

5796

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2252	ENGLISH NAME Agnes Jacobs	AGENCY	NATION Onondaga				
BAND	INDIAN NAME	HOME ADDRESS Mary Jacobs (mother) (R.F.D. No 5) Syracuse, N.Y.					
PARENTS LIVING OR DEAD	BLOOD L Full	AGE 15	HEIGHT 49½	WEIGHT 90	FORCED INSP. 28½	FORCED EXPR. 26	SEX. F
FATHER:	MOTHER:	ARRIVED AT SCHOOL Aug 25, 1907		FOR WHAT PERIOD 5 years	DATE DISCHARGED June 24, 1912	CAUSE OF DISCHARGE Time out	
TO COUNTRY 4-8-08	PATRONS NAME AND ADDRESS Thos. W. Fisher, Malvern, Pa.					FROM COUNTRY 6-4-08	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle, 9.6

Grade entered at Carlisle, 4th

Grade at date of Discharge,

Trade or Industry,

Church, Methodist

miles to sch.

33

BRIEF.

APPLICATION OF

Mary Jacobs

FOR THE ENROLLMENT OF

Agnes Jacobs

IN THE INDIAN SCHOOL AT

CARLISLE, PA.

POST-OFFICE ADDRESS OF APPLICANT:

R. F. D. No. 5 Syracuse N. Y.

Date of enrollment, AUG 25 1907, 190

Term of enrollment, Five (5) years.

NAME OF COLLECTING AGENT:

Bessie Q. Beach

Position, Librarian



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 Agnes Jacobs, I, Mary Jacobs of Onondaga P. O., State of New York, do hereby voluntarily consent and agree to the enrollment in said school for a period of five 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 Onondaga on July 13, 1899 that the father, Wilson Jacobs, was a Full Indian of the Onondaga Tribe located at Onondaga Agency; that he left the tribe about _____; that the mother, Mary Jacobs, is a Full Indian of the Onondaga Tribe located at Onondaga 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.
<u>Iroquois</u>	<u>Cattaraugus</u>		<u>July '07</u>		

This 24 day of August, 1907

Two witnesses:

Jairus Pierce Mary Jacobs
(Parent, guardian, or next of kin.)

Bessie B. Beach 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, Mary Jacobs, do hereby swear that the statements made in the above application are true.

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

Sworn to and subscribed before me this 24 day of August, 1907

Oliver Winslow
(Signature of 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.)

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.

CERTIFICATE OF PHYSICIAN.

I, J. E. Lane, a practicing physician of Omaha
Valley, do hereby certify that I have carefully examined Agnes Jacobs,
the child named in this application, and find that she 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 24 day of August, 1907 J. E. Lane, M. D.

VOUCHER OF SOLICITOR FOR SCHOOL.

I hereby certify that I was present and witnessed the execution of the foregoing application
made by _____; that its contents were explained or interpreted to
(Parent, guardian, or next of kin.)
by _____; that I believe _____ understood the purport
(Name of interpreter.)
thereof; that I was present at the medical examination of the child named herein; that _____
resides with _____, in or near the town of _____;
(Name of person—parent, guardian, etc.)
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, James Price, a _____, of _____,
(Business, calling, or profession.)
Agnes Jacobs, do hereby certify that I am personally acquainted with
Mary Jacobs who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Agnes Jacobs;
(Name of child.)
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 24 day of August, 1907 James Price
6-871

VOUCHER NO. 2.

I, Fred Waterman, a Student of Carlisle, Pa., do hereby certify that I am personally acquainted with Mary Jacobs, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Agnes Jacobs; 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 24 day of August, 1907 Fred Waterman

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 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.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Jacobs, Agnes* DATE *12/9 1908*AGE *15* YEARS { NEW RETURNED } STUDENT. TRIBE *Onondaga* STATE *Ny.*

DEGREE OF INDIAN BLOOD.....

INSPECTION *Good development*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE
RESP. MURMUR } *Normal*

HEART SOUNDS.....

MENSURATION { INSP. *30 1/4*
EXP. *26 3/4* } RESPIRATION *22* PULSE *86*TEMPERATURE *98* degs. HEIGHT *4* FT. *10* IN. WEIGHT *95* LBS.VISION *10/10* VACCINATION *good* Rec. *12/21/08*MENSTRUATION *Not established*

FAMILY HISTORY:

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

PERSONAL HISTORY:

Good health since last year.

