

5731

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3924	ENGLISH NAME Maxie Luce	AGENCY No Agency	NATION Digger
BAND	INDIAN NAME	HOME ADDRESS Bob Luce - ^(Fath) Shingle Springs, Cal	
PARENTS LIVING OR DEAD		BLOOD Full	AGE 18
FATHER, living	MOTHER, dead	HEIGHT	WEIGHT
ARRIVED AT SCHOOL Nov. 15, 1907	FOR WHAT PERIOD Three years	DATE DISCHARGED July 12, 1910	CAUSE OF DISCHARGE Time out.
TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY	
4-7-'08	Albert E. Slack, Taylorville, R.F.D. Pa.	8-29-'08	
4-29-'09	Chas. Drons, Robbinsville, N.J.	8-28-'09	
5-11-'10	David Reed, Bristol, Pa.	6-4-'10	
6-4-'10	H. Messinger, Nazareth, Pa.	7-12-'10	

THE SHAW-WALKER CO., MURKIN-EGON-CHICAGO 33677

Months in school before Carlisle,

Grade entered at Carlisle, 6th

Grade at date of Discharge, 7

Trade or Industry, Plumbing

Church, Cath.

Miles to sch.

Readmitted 131 **CARLISLE INDIAN INDUSTRIAL SCHOOL**
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>4683</i> <i>6482</i>		ENGLISH NAME <i>Maxie Bruce</i>			AGENCY		NATION <i>Digger</i>	
BAND		INDIAN NAME			HOME ADDRESS			
PARENTS LIVING OR DEAD		BLOOD <i>Gull</i>	AGE <i>22</i>	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX. <i>M</i>
FATHER,		MOTHER,		ARRIVED AT SCHOOL <i>Nov. 22, 1911</i>		FOR WHAT PERIOD <i>1/2 year</i>		DATE DISCHARGED <i>5-11-12</i>
								CAUSE OF DISCHARGE <i>Dismiss</i>
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY	

THE SHAW-WALKER CO., HURKON 121071

Months in school before Carlisle,

Trade entered at Carlisle,

Trade at date of Discharge,

Trade or Industry,

Church,

Name Luce, Maxie 5731 Age 21 Deg. Ind. blood full

Address Shing~~e~~ Springs, Calif.

Information from Carlisle, Date June 6, 1910

State Calif Agency no Agency, Tribe Digger

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

1. Plumbing & steam fitting^{2.}

3. 4.

Remarks:

at Carlisle (self supporting)

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BRIEF.

Application of

Mapie Zuce

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, *Nov. 21st*, 191*1*.

Term of enrollment, *1/2* (*1/2*) 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, Pa., of Mapie Tuce, M., I, Mapie Tuce of Carlisle P. O., State of Penn., do hereby voluntarily consent and agree to my enrollment in said school for a period of 1/2 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 _____ on 1889; that the father, _____ a _____ Indian of the _____ Tribe located at _____ Agency; that he left the tribe about _____; that the mother, _____ a _____ Indian of the _____ Tribe located at _____ Agency, and left the tribe about _____; 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.

This 21st day of Nov., 1911.
 Two witnesses:
Harvey K. Meyer _____
Mapie Tuce _____
 (Parent, guardian, or next of kin.)
 P. O., Carlisle, Pa.

(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 _____, 1911.

(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 _____, of _____
(Business, calling, or profession.)

_____, do hereby certify that I am personally acquainted with

_____ who makes the foregoing application; that I believe his state-

ments therein are true; that I am acquainted with _____; 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 _____ of _____
(Business, calling, or profession.)

_____, do hereby certify that I am personally acquainted with

_____, who makes the foregoing application; that I believe his state-

ments therein are true; that I am acquainted with _____; 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 fore-
going 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 non-reservation 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.



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BRIEF.

APPLICATION OF

Maxie Luce

FOR THE ENROLLMENT OF

Himself

IN THE INDIAN SCHOOL AT

CARLISLE, PENNSYLVANIA

~~NAME OF AGENCY FROM WHICH PUPIL CAME:~~

No Agency here

Date of enrollment, *Sept. 22*, 190*7*

Term of enrollment, (*3*) years.

