

5876

## CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2839	ENGLISH NAME Anna Belle Davis	AGENCY Red Lake	NATION Chippewen				
BAND	INDIAN NAME	HOME ADDRESS Julia Belle, Oneguni, Minn.					
PARENTS LIVING OR DEAD	BLOOD 1/4	AGE 20	HEIGHT 5-6 1/4	WEIGHT 151 1/4	FORCED INSP. 36	FORCED EXPR. 3 1/2	SEX. F.
FATHER, H	MOTHER, L	ARRIVED AT SCHOOL 12-22-12		FOR WHAT PERIOD Three years	DATE DISCHARGED 8-7-13	CAUSE OF DISCHARGE	
TO COUNTRY H-10-13	PATRONS NAME AND ADDRESS A. B. Parrin Jenkintown Pa.					FROM COUNTRY 7-16-13	

months in school before Carlisle. 50

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, Catholic

Miles to school 5 mi

APPLICATION OF

*Anna Beech (Davis)*

FOR THE ENROLLMENT OF

*Hershey*

IN THE INDIAN SCHOOL AT

*Coalisle, Pa*

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, \_\_\_\_\_, 191

Term of enrollment, *Three* (*3*) years.

NAME OF COLLECTING AGENT:

Position, \_\_\_\_\_

## 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 Indian School  
Carlisle Pa.  
 of Anna Belle ; female ; date of birth April 14 1892  
(Name of child.) (Sex.)  
Chippewa  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Jeslie A. Belle</u>	<u>dead</u>	<u>Chippewa</u>		<u>white</u>
NAME OF MOTHER. <u>Julia Belle</u>	<u>living</u>	<u>Chippewa</u>		<u>half</u>

I, \_\_\_\_\_, do hereby voluntarily consent and agree to \_\_\_\_\_  
(Parent, guardian, or next of kin.)  
 enrollment in said school for a period of three years, and also obligate myself to abide by  
(Not less than 3.)  
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Leech Lake</u>	<u>1902</u>	<u>1907</u>		<u>5th Grade</u>
2. <u>Public School at</u>				
3. <u>Gould Minn.</u>				
4.				

\_\_\_\_\_  
(Parent, guardian, or next of kin.)

P. O. address: Anna Belle

Leefort Minn.

Two witnesses:

Clara M. Arthur  
Susie Thomas



GOVERNMENT 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 6 day of October, 1912

L. L. Lewis

Physician at Red Lake Agency

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

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 Thomas Deere (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

.....  
.....  
.....  
.....  
.....

This 22 day of Oct, 1912

Walter A. Brown

Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

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

.....  
Nonreservation School Physician.

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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent 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.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer. 6-870

## 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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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; but in all cases where the parents are living they should first be consulted.

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





4016

REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

*Anna Belle Harris*

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
				<i>Dead</i>	



# 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 A. B. Paron Lexington

Pupil's name..... Anna Belle Davis

General health of the pupil..... Very good  
The back and arms on her face and hands has wholly disappeared. I got

Has pupil been ill the past two months?.....

Name of disease..... Cutaneous ointment which proved very successful

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..... 144

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

Are the eyelids inflamed?..... No

Remarks..... The breaking out and sores on her face and hands of which I wrote you last month, as entirely disappeared I got cutaneous ointment and used, which proved very successful. He increased her wages this month now that she is any more efficient, than when she first came but because she has so good disposition, I will hard

Date..... Jan 27. 9th

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case. I think this letter writing is carried almost to far.



# PUPIL'S HEALTH REPORT

— May 1<sup>st</sup> 1913

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: *R. J. Davis, Denton, Tex*

Pupil's name: *Annin Belle Davis*

General health of the pupil: *broking out. what is it? he face and chin are very much*

Has pupil been ill the past two months? *he face seems very well except*

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: *136 1/4*

Has the pupil any trouble with the eyes? .....

Are the eyelids inflamed? .....

Remarks: *I found Annin very incompetent never having had any experience in household work. She says she had an operation for appendicitis and could not do heavy work. Has a very nice disposition and may in time learn. She is hardly worth 5.00 dollars a month. am willing to advance her wages every month if she improves. let some know if this meets with your approval*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case, and also about the condition or cause of the eruptions on the face nose and chin. R. J. Davis

# 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 A. B. Jarvis, Kenton, O.*

Pupil's name *Anna Belle Davis*

General health of the pupil *good*

Has pupil been ill the past two months? *slight cough and pleuris*

Name of disease

Name and address of the physician in attendance *Dr. Nieffe gave*

*the prescription*

Does the pupil have a cough?