REMARKS:

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR

TRIBE

FULL. ONE

NAME *Agnes Jacobs.*

AGE

DIAGNOSIS *Run down, Condition*

ADMITTED *March 20 '12*

DISCHARGED *April 6 '12*

RESULT *Good.*

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen.

H. B. Francis.

REMARKS:

Case No.

DIAGNOSIS

Run down condition

Revise

Notes of Case

Name *Agnes Jacobs* M.F.

Age S.M.W.

Nativity

Occupation *Student*

Residence *East*

Date of admission *March 80*

Diet

Treatment

*Thy chine Sulph
gr 1/20 every 3hrs.*

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
BOWELS																											
NUMBER OF																											
movements		0																									
Urine																											
Daily Am't																											
F.																											
Clinical Memoranda																											
107°																											
106°																											
105°																											
104°																											
103°																											
102°																											
101°																											
100°																											
99°																											
98°																											
97°																											
96°																											
95°																											
Day of Dis.																											
Pulse.		76	80	95																							
Resp.		24	26	28																							
Date.		31	3																								

C. 42°
41°
40°
39°
38°
37°
36°
35°

*8/20 2 PM
B.P. 127*

Patient _____ Carlisle, Pa., *March 31* 191 _____ Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:50	98.4	76	34			6:30	Full		
8:00pm	98.6	80	32						
					<i>april 1</i>				
				8:00	<i>Styech Sulph</i>				
					<i>april 2</i>				
				8:00	<i>Styech Sulph</i>				
					<i>april 3</i>				
				8:00	<i>Styech Sulph</i>				
				1:00	<i>Styech Sulph</i>				
				3:00	<i>" "</i>				
4:00	99	80	38	6:00	<i>" "</i>				
					<i>april 4</i>				
				8:00	<i>Styech Sulph</i>				
					<i>april 5</i>				
				8:00	<i>Styech Sulph</i>				

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911.

TRIBE

FULL. ONE

NAME Ames Jacobs

AGE

DIAGNOSIS Dysentery

ADMITTED Dec. 21

DISCHARGED Dec. 27

RESULT Improved

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Allen

Chas. E. Dieblig

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name Agnes Jacobs M.F.

Age _____ S.M.W. _____

Nativity _____

Occupation Student

Residence Ind. Sch. W.

Carlisle Pa

Date of admission Dec 21, 1911

Diet

Diets Soft
Discharged Dec 22

Treatment

Sodium Bromide
gr. 1 one dose

Chloroform
followed by Bromide

Ammonia if any
second spell should
appear

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	M	E	M	E		
BOWELS NUMBER OF MOVEMENTS		6	1	0																																	
Urine Daily Am't																																					
F.																																					
107°																																					
→																																					
106°																																					
Clinical Memoranda																																					
→																																					
105°																																					
→																																					
104°																																					
→																																					
103°																																					
102°																																					
101°																																					
100°																																					
99°																																					
98°																																					
→																																					
97°																																					
→																																					
Day of Dis.																																					
Pulse.		84	86																																		
Resp.																																					
Date.		21	22																																		

C. 42°
41°
40°
39°
38°
37°
36°
35°

Patient Agnes Jacobs, Carlisle, Pa., Dec 21 1911 Physician Dr. Treibley
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
9.30	98.1	87				12.00	milk $\frac{3}{4}$ VIII	9.00	Bath
4.00	98.4	82					Soup		
						3.30	Gravy toast- ponner tea		
					Dec 22				
7.00	98	76				6.30	Gravy toast, oatmeal, coffee.		

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Agnes Jacobs.

AGE

DIAGNOSIS Insults

ADMITTED Feb 5

DISCHARGED Feb 6

RESULT 9 wd.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Francis

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name *Agnes Jacobs* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *March 5, '99*

Diet

Treatment

Tonsillitis Lab.
every other hr.

