

## DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

5710

NUMBER 2572 3171	ENGLISH NAME Sophie Pleets	AGENCY Standing Rock	NATION Sioux
BAND	INDIAN NAME	HOME ADDRESS John Pleets St. Yatus, N. Dak.	
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 14	HEIGHT 5-6 1/2
FATHER, L	MOTHER, L	WEIGHT 162 1/2	FORCED INSP. 37 1/2
		FORCED EPXR. 34 1/2	SEX. F.
ARRIVED AT SCHOOL 10-14-1910	FOR WHAT PERIOD Five years	DATE DISCHARGED Jan. 8, 1912	CAUSE OF DISCHARGE Failed to return
TO COUNTRY 4-7-'11 12-8-'11	PATRONS NAME AND ADDRESS Helen Foster, Glenolden, Pa. Home on leave	FROM COUNTRY 10-25-'11	

Months in school before Carlisle, ..... 63

Grade entered at College, .....

Grade at discharge, .....

Trade or Industry, .....

Church, Catholic

miles to school

397

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**BRIEF.**

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**Application of**

*John Plebs*

FOR THE ENROLLMENT OF

*Sophia Plebs*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

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NAME OF AGENCY FROM WHICH PUPIL CAME:

*Standing Rock Indian School N.D.*

Date of enrollment, *August 27*, 19*16*

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

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# Application for Enrollment in a Non-reservation School.

(For a child enrolled at an Agency)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle Indian School

of Sophia Plebs (Name of Child); female (Sex); date of birth June 5-1896  
Siox (Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>John Plebs</u>	<u>Living</u>	<u>Siox</u>	<u>Goose</u>	<u>1/2</u>
NAME OF MOTHER				
<u>Mary Plebs</u>	<u>Living</u>	<u>do</u>	<u>Goose</u>	<u>Full</u>

I, John Plebs, do hereby voluntarily consent and agree to enrollment in said school for a period of five years, and also obligate myself to abide by all the rules and regulations for Indian Schools.  
(Not less than 3)

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
1.				
2.				
3.				
4.				

John Plebs  
(Parent, guardian, or next of kin)

P. O. address: Fort Yates  
North Dakota

Two Witnesses:

Georgia A. Morrison  
W. Parker

## 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 27 day of August, 1910.

Henry E. Goodrich

Physician at Nanding rock 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 John Platts  
(Parent, guardian, or next of kin.)  
was voluntary, and I recommend the transfer of said child.

This 27 day of August, 1910.

W. L. Baker

Agent or Superintendent.

## SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.



## INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them is living, and if neither of them is living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, that hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case.

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



# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Pleets Sophia* DATE *10/17* 19 *10*

AGE *14* YEARS { NEW STUDENT. TRIBE *Souix* STATE *N.D.*

DEGREE OF INDIAN BLOOD *3/4*

INSPECTION *Well developed*

*Scar on left side of chest*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE *Normal*

{ RESP. MURMUR *Normal*

HEART SOUNDS *Good*

MENSURATION { INSP. *37 1/2*

{ EXP. *34 1/2* RESPIRATION *18* PULSE *72*

TEMPERATURE *98.4* degs. HEIGHT *5* FT. *6 1/2* IN. WEIGHT *162 1/2* LBS.

VISION *50* VACCINATION *Good scar*

MENSTRUATION *Normal*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>well</i>		
MOTHER	<i>"</i>	<i>"</i>		
BROTHERS {	<i>2</i>	<i>2</i>	<i>good</i>	
SISTERS {	<i>5</i>	<i>4</i>	<i>good</i>	<i>1 Pneumonia</i>

PERSONAL HISTORY:

*Has had several abdominal attacks of pain which sound like*  
REMARKS: *appendicitis*



HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

NAME Sophia Pleets Sex ☒ Male ☐ Female.