For how long has he had it?

Give the pupil's weight *136*

Has the pupil any trouble with the eyes? *Slight I think it came from the stomach being out of order, I gave her*

Are the eyelids inflamed? *boracic acid for them*

Remarks: *On advice of your agent Miss Klop who was here last week I took her to my doctor and*

*he gave her prescriptions which helped her. I had been giving her little home remedies but she didn't seem to get over her cough with them, she is so slow and indifferent about doing anything it makes it very hard to help such people, she seems extraordinarily*

Date *lagy -*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

*Kenton, July 1<sup>st</sup> 1913*



new. entered Dec 22 - 1912

NAME Anna Belle Davis Sex  Male  Female  
Tribe  Full Chippewa State Minnesota Jan 5, 1913

Age 19 years Respiration 18 Condition of, Eyes O.K.

Height 5 ft. 6 1/2 ins. Mensuration { Insp. 36 Ears O.K.

Weight 137 1/4 lbs. { Exp. 31 1/2 Throat O.K.

Temperature 99.2 Vaccination 1-8-13 Cervical glands O.K.

Pulse 86 Vision \_\_\_\_\_ Skin same as below

Inspection well developed, eczema on rt cheek & lower lip.

Palpation O.K.

Percussion O.K.

Auscultation O.K.

Heart O.K.

(Menstruation) regular

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			yes	unknown with T.B.
Mother			yes	probably T.B.
Brothers	4	1 cancer, 1 lame 2 ill - not T.B.	2	drown
Sisters	1	good	2	unknown.

Personal history eczema

Present condition same as above

H B Fraley 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. 6-1885





NO. ....

United States Indian School Hospital,  
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE .....

FULL. ONE .....

NAME Annabelle Davis

AGE .....

DIAGNOSIS Eczema.

ADMITTED Feb 10.

DISCHARGED Feb 12.

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No. \_\_\_\_\_

**DIAGNOSIS**

---

Revise \_\_\_\_\_

Notes of Case \_\_\_\_\_

Name *Anna Dill Dager*

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

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission *Feb. 10, 13*

Diet *130 P.M.*

Treatment \_\_\_\_\_

Result \_\_\_\_\_

		M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	
Clinical Memoranda	BOWELS movements		/	/																		
	Urine Daily Am't																					
	F.																					
	107°																					
	106°																					
	105°																					
	104°																					
	103°																					
	102°																					
	101°																					
	100°																					
	99°																					
98°																						
97°																						
96°																						
95°																						
Day of Dis.																						
Pulse.																						
Resp.																						
Date.																						

C. 42°

41°

40°

39°

38°

37°

36°

35°

*Feb.*



Patient Anna Bell Davis Carlisle, Pa. Feb. 10, 1913 Physician Allen & Josie  
 Address \_\_\_\_\_ Nurse Rose Neany

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					<u>Feb. 10, 1913</u>				
<u>5:00</u>	<u>98</u>	<u>80</u>	<u>22</u>	<u>6:00</u>	<u>Sod + Sal</u>				
				<u>8:00</u>	" "				
					" "				
					<u>Feb 11-13</u>				<u>M Bell</u>
<u>8:00</u>	<u>97.4</u>	<u>84</u>	<u>18</u>	<u>8:00</u>	<u>Sod. Sal</u>	<u>6:30</u>	<u>feed diet</u>		
				<u>10:00</u>	" "				
<u>5:00</u>	<u>98.2</u>	<u>90</u>	<u>18</u>	<u>12:00</u>	" "				
				<u>2:00</u>					
				<u>4:00</u>					
				<u>6:00</u>					
				<u>8:00</u>					
					<u>Feb 12-13</u>				
<u>8:00</u>	<u>97.2</u>	<u>84</u>	<u>21</u>						

NO. ....

United States Indian School Hospital,  
Carlisle, Pennsylvania.

YEAR 1913

TRIBE .....

FULL. ONE .....

NAME Annabelle Davis

AGE .....

DIAGNOSIS Pulmonary Tuberculosis

ADMITTED July 16

DISCHARGED Aug. 7

RESULT Not Improved.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Franks

REMARKS:

Recommended to be sent home.



Anna Belle Davis.