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	M	E	M	E	M	E		
BOWELS <i>WASHERS</i> <i>MOVEMENTS</i>																																						
Urine Daily Amt.																																						
F.																																						
107°																																						
106°																																						
105°																																						
104°																																						
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97°																																						
96°																																						
95°																																						
<i>Pulse.</i>																																						
<i>Resp.</i>																																						
<i>Date.</i>																																						

C. 42°

41°

40°

39°

38°

37°

36°

35°

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

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1911

TRIBE

FULL. ONE

NAME Agnes Jacobs

AGE

DIAGNOSIS Hypertonia

ADMITTED Dec. 22

DISCHARGED Dec 23

RESULT Am.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Keller

Chas. E. Diebly

REMARKS:

Case No.

DIAGNOSIS

	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	
<i>BOWELS</i> <i>NUMBER OF</i> <i>movements</i>																															
<i>Urine</i> <i>Daily Amt</i>																															
F.																															
<i>Revise</i>																															
<i>Notes of Case</i>																															
<i>Name</i> <i>Agnes Jacobs</i> <i>M.F.</i>																															
<i>Age</i>																															
<i>Nativity</i>																															
<i>Occupation</i> <i>Student</i>																															
<i>Residence</i> <i>Ind Schy</i>																															
<i>.....</i> <i>Carlisle Penna</i>																															
<i>Date of admission</i> <i>Dec 22 '11</i>																															
<i>Diet</i>																															
<i>Discharged</i> <i>Dec 23 '11</i>																															
<i>Treatment</i>																															
<i>Day of Dis.</i>																															
<i>Pulse.</i>	60	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
<i>Resp.</i>		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
<i>Date.</i>	23																														

Result

C. 42°
41°
40°
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37°
36°
35°

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Agnes Jacobs.

AGE

DIAGNOSIS Hysteria

ADMITTED May 10

DISCHARGED May 13

RESULT good.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Fraley

REMARKS:

Case No. _____

DIAGNOSIS

Hysteria

Revise _____

Notes of Case

Name *Agnes Jacobs* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission _____

Diet

Treatment

Result _____

		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		0	0	0	1																		
Urine Daily Am't																							
F.																							
Clinical Memoranda		<i>9:00</i>	<i>11:00</i>	<i>1:00</i>	<i>3:00</i>	<i>5:00</i>	<i>7:00</i>	<i>9:00</i>	<i>11:00</i>	<i>1:00</i>	<i>3:00</i>	<i>5:00</i>	<i>7:00</i>	<i>9:00</i>	<i>11:00</i>								
Details of Treatment																							
Day of Dis.																							
Pulse.		<i>98</i>	<i>99</i>	<i>99</i>	<i>100</i>	<i>101</i>																	
Resp.		<i>24</i>	<i>25</i>	<i>25</i>	<i>25</i>	<i>25</i>																	
Date.		<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>																		

C. 42°
41°
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Patient *Agnus Jacobs.* Carlisle, Pa., *May 10* 1912 Physician *H. B. Fralich*
 Address *Carlisle Indian College* Nurse *Jeanette Pappin*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<i>May 10.</i>				
<i>9:00</i>		<i>100</i>	<i>30</i>						
<i>3:30</i>	<i>98⁴</i>	<i>80</i>	<i>28</i>						
					<i>May 11.</i>				
<i>9:00</i>	<i>99</i>	<i>92</i>	<i>22</i>						
<i>3:00</i>	<i>99</i>	<i>80</i>	<i>30</i>						
					<i>May 12</i>				
<i>9:00</i>	<i>99</i>	<i>100</i>	<i>20</i>						
<i>3:30</i>	<i>100</i>	<i>86</i>	<i>22</i>						
					<i>May 13.</i>				
<i>9:00</i>	<i>98$\frac{3}{5}$</i>	<i>94</i>	<i>28</i>						
								<i>370</i>	<i>not here</i>

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Agnes Jacobs

AGE

DIAGNOSIS Suspicious Tuberculosis Pulmonary

ADMITTED June 14

DISCHARGED June 24

RESULT Improved. (Time expired to go home)

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Frazer

REMARKS:

Case No. _____

DIAGNOSIS

Influenza I.B.

Revise _____

Notes of Case

Name *Agnes Jacobson* F.

Age *91* S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *June 14*
4:00 Diet P.M.