Tribes { Full } Siou State N. Dak. August 27, 1910

Age fourteen years Respiration 18 Condition of, Eyes normal

Height 5 ft. 7 ins. Ears normal

Weight \_\_\_\_\_ lbs. Mensuration { Insp. 35 Exp. 32 1/2 Throat normal

Temperature 98 Vaccination yes Cervical glands normal

Pulse 72 Vision Slight myopia Skin normal

Inspection normal

Palpation normal

Percussion normal

Auscultation normal

Heart normal

(Menstruation) yes

#### FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>Good</u>		
Mother	<u>yes</u>	<u>Good</u>		
Brothers	<u>yes</u>	<u>Good</u>		
	<u>yes</u>	<u>Good</u>		
Sisters	<u>yes</u>		<u>yes</u>	<u>Pneumonia</u>
	<u>yes</u>			

Personal history nothing unusual

Present condition Good

Henry E. Goodrich, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

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



Age \_\_\_\_\_ Sex  $\begin{cases} \text{Male.} \\ \text{Female.} \end{cases}$  Tribe  $\begin{cases} \text{Full} \\ \text{1/} \end{cases}$  \_\_\_\_\_ Residence \_\_\_\_\_  
(On \_\_\_\_\_, 19\_\_\_\_)

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REPORT OF Sophia Pleets pupil of Carlisle Indian  
School, who went April 1911 to live with Mrs. Helen M. Foster  
(Date) (Patron)  
of Glensden, Lebanon  
(Post Office) (County)  
Pennsylvania Glensden Railroad Station  
(State)  
Conduct Fair - Ren-good  
Health Excellent  
Ability Fair  
Cleanliness Fair  
Economy "  
Situation of Room 2 m. from  
Condition of Room Fair  
Condition of Clothing "  
Wages 5 mic. 4-6  
Are careful accounts kept by patron? Yes  
Are careful accounts kept by pupil? No  
Number of days at school  
Distance to school  
Grade or quality of school  
Name and address of teacher  
Qualifications of teacher  
In what grade was pupil at Carlisle? 6th  
In what grade is pupil at present? "  
Attends what church and Sunday school? Cath.  
Distance to church 1 mi.  
Is there a Catholic church in locality? Yes - 1 mi.  
Who compose patron's family? Mrs. J. Foster Foster + Aunt  
What other help is employed? Wash woman  
Locality of home Low  
Home life and environments Fair  
Trade at school  
Nature of work Ren-house work  
Pupil's age 18 Experience 2 mo.



Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

New patron first-grade, home in  
suburbs of Cincinnati plenty of shade.  
Says S. is slow but steady & is im-  
proving in her work. She has seen  
Antonia lately recently - she found  
a little written by Sophia to "Red  
Eagle" Bee (and her name) in which  
she told him she was going to run-  
away. Patient was very much worried  
about her. Sophia acknowledges the  
writing but says she has  
no thought of doing so.

Patient is a woman of poor judg-  
ment - I do not believe she will  
prove to be a woman suitable  
to train our girls.

William V. Earhart  
Field Agent.

Jan 9 - 1911.

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REPORT OF Sophie Pleets pupil of Carlisle Indian  
 School, who went April 7 to live with Mrs. Foster of Glenolden.  
(Date) (Patron)  
 of after Aug. 8, of Sharon Hill, Dela -  
(Post Office) (County)  
Pa., Sharon Hill Railroad Station  
(State)

Conduct Ex -

Health Ex -

Ability Ex -

Cleanliness Ex -

Economy V. good -

Situation of Room 2nd floor -

Condition of Room V. good -

Condition of Clothing V. good -

Wages \$ 7.00 per month -

Are careful accounts kept by patron? yes -

Are careful accounts kept by pupil? yes -

Number of days at school for summer only -

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle?

In what grade is pupil at present?

Attends what church and Sunday school? Catholic -

Distance to church 1 mile -

Is there a Catholic church in locality? yes -

Who compose patron's family? Patron, sister and father & son -

What other help is employed? Washwoman -

Locality of home In village -

Home life and environments Pleasant -

Trade at school

Nature of work Housework -

Pupil's age 17-19 Experience not any -



Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

Sophie says Mary Pleets- who is with Mrs. Gayley of Park Place, Chester Pa. is very unhappy and would like to be transferred to Mrs. Campbell of Glenolden.