Case No. \_\_\_\_\_

**DIAGNOSIS**

Revise \_\_\_\_\_

Notes of Case \_\_\_\_\_

Name Annabelle Davis - A.F.

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

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission 7-16-13, 5 P.M.

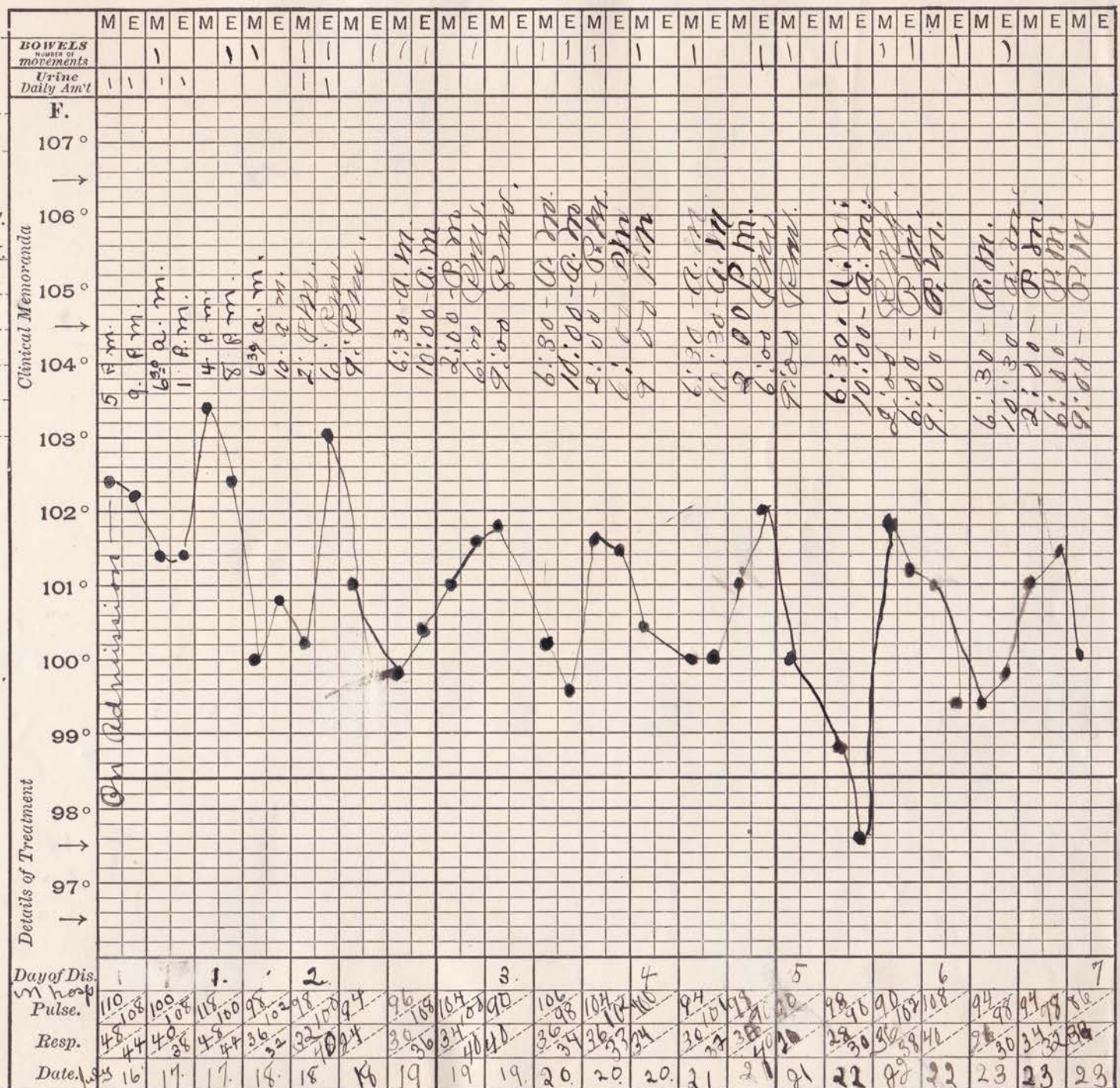
**Diet**

Liquid. 7, 17-13.

**Treatment**

Ice Caps to chest. (continually.)  
Temp. Pulse + Resp. e.t. ill.