NAME OF COLLECTING AGENT:

Position, ~~XXXXXXXXXX~~

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, Penn.

of Maxie Luce ; Male ; date of birth March 31, 1889 ;
(Name of child.) (Sex)
Digger
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD.
<u>Bob Luce</u>	<u>Living</u>	<u>Digger</u>		<u>Full</u>
<small>NAME OF MOTHER.</small>				
<u>Mary Luce</u>	<u>Dead</u>	<u>Digger</u>		<u>Full</u>

I, Bob Luce, do hereby voluntarily consent and agree to his
(Parent, guardian, or next of kin.)

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>Nashville Public School -</u>				<u>2</u>
2.				
3. <u>Stew Carson Indian School</u>	<u>3 years</u>			<u>7th</u>
4. <u>Term of enrollment has expired -</u>				

Bob Luce -
(Parent, guardian, or next of kin.) Per. J. M. C.

P. O. address: Shingle Springs
California

Two witnesses:
Sue Cullen

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 24th day of Sept., 1907

H. W. Strader M.D.

Physician at Sacramento Agency, Cal.

CERTIFICATE OF AGENT OR BONDED 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 _____

(Parent, guardian, or next of kin.)

was voluntary, and I recommend the transfer of the said child.

This _____ day of _____, 190

This young man belongs to no school

Agent or Superintendent.

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 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.

Maxie Luce has only a stepfather who takes no authority over him. He acts entirely for himself. We would like to have him at Stewart for another 3 years, but he wants to come to Carlisle. He is a fine boy and we wish him to do what is best for him.
Jue M. Cullen

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.)

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.

Through a letter we learn of the death on the 22nd of February at his home in Elks Grove, Cal., of Maxie Luce, a former Carlisle student. A13

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Luce, Mayie* DATE *12/3* 1908AGE *19* YEARS { NEW RETURNED } STUDENT. TRIBE *Digger* STATE *Calif.*

DEGREE OF INDIAN BLOOD

INSPECTION *Good development.*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE
RESP. MURMUR *Normal*HEART SOUNDS *Normal*MENSURATION { INSP. *37*
EXP. *32* RESPIRATION *24* PULSE *86*TEMPERATURE *98* degs. HEIGHT *5* FT. *7 1/2* IN. WEIGHT *142 1/4* LBS.VISION *10/10* VACCINATION *good - 11/23/08*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER			<i>yes</i>	<i>Consumption</i>
BROTHERS {			<i>1</i>	<i>wound Abscess, following</i>
SISTERS {			<i>1</i>	<i>?</i>

PERSONAL HISTORY: *Good health for past year.*

REMARKS:

HOSPITAL RECORD

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

April 20, 1909
May 10 1910

good
good

3808

NAME Marie Luce

Sex Male. Female.

Tribes ^{Full} Ligge State California Apr 3, 1912.

Age 24 years Respiration _____ Condition of, Eyes Good

Height 5 ft. 7 1/2 ins. Mensuration { Insp. 37 Ears Good

Weight 128 1/2 lbs. { Exp. 34 Throat Laryngitis

Temperature _____ Vaccination Yes Cervical glands not enlarged

Pulse _____ Vision Good Skin good condition

Inspection Expansion impaired

Palpation Dactyls femoris is increased on L side

Percussion Dullness over left lung at apex.

Rt lung somewhat tympanitic

Auscultation Moist Rales on Left side. Bronchial

breathing

Heart normal

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>4</u>		<u>yes.</u>	<u>Demility</u>
Mother	<u>5</u>		<u>yes.</u>	<u>Unknown. not Y.B.</u>
Brothers	<u>0</u>		<u>one</u>	<u>accidental death</u>
Sisters	<u>0</u>		<u>one</u>	<u>Infancy.</u>

Personal history Typhoid Fever, Measles, Mumps.

Present condition Weight is decreasing slightly, appetite good. Some cough at night. English Signature

A. B. Fisher, 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.

Elk Grove, Cal.
Mar 1st '13.

Carlisle Students.

This is to inform you of Mr. Maxie Luce's death of the 22nd inst. of Feby.

He was a beloved young man, of all his folks and all who know him.

He always spoke so well of Carlisle and so that you would be interested and would like to know.

He leaves to mourn his loss an aged Aunt and Cousin of Mrs. M. J. Roberts, of where he passed away. He was well

during his
sickness.

He was 25 years
11 mo. 25 days.

Respectively

Mrs. M. J. Roberts
Elk Grove
Cal.

