

4

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Rowland Lizzie* DATE *Dec 19 08*

AGE *8* YEARS } NEW } STUDENT. TRIBE *Cheyenne* STATE *Mont.*  
RETURNED }

DEGREE OF INDIAN BLOOD.....

INSPECTION *Fair development. Expansion slightly greater on right side.*

PALPATION *Tactile fremitus increased slightly left side.*

PERCUSSION *Dullness over left lobe*

AUSCULTATION { RESONANCE.....  
RESP. MURMUR *Fine crackling rales all over left lung.*

HEART SOUNDS.....  
MENSURATION { INSP. *25 1/4*  
EXP. *22 1/2* RESPIRATION..... PULSE.....

TEMPERATURE..... degs. HEIGHT..... FT..... IN. WEIGHT..... LBS.

VISION..... VACCINATION *1/20/09*

MENSTRUATION *Not established.*

FAMILY HISTORY:

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

PERSONAL HISTORY: *Convalescent from measles (in bed) Has cough*

REMARKS:

*Active Reaction - poor*



5729 Dead

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2113	ENGLISH NAME Lizzie Rowland	AGENCY Torque River	NATION Cheyenne
BAND Northern	INDIAN NAME	HOME ADDRESS Father: Zack Rowland, Lame Deer, Mont.	
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT
FATHER: L	MOTHER: D	1/4	7
		4'-1/2"	49 1/2
			SEX: F
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Feb 28 1907	5 years	Feb. 3, 1909	Consumption
TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY	

THE SHAW-WALKER CO., MADISON-CHICAGO 33877

Months in school before Carlisle,.....

Grade entered at Carlisle,..... 1st.....

Grade at date of Discharge,..... 1st.....

Trade or Industry,..... Sch. all day.....

Church,..... Cath.....

Brought by Supt & Mrs Eddy.

Has whooping cough  
Dr. F.S.

---

---

**CONSENT OF**

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

For the term of.....years.

---

Name of agency or place from which pupil came:

Date of enrollment,....., 190.....

Date of discharge,....., 190.....

Cause of discharge,.....



APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Lizzie Rowland Indian name is \_\_\_\_\_  
 Name of father, Jack Rowland  
 Name of mother, Julia Rowland Tribe, Northern Chey  
 Reservation, Tongue River Degree of Indian blood of child, half  
 Is either parent white, if so, which? half Are either or both allotted? none  
 On what reservation? none Age of child, 7 What  
 reservation school attended? none How long? \_\_\_\_\_  
 If ever enrolled in a nonreservation school, name of school, \_\_\_\_\_  
 When? \_\_\_\_\_ How long? \_\_\_\_\_ If ever  
 dismissed from a school, where, \_\_\_\_\_; when, \_\_\_\_\_  
 and for what reason? \_\_\_\_\_

(Signed.) Jack Rowland

NOTE.—The above blank is to be signed by the child, if old enough to understand its import; if not, by the parent, guardian, or other person cognizant of the facts.

CONSENT BLANK.

I, Jack Rowland, parent, guardian, or next of kin of the above-named child, Lizzie Rowland, do hereby consent to her transfer or enrollment for a period of 5 years (not less than three years) in the Indian school at Basin Pa Dated at Tongue River Agency Mont on the twenty day of Feb, 1907

(Signed.) Jack Rowland  
 (Parent, guardian, or next of kin)

Witness Elmer Little

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Lizzie Rowland, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Basin Montana on the 20<sup>th</sup> day of Feb, 1907

(Signed.) B. B. Kelly M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named Lizzie Rowland are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) J. H. Eddy  
 U. S. Indian Agent or Superintendent.