Result \_\_\_\_\_



C. 42°  
41°  
40°  
39°  
38°  
37°  
36°  
35°



Case No. \_\_\_\_\_

### DIAGNOSIS

Revise \_\_\_\_\_

Notes of Case \_\_\_\_\_

Name Hanna Belle Davis M.F.

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

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission 7-16-'13 - 5: P.M.

#### Diet

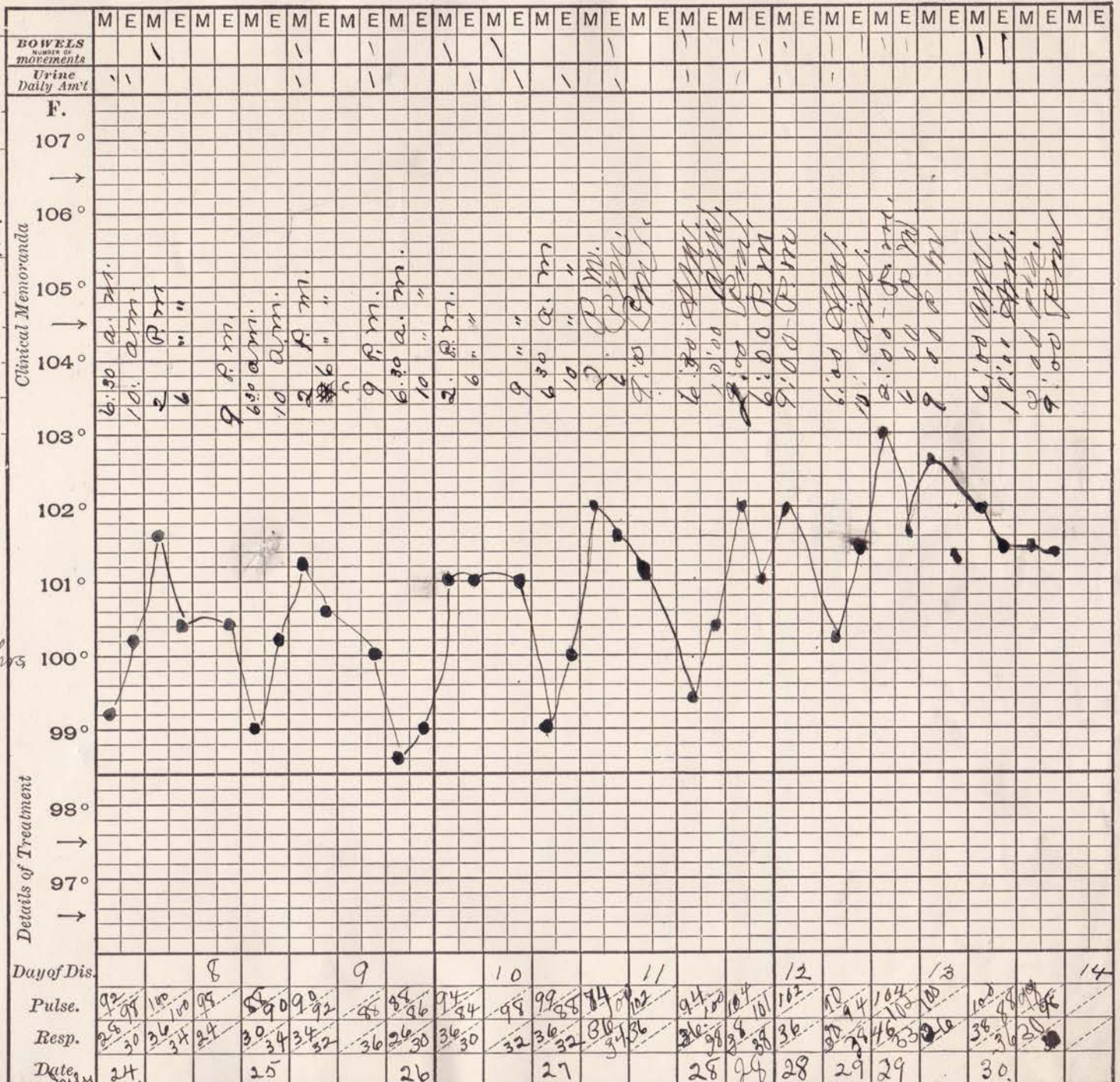
Liquid - 7-16-13

General -

#### Treatment

Temp. Hyd. + Heron. Zi. ed. 4 hrs  
R. B. + S. Zi. "t.i.d."