P. F. D. by 60.

March 11, 1913.

Mrs. M. J. Roberts,

Elk Grove, Cal.

R. F. D. Box 60.

Dear Friend:

I wish to thank you for the information contained in your letter of the 1st inst. I am sorry to learn of Maxie's death. His record was good here and the school is always proud of its good pupils. I am glad to know that he had good care while with you. Again thanking you, I am

Yours very truly,

Superintendent.

LaF/GIL

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Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

May 31 1911.

NAME Marie Luce

1. Are you married and if so to whom? No - I am not married

2. What is your present address? Carlisle, Pa.

3. Did you attend or graduate from any other schools after leaving Carlisle? No Give names of schools and dates if possible

4. What is your present occupation? Plumbing and steam fitting

5. Tell something of your present home

6. What property in the way of land, stock, buildings, or money do you have? I have no land, stock, or building; and the amount of money I have is not a great sum

7. Have you been in the Indian Service? In what positions? How long in each? No - I have not been in no Indian Service.

8. What other positions have you held since leaving Carlisle?

Home

9. Tell me anything else of interest connected with your life:

Weekly Report Blank—Boys



Fort Lapwai Sanatorium
Fort Lapwai, Idaho

Name *Max Luce*

Report Week Ending *Oct 26 - 1912*

CREDITS	<i>Max met in bed</i>	DEMERITS
Obedience to requests of physician		
Moral conduct	<i>after all acute attack of</i>	
Manly conduct and gentlemanly manners	<i>pleurisy, but</i>	
Cleanliness of person	<i>slightly improved.</i>	
Neatness in dress		
General observance of sanitary laws and sanitary regulations		
Exercise		

School report

Progress in health *see above*

John Wally Physician

Weekly Report Blank—Boys



Fort Lapwai Sanitorium
Fort Lapwai, Idaho

Name *Max Luce*

Report Week Ending *October 19th 1914*

CREDITS		DEMERITS
.....	Obedience to requests of physician <i>Max has during the week had an acute</i>	
.....	Moral conduct <i>attack of pleurisy, but is</i>	
.....	Manly conduct and gentlemanly manners <i>improving, and is</i>	
.....	Cleanliness of person <i>his fine, good patient</i>	
.....	Neatness in dress <i>self. We are very fond of</i>	
.....	General observance of sanitary laws and sanitary regulations. <i>Max. He has a</i>	
.....	Exercise <i>generally good influence on</i>	

School report *✓*

Progress in health *See above*

John Willey Physician

Weekly Report Blank

First Honor
F.L.S.

Distinguished
F.L.S.

Fort Lapwai Sanitorium
Fort Lapwai, Idaho

Name *Mrs. Linn*

Report Week Ending *October 12, 1912*

CREDITS		DEMERITS
<i>99 1/2</i>	Obedience to requests of physician	
<i>100 0/10</i>	Moral conduct	
<i>98 1/2</i>	Manly conduct and gentlemanly manners	
<i>100 0/10</i>	Cleanliness of person	
<i>99 1/2</i>	Neatness in dress	
<i>98 1/2</i>	General observance of sanitary laws and sanitary regulations	
<i>100 0/10</i>	Exercise	

School report *Not attending*

Progress in health *decreased*

John H. Alley Physician

Weekly Report Blank — Boys

Name Max Lee

Report Week Ending November 23



Lapwai Sanitorium
at Lapwai, Idaho

CREDITS		DEMERITS
.....	Obedience to requests of physician <u>Max unprovoked</u>
.....	Moral conduct <u>to extent of being able</u>
.....	Manly conduct and gentlemanly manners <u>to be up at intervals</u>
.....	Cleanliness of person <u>during the day.</u>
.....	Neatness in dress
.....	General observance of sanitary laws and sanitary regulations
.....	Exercise

School report See above.

Progress in health See above.

John Willey, Physician

NAME.

Luce, Maxie.

65-3
TRIBE.

Digger.

PARENT OR GUARDIAN.

Bob Luce (Father).

DATE ENROLLED.

Nov. 15, 1907

TERM.

3 Years.

AGE.

18.

HOME ADDRESS.