Department of the Interior.

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

6-3305

✓  
1593

Mahto So. Dak Jan. 12, 1914

Name Miss Sophia Plute, & Mrs. Sophie Whitesel

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

Tribe SiouxPresent Address Mahto So. DakFormer Address Fort Yates, N.D. Dak

(Address from which we heard from you last.)

Present Occupation

Remarks:



Norris, S.D., Sept. 2, 1911.

Miss Sophia Plets,  
Carlisle, Pa.,

My dear Friend,

I shall now write you  
a short letter and let  
you know that I am well  
and hope you are the  
same. It was certainly  
a lonesome summer for  
me without you around  
and I am planning to  
come back about the first  
of October and then we will  
again have some time.  
I was at Alliance, Nebr.,  
for sometime and when I  
came home I receive a  
letter which you wrote  
some time back early  
in the Spring but I

<sup>2</sup> Don't remember as having answered that letter but today as I am home doing nothing I thought I would write you this letter to renew the friendship so long being dear to me and you will find that when in the future we unite as one you will realize the wish that I was trying to fulfill.

Oh! it's only yesterday to me since I last saw you but when thoughts that are dear and never change you are the feature sunlight and as I sat here alone writing and thinking I was in an imagination as being at Carlisle talking to you over a reception table. Now I shall now take a chance with my letter and say anything out of the ordinary as I am afraid this letter will not reach you in a safe manner, but, however I am giving you an assurance of my love to you. You don't know how much I love you and every single



3) day that has past since  
I came home yours to  
be is my only wish  
and I regret to think  
that to leave Carlisle  
and become ~~one~~ in two  
is slow a coming and  
I wish that time would  
~~soon come~~ Well when

you get this letter write to  
me and tell me what you  
know and saw, and also  
what's coming.

When is the opening of  
school?

Are you still out?

I am going to try  
and come with one of

4) sisters but they don't like  
to leave home.

I want to know where  
Flora is now. close my

I shall now writing  
by sending you my best  
regards and love to you.

From yours only

E. E. Bear

Worcester,

S. W. Ark.

P.S. - Is Benedict still  
in "gray pen"? and also  
"Bill" Brown.



Edward & Son  
Norris, S.D.



1911  
S. DAK.

Miss Sophia Fleets,  
Sharon Hill  
~~Carlisle~~

#33 Coates St.  
~~W. B. Indian School~~ Pa.



NAME.

Sophie Pleets

TRIBE.

Sioux

PARENT OR GUARDIAN.

John Pleets

DATE ENROLLED.

Oct. 14, 1910

TERM.

Five years

AGE.

14

HOME ADDRESS

St. Yates, N. Dak.

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. '11  
July '115  
6g.  
g.v.g.  
v.g.gen.  
work

M.

G.

Poor v.g.



PRESENT NAME

Mrs. Sophie Whitesel

Self Mahto, S.D. not given

1593

Carlisle, Pa. September 16th, 1913

Sophia Pteets,

Fort Yates, N. Dak.

Dear madam:

There is herewith enclosed check for \$14.45 closing your account. Please sign the face of check before presenting for payment.

Your friend,

S/E

Superintendent.



# OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.D.

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Name of Student *Sophie Pleet*

Home Address *Jno. Pleet, H. Yates,*

Tribe *Sioux*

Age at Entrance *14* Date of Entrance *10-14-'10*

Shop

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	

Patron *Mrs. Helen Foster*

Locality

Days in School

Address *Glenolden, Pa.*

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing *4-7-'11*

Date Returned *10-25-'11* Wages

Earnings

<i>4</i>	<i>4</i>	<i>4</i>										
<i>"</i>	<i>"</i>	<i>"</i>										
<i>"</i>	<i>"</i>	<i>"</i>										
<i>5.00</i>	<i>5.</i>	<i>4.50</i>										

<i>4</i>	<i>4</i>	<i>7</i>
<i>"</i>	<i>"</i>	<i>7</i>
<i>"</i>	<i>"</i>	<i>4</i>
<i>5.25</i>	<i>7.</i>	

## OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL



# Carlisle Indian School Hospital.

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Name

Sophie Plets.