Result \_\_\_\_\_





Case No. \_\_\_\_\_

**DIAGNOSIS**

Revise \_\_\_\_\_

*Notes of Case*

Name *Anna B. Davis, M.F.*

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

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence *Carlisle Pa*

Date of admission *July 27-13*

Liquid, Diet *S.P.M.*

*Treatment*

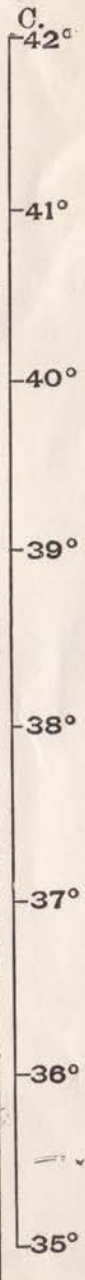
*Serp. Hyd. & Sturrow  
71 es. 4 hrs*

*I. P. S. J. S. D.*

*alcohol Rub  
every night*

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																																			
Urine Daily Amt																																			
F.																																			
107°																																			
106°																																			
105°																																			
104°																																			
103°																																			
102°																																			
101°																																			
100°																																			
99°																																			
98°																																			
97°																																			
96°																																			
95°																																			
Pulse.	110	100	114	103	107	110	100	118	98	95	100	90	98	100	98	107	90	98	100	98	99	100	90	99	117	104	100	96	112	108					
Resp.	34	36	36	32	40	35	40	44	37	33	39	36	42	36	38	40	34	37	46	47	34	34	36	37	36	36	26	36	32	38	38	39	36	42	40
Date.	31	31	31	1st	1st	1st	2d	2d	2d	2d	3	3	3	3	3	3	4	4	4	4	4	5	5	5	5	6	6	6	6	6	6	6			



*July*  
*Aug*



Case No. \_\_\_\_\_

**DIAGNOSIS**

BOWELS NUMBER OF MOVEMENTS	M										E									
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Urine Daily Amt																				
F.																				
107°																				
→																				
106°																				
105°																				
→																				
104°																				
103°																				
102°																				
101°																				
100°																				
99°																				
98°																				
→																				
97°																				
→																				
Day of Dis.																				
Pulse.																				
Resp.																				
Date.																				

C. 42°

41°

40°

39°

38°

37°

36°

35°

Revise \_\_\_\_\_

Notes of Case

Name Amabelle Davis M.F.

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

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission \_\_\_\_\_

Diet

Treatment

Result \_\_\_\_\_



Patient Anna B. David Carlisle, Pa. Aug. 6- 1913,  
 Address \_\_\_\_\_

Physician Allen & Tralie,  
 Nurse Frances Angus.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
Aug. 6-13.									
6:20	101 <sup>2</sup>	100	38	6:30	I, Q & S.				
10:00	101 <sup>2</sup>	96	39	8:	J, H. & H.				
2:00	102 <sup>3</sup>	100	36	12:0	J, H. & H.				
6:00	103 <sup>3</sup>	112	42	4:0	" " "				
9:00	103	108	40	8:0	" " "				
				8:1	" " "				
August-7-13									
6:30	101. <sup>2</sup>	100	36	6:30	I, Q & S.				
10:00	100. <sup>3</sup>	104	40	8	J, H. & H.				
2:00	102	108	44	12:0	J, H. & H.				
6:				4:1	" " "				
				5:1	" " "				
				8:11	" " "				



Patient *Anna Bell David* Carlisle, Pa. *August 3* 191*3*.  
 Address \_\_\_\_\_

Physician *Allen & Talic*  
 Nurse *Frances Arnes*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>August 3-13.</i>									
6:00	98 <sup>3</sup>	90	38	6:30 8:00	<i>I. I. &amp; I.</i> <i>I. H. &amp; H.</i>				
10:	100'	84	24	12:10	" " "	10:00	<i>Egg Nog.</i>		
2:00	103 <sup>4</sup>	110	39	4:0 8:10	" " "				
6:00	101.3	98	46						
<i>August 4<sup>th</sup>-13.</i>									
6:45	101'	90	34	6:30 12:30	<i>I. I. &amp; I.</i> " " "				
10:00	101.4	98	34	5:30 8:10	" " " <i>I. H. &amp; H.</i>				
2:00	102 <sup>2</sup>	100	36	12:10 4:18	" " " " " "				
6:00	102	98	32	8:10	" " "				
<i>August 5-13.</i>									
6:45	101 <sup>3</sup>	100	36	6:30 12:11	<i>I. I. &amp; I.</i> " " "				
10:00	101 <sup>2</sup>	98	26	5:30	" " "				
2:00	104.	99	32	8:10	<i>I. H. &amp; H.</i>				
6:00	103 <sup>3</sup>	114	39	12:10 4:10 8:10	" " " " " " " " "				



