar 26 191 Physician Allen & Fralic

Address Nurse Mary A. Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					Mar-26-13				
				3:w	Sod Sal gr XX				
				6:w	" " " "				
				9:w	" " " "				
				8/10	Power				
					Mar. 27,	8 am	Milk		
7. am	98.1	74	26.	9 am	Sod Sal gr XX	10 am	Egg. orang & lemon juice.		
5 PM.	98.4	68	22.	12 m	" " " "				
				3:w	" " XX				
				6:w	" "				
				9:w	" "				
					Mar-28-13				
7 am	98.2	80	20	9:w	Sod Sal gr XX	8 am	Milk		
5 PM	98	68	18	12:w	" " "	10 am	Egg & orange.		
				3:w	" " "	8 PM	Milk		
				6:w	" " "				
				9:w	" " "				
					mar 29	8 am	Milk		
7 am	98.1	98	24	9 am	Sod Sal gr XX	10 am	" "		
6 PM	98	68	18	12 m	" " " "		" "		
				3:w	" " "				
				6:w	" " "				

Patient Earl Douglas Carlisle, Pa. Mar. 23. 1913 Physician Allen & Frantz

Address Nurse Mary A. Bailey.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 am	98	70	24	9 a	Sol Sol				
1 PM	98.3	68	14	12 a	" "	10 a	milk		
				3 a	" "	3 a	"		
				6 a					
				9 a	" "				
					Mar. 24.				
7 am	98	78	22	9 a	Sol Sol gr XX	10 am	Milk		In bed.
5 PM	98.2	80	28	12 m	" " " "				
				3 p	" " " "				
				6 p	" " " "				
				9 p	" " gr XX.	8 p	milk		
					Mar. 25th.				
7 am	98	68	22	9 a	Sol Sol gr XX	10 a	Milk		In bed.
5 PM	99	98	24	12 m	" " " "	3 p	"		
				3 p	" " " "	8 PM	"		
				6 p	" " " "				
				9 p	" " " "				
					March 26				
7 am	98.1	86	16	9 a	Sol Sol gr. XX.				
5 PM	99	86	20	12 m	" " " "				

Patient Earl Doptator Carlisle, Pa. March 20 1913 Physician Allen & Frakie

Address Nurse Mary A Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7. A.M.	98.3	74	28	9 00	Sod & Sal XX gr.	10 qh	Milk		In bed
5 P.M.	98.3	78	18	12 m	" " " "	2 : w	"		
				3 : w	" " " "	4 : w	"		
				6 : w	" " " "	6 : w	"		
				9 : w	" " " "	8 : w	"		
					March 21st				
7. qh	97.3	84	25	9 m	Sod Sal XX gr	10 qh	Milk		" "
5 P.M.	97.4	66	18	12 m	" " " "				
				3 : w	" "				
				6 : w	" "	2 : w	Milk		
				9 00	" " " "	4 : w	"		
						6 : w	"		
					March 22				
7. qh	98	68	28	9 00	Sod Sal XX gr	5 qh	Milk		
5 PM.	98	88	22	12 00	" " " "	10 qh	"		
				3 : w	" " " "				
				6 : w	" " "				
				9 : w	" " "				

Patient Earl Doctator Carlisle, Pa. March 17 1913 Physician Allen & Fralic

Address Nurse Mary Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
P.m.									
1:00	98½	104	20		Mar-17-13	5:30 P.M.	Soft diet.		In bed
5 P.M.	101	92	22	2:00	Sal & Phen.				
				4:00	" "				
				6:00	" "				
				8 P.M.	" "				
					March 18.				
7 A.M.	100	102	30.	8 A.M.	Sol Sal & Phena	6:30 A.M.	Soft diet.		In bed.
5 P.M.	99.2	100	32.	9 A.M.	Sod Sal XX gr.	10 A.M.	Diet.		
				12 M.	" " " "				
				12 M.	mag Sulp				
				3:00	Sod. Sal				
				6:00	" "				
				9:00	" "				
					Mar. 19.				
7 A.M.	98.2	76	30	9 A.M.	Sod Sal XX gr.	10 A.M.	Milk		In bed.
5 P.M.	100	102	30	12 M.	~~Sod~~ Sal XX gr.				
				3:00	Sod Sal ~~XX~~ gr.	8 P.M.	Milk		
				6:00	" "				
				9:00	" "				

215 - 203

Name. Earl Doxtator Tribe. Cayuga Age. 11

Entered. Dec. 8. 1902 Address. Versailles, N.Y. or Irving N.Y.

Trade. Coachmaking Size of allotment. None

Nature of allotment. —

How much under cultivation? — How much can be cultivated? —

When you leave Carlisle do you expect to return home? Yes — for awhile

What do you expect to do for your livelihood? Trade — Printing

Have you previously worked at farming? Yes

Where? Home How long? Raised on farm

Have you worked at a trade? No What trade?

Where? How long?

Remarks. Changed to Printing Oct. 1906

Date. Feb. 21. 1907