Age

Sec.

Diagnosis

Admitted

Discharged

Oct 27-11

Days in Infirmary

Result

Her Trickey  
Resident Physician

(OVER)

## TREATMENT.

Aug 20<sup>th</sup> 1878

## DIET.

Quill +  
Egg  
Milk.

[illegible]



Nov. 28

The increase in weight in this case since Nov. 22 is remarkable. There has been almost a complete cessation of discharge from the gland, and the gland itself has greatly reduced in size.

Dec. 8.

Gland stopped discharging, reduced in size to about as large as a hazel nut. Patient has gained  $18\frac{1}{2}$  lbs. weighing today when she started for home 155 lbs. A specialist of Phila. told her early in October that this climate would not agree with her and that the best thing for her to do would be to go home as soon as she could.

# 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 Helen M Foster

Pupil's name Sophie Platts

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? No

Give the pupil's weight 150 lb.

Has the pupil any trouble with the eyes? No

Are the eyelids inflamed? No

Remarks: \_\_\_\_\_

Sig. Helen M Foster



# 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 Mr H. Foster, Glenolden, Pa.

Pupil's name Sophia Pleets

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 152 lb

Has the pupil any trouble with the eyes? No

Are the eyelids inflamed? —

Remarks: —

Sig. Helen M. Foster

# 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 *Mr Helen M. Foster, Glenolden, Pa*

Pupil's name *Miss Sophia Fleck.*

General health of the pupil *(Has sick few days) Well now.*

Has pupil been ill the past two months? *See above.*

Name of disease *Nervous indigestion*

Name and address of the physician in attendance *Dr Loughlin, Cor Monahan Ave and Leister Ave. + Dr H Norford, Arch St. bet 15th St. Philadelphia. Pa.*

Does the pupil have a cough? *No*

For how long has he had it? *—*

Give the pupil's weight *One hundred and fifty pounds*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No.*

Remarks:

*Helen M. Foster*

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911.

TRIBE Sioux

FULL. ONE

NAME G. Sophia Peets

AGE .....

DIAGNOSIS Lymphatic Tuberculosis

ADMITTED Oct. 27

DISCHARGED Dec. 8.

RESULT marked improvement

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Allen

Chas. E. Drubly

REMARKS:

See special notes on use of Old Tuberculin  
in this case.  
C. E. Drubly



## DIAGNOSIS

### Notes of Case

Age 15 S.M.W.

Occupation Student

Residence Indian School

Barlisle, Pa.