Fruit Light

Treatment

*Stays 30 yr.
of 3 hr.*

Result *June*

	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	0	1	1	1	2	1	2	2																				
Urine Daily Amt																												
F.																												
107°																												
106°																												
105°																												
104°																												
103°																												
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100°																												
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98°																												
97°																												
96°																												
95°																												
Pulse.	80	86	90	94	95	95	95	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	
Resp.	30	24	22	20	26	24	22	22	22	21	21	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	
Date.	14	15	16	17	18	19	20	21	21	22	23	23	24															

Patient Agnes Jacobs Carlisle, Pa., June 23 1912 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
9:00	98 ³ / ₅	108	22	8W	Syr. Iodo Sulph				
					Syr. Hypos				
				9:00	Styge ¹ / ₂ gr.				
				12:00	" "				
					Syr. Hyposulphites				
9:00	99	112	28		June 24				

Patient Agnes Jacobs Carlisle, Pa., June 30 1912 Physician _____
 Address _____ Nurse Blanche Jolly

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	99 ⁴	84	21	6:00	stryc $\frac{1}{30}$				
				8:30	ii alophes				
8:00	98	84	21		June 21				
				8:00	Syr Hypo				
				7:00	strych $\frac{1}{30}$				
				12:00	"				
					Syr Hypo				
				3:00	strych				
4:00	98 ⁵	80		4:00	Syr Hypo				
				6:00	strych Suspb				
				2:00	"				
					June 22				
8:00	99 ⁷⁵	74	28	8:00	Syr Hypo				
				7:00	strych Suspb				
				12:00	" + Syrt Hypo				
				3:00	"				
				4:00	Syr Hypo				
				6:00	strych				
						8:30	milk		

Patient

Agnes Jacobs

Carlisle, Pa.,

191

Physician

Address

Nurse

Blanche Jolly.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					June 18				
9	102	88	21	7:15	8 drops Sulph 1/30				
				12:15	"				
				3:15	"				
				6:15	"				
	101.6	84	23	8:30	alophenit				
	101.6				June 19				
9:00	100	82	22	8:15	8 drops Sulph				
				9:00	Styr 1/30 Phen + Sald.				
				12:00	Styr 1/30 P. Pur + Sd				
3:00	100 1/2	88	20	3:00	Styr sulph 1/30				
				6:00	1/30 Styr				
7:30	99	88	22		June 20				
				9:15	8 drops Sulph 1/30				
				12:15	"				
				3:15	"				
				6:15	"				

Patient Agnes Jacobs Carlisle, Pa., June 14 1912 Physician _____
 Address _____ Nurse Eda Mae Warren

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:30	100	80	30	7:00	1 Strychnine Sulphate $\frac{1}{30}$ gr.				
					June 15				
9:00	99 $\frac{4}{5}$	86	24	9:00	Strych Sulphate $\frac{1}{30}$				
				12:00	" " "				
				1:00	" " "				
4:00	101.4	88	26	4:00	Strych Sulph $\frac{1}{30}$				
	99			4:00	Salts				
				7:00	Strych Sulph $\frac{1}{30}$				
9:00	99	76	22		June 16				
				8:00	Strych Sulph				
7:00	102	94	28	$\frac{12}{2}$ $\frac{3}{6}$ $\frac{8}{8}$	" "				
					June 17				
9:00	99 $\frac{4}{5}$	80	20	9:00	Strych Sulph $\frac{1}{30}$				
				12:00	" " "				
3:00	100 $\frac{1}{5}$	84	26	3:00	" " "				
				6:00	" " "				
				9:00	" " "				

NAME. Jacobs Agnes.		TRIBE. Onondago.	PARENT OR GUARDIAN Mary Jacobs (Mother).	
DATE ENROLLED. Aug 25, 1907	TERM. 5 Years	AGE. 15	HOME ADDRESS. Syracuse, N.Y. R.F.D.No.5.	

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	6	Ex.	Ex.							Fair	Fair	
Jan. '09	7	Ex.	Ex.	Household	V. Good	Ex.	143	Ex.	Ex.			
July '09	8	Ex.	Ex.	Gen.	V. Good	V. Good	"	Med.	V. Good			
Jan. '10	8	V. Good	Ex.	Sew	"	Ex.	13	Good	Ex.			
July '10	9	V. Good	Ex.	House	"	V. Good		Ex.	"			
Jan. '11	9	Good	Good		Fair	Poor		M.	Poor			
July '11	10	V. Good	V. Good									
Dec. '11				Gen.	G.	V. G.		G.	Ex.			