Patient Anna Bell Davis Carlisle, Pa. August 1<sup>st</sup> 191 3

Physician Allen and Frisbie  
Nurse Frances August

Address \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<u>Aug. 1-13.</u>									
6:00	101	110	39	6:30	I, D, S.				
10:00	100	100	40	8:00	T, H, V, H.				
2				10:30	I, D, S.	10'	Lemonade		
6:00	102	88	32	4'	I, H, & H.				
9:10	102 <sup>3</sup>	98	33	4:30	I, D, & S.				
				8:00	I, H, & H.				
<u>Aug. - 2-13.</u>									
6:00	100	100	39						
10:00	100	90	36	6:30	I, D, & S.				
2:00	101	98	32	8:00	T, H, & H.				
6:00	107	100	36	12:00	I, D, & S.				
9:00	101	100	38	4:00	T, H, & H.			7:55	crying, with pain in abdomen,
				8:00	I, D, & S.				Dr. called, given dose of Salts, 1 gr of Morphine,
				9:15	Meg. Sulph.				complaints of headache, Ice cap to head,
				8:30	Morphine Sol. 1/8 gr.				
				9:00					
				11:30	Morphine Sol. 1/8 gr.			9:10	No pain, Resting well.



Patient *Anna Bee Davis* Carlisle, Pa. *July 29 -* 191*3*. Physician *Alfred Frank*  
 Address \_\_\_\_\_ Nurse *Frances Anguel*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>July 29 - '13.</i>									
<i>arr</i>									
<i>6:00</i>	<i>100<sup>1</sup></i>	<i>90</i>	<i>30</i>	<i>6:30</i>	<i>J. Q. &amp; S.</i>				
<i>8:00</i>	<i>101<sup>2</sup></i>	<i>94</i>	<i>38</i>	<i>8:00</i>	<i>J. A. &amp; A.</i>				
<i>2:00</i>	<i>103</i>	<i>104</i>	<i>46</i>	<i>12:30</i>	<i>J. Q. &amp; S.</i>				
<i>6:00</i>	<i>101<sup>3</sup></i>	<i>102</i>	<i>33</i>	<i>4:30</i>	<i>J. A. &amp; A.</i>				
				<i>5:30</i>	<i>J. Q. &amp; S.</i>				
				<i>8:00</i>	<i>J. A. &amp; A.</i>				
<i>July 30 - '13.</i>									
<i>6:00</i>	<i>101</i>	<i>100</i>	<i>35</i>						
<i>10:00</i>	<i>101<sup>2</sup></i>	<i>89</i>	<i>36</i>	<i>6:30</i>	<i>J. Q. &amp; S.</i>				
<i>2:00</i>	<i>101<sup>2</sup></i>	<i>98</i>	<i>30</i>	<i>8:00</i>	<i>J. A. &amp; A.</i>				
<i>9:00</i>	<i>101<sup>2</sup></i>	<i>98</i>	<i>36</i>						
<i>July 31 - '13</i>									
<i>6:00</i>	<i>101<sup>2</sup></i>	<i>110</i>	<i>38</i>	<i>6:30</i>	<i>K. J. S.</i>				
<i>10:00</i>	<i>101<sup>2</sup></i>	<i>100</i>	<i>36</i>	<i>8:00</i>	<i>J. A. &amp; A.</i>				
<i>2:00</i>	<i>103</i>	<i>101</i>	<i>36</i>	<i>12:30</i>	<i>J. Q. &amp; S.</i>				
<i>6:00</i>	<i>102</i>	<i>102</i>	<i>38</i>	<i>5:30</i>	<i>J. Q. &amp; S.</i>				
<i>9:00</i>	<i>103</i>	<i>109</i>	<i>40</i>	<i>8:00</i>	<i>J. A. &amp; A.</i>				



Patient Anna Belle Davis

Carlisle, Pa.