*Date of admission.*

## Diet

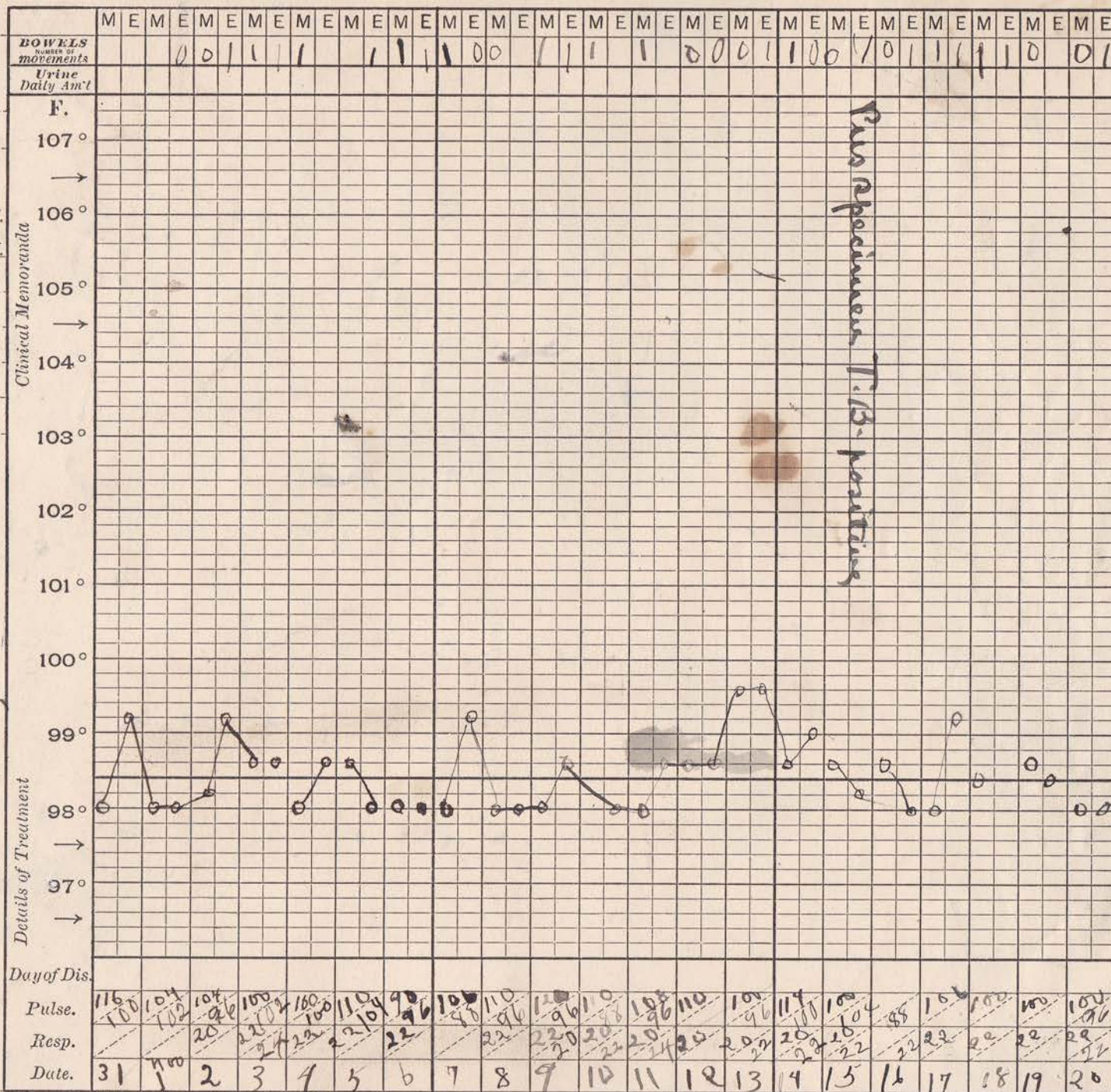
Extra eggs  
+ milk.

### Treatment

200 lbs of Iron  
Ties.

### Result

Oct.



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

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



## DIAGNOSIS

### Notes of Case

Age 7 S.M.W.

Nativity Living oh you

Occupation Student

Residence Cyprus

Date of admission.....

Diet *Free*

Extra milk & eggs

### Treatment

Syr. iodide Iron  
T. I. Q.

*Result* \_\_\_\_\_

[illegible]



Patient Sophia Fleet Carlisle, Pa., Dec 5 1911 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8.00	98	80	20	8.00	Syr 9 and 12 on	6:30	Full diet.		
				12.00	" " "	10.00	milk		
4.00	97.2	82				3.00	"		
						5.30	Full diet		
						9.00	Milk $\frac{3}{4}$ #11		
					Dec 6				
7.00	98.6	100				6.30	Full diet		
				8.00	Syr. Iodide of Iron	10.00	milk $\frac{3}{4}$ #11		
				4.00	" " "	12.00	Full diet		
						3.00	Milk $\frac{3}{4}$ #11		
						5.30	Full diet		
						7.00	Milk $\frac{3}{4}$ #11		
					Dec. 7				
2.00	99	100				6.30	Full diet		
				8.00	Syr. Iodide of Iron	10.00	milk $\frac{3}{4}$ #11		
					<del>Thy. Iodine</del>	12.00	Full diet		
4.00	99.2	96		12.00	" " "	3.00	Milk $\frac{3}{4}$ #11		
				4.00	" " "	5.30	Full diet		