Shingle Springs, Cal.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct	Room No.	Neatness	Conduct	Ability.	Conduct.	
Apr. '08	8	V. Good	Ex.							Good	Good.	
Jan. '09	9	V. Good	Ex	Hosp.	V. Good	Ex	Hosp.	V. Good	V. Good	Good	Good	
July '09	10	Ex.	Ex.	Steam	"	V. Good	"	Ex	Ex	Fair	Good	
Jan. '10	10	V. Good	Ex	Plumber	"	Good	"	V. G.	Ex	Good	Good	
July '10	11	Good	Ex.	"	Ex	"		Ex	"			

Record Distinguished

Weekly Report Blank—Boys

5731

~~2467~~

Fort Lapwai Sanitorium
Fort Lapwai, Idaho

Name Max Luce

Report Week Ending September 28th 1912

CREDITS		DEMERITS
99%	Obedience to requests of physician	None
99 1/2%	Moral conduct	
99 1/2%	Manly conduct and gentlemanly manners	
100%	Cleanliness of person	
100 1/2%	Neatness in dress	
100%	General observance of sanitary laws and sanitary regulations	
100%	Exercise	

School report Not attending

Progress in health Good

John N. Alley, Physician

Oct. 7th, 1912.

Dr. John W. Alley,
Supt., Fort Lapwai Sanatorium,
Lapwai, Idaho.

My dear Dr. Alley:

This is to acknowledge receipt of the report submitted me in regard to Maxie Luce and to thank you for the same. It is gratifying to know that Maxie is regaining his former strength and that he is proving himself to be the same splendid young man he was during all the time he was with us here. It would be appreciated if other reports can be sent to me from time to time.

Will you kindly remember me to Maxie and express to him my kindest regards and best wishes for continued improvement.

Very truly yours,

HKM.

Superintendent.

NAME AT CARLISLE

Maxie Luce.

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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<i>1911</i>		<i>Carlisle, Pa.</i>	<i>Plumber,</i>	<i>Steam fitter.</i>	
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OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

626

Name of Student		Home Address		Tribe												TOTAL OR AVERAGE
Age at Entrance	Date of Entrance	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE	
Maxie Luce		Bot Luce - Shingle Sprs, Cal.		Digger												
18	Nov-15-1907	Shop														
Patron		Locality		Days in School												
Chas. Irons																
Address		R. R. Station		Conduct												
Robbinsville, N.J.		Yardville, N.J.														
Recommended by		Grade in School		Ability												
Grade of Home		Church		Health												
		Catholic														
Date of Outing		Date Returned		Wages		Earnings										
Apr-29-1909		AUG 28 1909														
David Reed		Bristol, Pa.														
5-11-10.		To 6-4-10														
F. Messinger		Nazareth, Pa.		Nazareth, Pa.												
6-4-10																

Gd Gd
Gd Gd
Gd Gd
\$ 16. 14.40

y
y
y
11.60

y
y
y
33.

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL *Maxie Lucl*

TRADE *Steam-fitting & Plumbing*

ABILITY *Excellent*

CONDUCT *Good*

REMARKS *Worked 4 months, now in country.*

INSTRUCTOR *A. J. Weber.*

Case No.

DIAGNOSIS

Revise

Notes of Case

Name *Marie Luce* M.F.

Age S.M.W.

Nativity

Occupation

Residence

Date of admission *Dec. 5*

Diet

Treatment

*Tuberculin O.T.
(diagnostic)*

Result

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E		
BOWELS NUMBER OF MOVEMENTS																																
Urine Daily Amt																																
F.																																
107°																																
106°																																
105°																																
104°																																
103°																																
102°																																
101°																																
100°																																
99°																																
98°																																
97°																																
96°																																
95°																																
Pulse.	<i>106</i>	<i>106</i>	<i>112</i>	<i>114</i>	<i>116</i>	<i>112</i>	<i>104</i>	<i>110</i>	<i>114</i>	<i>112</i>	<i>112</i>	<i>106</i>																				
Resp.																																
Date.	<i>5</i>									<i>11</i>	<i>12</i>																					

C. 42°
41°
40°
39°
38°
37°
36°
35°

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Maxie Luce.

AGE

DIAGNOSIS Tuberculosis

ADMITTED Dec 1

DISCHARGED Apr 6.

RESULT Improved.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Foulke

REMARKS:

Sent to Government sanatorium in
Idaho.

Luce, Maxie. 5731
Correspondence

Ex-student

3733