Patient Sophia Pleets Carlisle, Pa., December 1, 1911 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98	96	24	12:00	Syr. Iod. Iron.	3:00	milk.		
				4:00	" " "	5:30	Full diet.		
					Dec 2				
8:00	98	88	20	8:00	" " "	6:30	" "		
4:00	99 <sup>1</sup> / <sub>2</sub>	96	24	12:00	" " "	10:00	Egg nog.		
				4:00	" " "	3:00	" "		
					Dec 3.	5:30	Full diet		
8:00	98	80	20	8:00	" " "	6:30	" "		
				12:00	" " "	10:00	Egg nog.		
				4:00	" " "	12:00	Full diet		
						3:00	Egg nog.		
				8:00	Syr Iod Iron	5:30	Full diet.		
						9:00	Egg nog		
					Dec. 4.				
8:00	98	92	20	8:00	Syr Iod. Iron.	6:30	Full diet.		
				12:00	" " "	10:00	Egg nog.		
						12:00	Full diet		
4:00	98.2	90	20	4:00	" " "	3:00	milk $\frac{3}{4}$ VII		
						9:00	" "		

Patient Sophie Pleets Carlisle, Pa., Nov. 27 191 1 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98			12:00	Syr. Iod. Iron.	3:00	egg nog.		no clock or watch to take pulse.
				4:00	" " "	9:00	" "		
Nov 28									
8:00	98			8:00	Syr Iod. Iron	6:30	Full diet		no time piece to take pulse.
4:00	98			12:00	" "	10:00	Egg nog.		
				4:00	" "	3:00	" "		
Nov. 29									
				8:00	Syr Iod. Iron	6:00	Full diet		
8:00	98	80		12:00	" " "	10:00	Egg nog.		
4:00	98	98	24	4:00	" " "	12:00	Full diet.		
						3:00	milk.		
						5:30	Full diet		
Nov 30									
8:00	98	80	20	8:00	Syr Iod. Iron	6:30	Full diet		
4:00	98	80	22	12:00	" "	3:00		3:00	wouldnt take nourishment.
				4:00	" "				
Dec 1									
8:00	98	80	20	8:00	" "	6:30	Full diet		
						10:00	milk		



Patient Saphia Pleets Carlisle Pa 11/24 1911 Physician \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ Nurse \_\_\_\_\_

H	T	P	R	H	Medicine	H	Nourishment	H	R	Remarks
8:00	99	86	20	8:00	Syr Iodide Iron	6:30	Full diet			
4:00	99 <sup>2</sup>	88	22	12:00	" " "	10:00	Egg nog.			
				4:00	" " "	3:00	" "			
						5:30	Full diet			
					Nov 25	9:00	Egg nog.			
8:00	98	84	20	8:00	Syr Iod Iron.	6:30	Full diet.			
4:00	Absent			12:00	" " "	10:00	Absent			
				1:30	" " "	3:00	"			
					Nov 26	5:30	Full diet			
						9:00	milk.			
8:00	98	82	20	8:00	Syr Iod Iron	6:30	Full diet			
				12:00	" " "	12:00	Egg nog.			
4:00	98.6	82	20	4:00	" " "	3:00	" "			
						5:30	Full diet			
					Nov. 27					
8:00	98	80	20	8:00	Syr Iod. Iron	6:30	Full diet			
						10:00	milk			



Patient Sophia Pleis Carlisle, Pa., Nov 20 1911 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	100	22	8:00	Syr Iod. Iron	6:30	Full diet		
						10:00	milk		
						12:00	Full diet		
						3:30	" "		
						9:00	milk		
					Nov 21				
7:30	98	88	20	8:00	Syr Iod. Iron.	6:30	Full diet		
4:00	98	96	20	12:00	" "	3:00	milk.		
				4:00	" "	9:00	egg nog.		
					Nov. 22.	6:30	Free diet		
8:00	98	80	22	8:00	Syr Iod. Iron.	10:00	Egg nog.		
4:00	98 <sup>6</sup>	96	24	12:00	" "	3:00	" "		
				4:00	" "	5:30	Free diet		
					Nov 23	9:00	Egg nog.		
8:00	98	82	20	8:00	Syr Iod. Iron	6:30	Free diet		
4:00	98	96	22	12:00	" "	10:00	Egg nog.		
				1:00	" "	9:00	" "		

Patient Sophia Fleete Carlisle, Pa., Nov 16 1911 Physician \_\_\_\_\_

Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98	88	22	12:00	Syr. Iod. of iron	12:00	Full diet		
				4:00	" " "	5:30	" "		
					Nov 17				
7:00	98	106	22	8:00	Syr Iodide Iron	6:30	" "		
4:00	99 <sup>2</sup>	100	22	12:00	" "	10:00	Egg nog		
				4:00	" "	12:00	Full diet		
						3:00	Egg nog		
						5:30	Full diet		
					Nov 18				
7:00	98.4	100	22	8:00	Syr. Iodide Iron	6:30	" "		
4:00	99	88	22	12:00	" " "	10:00	egg nog		
				4:00	" " "	12:00	Full diet		
						3:00	egg nog		
						5:30	Full diet		
					Nov 19	12:00	" "		
7:00	98.6	100	22	8:00	Syr Iodide Iron	6:30	" "		
				12	" "	8:00	milk		
				4:00	" "	5:30	Full diet		



Patient Sophia Pleets Carlisle, Pa., Nov. 13 19 11 Physician \_\_\_\_\_

Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
11:00	99 <sup>6</sup>	96	22	4:00	Syr. of Iodide	3:00	egg nog.		
						5:30	Full diet		
						9:00	egg nog.		
Nov. 14									
7:00	98 <sup>6</sup>	104	20	8:00	Syr. of Iodide Iron	6:30	Full diet		
4:00	99	100	22	12:00	" " "	10:00	Egg nog	9:00	
				4:00	" " "	12:00	full diet		
						3:00	egg nog.		
						5:30	Full diet		
						9:00	Egg nog.		
Nov. 15									
7:00	98 <sup>6</sup>	100	20	8:00	Syr Iodide Iron.	6:30	Full diet		
4:00	98 <sup>2</sup>	104	22	12:00	" "	10:00	Egg nog		
				4:00	" "	12:00	full diet		
						3:00	egg nog.		
						6:30	Full diet		
Nov. 16									
7:00	98 <sup>6</sup>	90	20	8:00	Syr Iodide Iron	6:30	" "		
						10:00	Egg nog		



Address.....Nurse.....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98	88	22	12:00	Syr of Iod.	3:00	milk		
					" " "	5:30	Full diet		
					Nov 11				
7:00	98	108	20	8:00	Syr of Iodide	6:30			
4:00	98.5	96	24		mix Vanilla	1:00	milk		
				12:00	Syr. of Iod.	12:00	Full diet		
				4:00	" " "	3:00	egg nog.		
						5:30	Full diet		
						9:00	milk		
					Nov 12				
7:00	98.6	110	20	8:00	Syr Iodide	7:00	Full diet		
4:00	98.5	100	20	12:00	" " "	12:00	" "		
				11:00	" " "	3:00	egg nog		
						5:30	" "		
						9:00	milk		
					Nov 13				
7:00	99.6	100	20	8:00	Syrup Iodide	6:30	Full diet		
						10:00	Egg nog		
						12:00	Full diet		



Case No.

## DIAGNOSIS

*Revise*

### Notes of Case

Name Sophia Fleet M.F.

Age \_\_\_\_\_ S.M.W.

*Nativity.*

Occupation.

*Residence.*

Date of admission Oct. 27-11

### Diet

Full.

### Treatment

Full.

milk and eggs extra

Sgt. Jerry Jodice m 7 2 18

Balcony

### Result

[illegible]

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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..... WARD..... CHIEF.....

### URINE EXAMINATIONS.

DATE.	AMOUNT IN 24 HOURS.	SP. GR.	REACTION.	SEDIMENT.	ALBUMIN.	SUGAR.	SPECIAL.	MICROSCOPICAL.

### 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.