July - 26 - 1913

Physician

Fralic and Allen

Address

Nurse

Frances Roberts

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July - 26 - 1913				
6:30	98.3	88	28	6:30	I, Q, & S.				
10:00	99	86	30	8:10	I, H, & H,				
2:00	101	94	36	12:30	I, Q, & S,				
6:00	101	84	30	4:10	I, H, & H,				
9:00	101	98	32	5:10	I, Q, & S.				
				8:10	I, H, & H.				
					July - 27 - 1913				
6:30	99	99	36	6:30	I, Q, & S.				
10:00	100	88	22	8:10	I, H, & H.				
2:00	102	84	36	12:10	I, Q, & S.				
6:00	101.8	100	34	4:0	I, H, & H				
9:00	101	102	36.	5:10	I, Q, & S.				
				8:10	I, H, & H.				
					July 28 - 13				
					9:00	I, H, & H.			
6:00	99.2	94	36	12:30	I, Q, & S.				
10:00	100	100	38.	4:00	I, H, & H.				
2:00	102	104	38	5:30	I, Q, & S.				
6:00	101	101	38	8:00	I, H, & H.				
9:00	102	102	36						



Patient *Annabelle Davis* Carlisle, Pa. *July-23-* 1913

Physician *Tralie and Allen*

Address

Nurse *Frances Roberts*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>July-23-1913</i>									
6:30	99.2	94	26						
10:30	99.4	98	30						
2:00	101	94	24						
6:00	101.2	98	32						
9:00	106	86	32						
<i>July-24-1913</i>									
6:30	99.1	92	28						
10:00	100.1	98	30						
2:00	101.3	100	36						
6:00	100.2	100	34						
9:00	100.2	98	24						
<i>July-25-1913</i>									
6:30	99	88	30						
10:00	100.1	90	34						
2:00	101.1	90	34						
6:00	100.3	92	32						
9:00	100	88	36						

*I. H. + H. Zi - t.i.s. p.c.*

*I. H. + H. Zi, I. D. P. C.*

*I. H. + H. Zi, I. D.*



Patient *Anna Bell Davis* Carlisle, Pa. *July - 19*

191 *3.*

Physician *Allen & Tralio*  
Nurse *Francess Roberts*

Address

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>July - 19 - 13</i>									
<i>9:00</i>	<i>101.4</i>	<i>90</i>	<i>40</i>						
<i>July - 20 - 1913</i>									
<i>7:00</i>	<i>100.1</i>	<i>106</i>	<i>36</i>						
<i>10:00</i>	<i>99.3</i>	<i>48</i>	<i>34</i>		<i>Terpin Hydrate &amp; Heroin Zi "t.i.d." P.C.</i>				
<i>2:00</i>	<i>101.3</i>	<i>104</i>	<i>36</i>						
<i>6:00</i>	<i>101.3</i>	<i>100</i>	<i>32</i>						
<i>9:00</i>	<i>101.2</i>	<i>100</i>	<i>34</i>						
<i>July - 21 - 1913</i>									
<i>6:30</i>	<i>100</i>	<i>94</i>	<i>30</i>						
<i>10:00</i>									
<i>2:00</i>	<i>101</i>	<i>78</i>	<i>30</i>		<i>G. H. &amp; H. Zi T.i.d. P.C.</i>				
<i>6:00</i>	<i>102</i>	<i>90</i>	<i>40</i>						
<i>9:00</i>	<i>100</i>	<i>90</i>	<i>20</i>						
<i>July - 22 - 1913</i>									
<i>6:30</i>	<i>98.4</i>	<i>98</i>	<i>28</i>						
<i>10:00</i>	<i>97.3</i>	<i>90</i>	<i>31</i>		<i>G. H. + H. Zi "t.i.d." P.C.</i>				
<i>2:00</i>	<i>101.7</i>	<i>90</i>	<i>36</i>						
<i>7:00</i>	<del><i>101.7</i></del>	<del><i>90</i></del>	<del><i>36</i></del>						
<i>6:00</i>	<i>101.3</i>	<i>102</i>	<i>38</i>						
<i>9:00</i>	<i>101</i>	<i>108</i>	<i>40</i>						



Patient Anna Belle Davis

Carlisle, Pa.

July - 16 -

1913

Physician Drs Allen and Fralic

Address \_\_\_\_\_

Nurse Francis Roberts

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
5 <sup>30</sup>	102.7	110	48		5 P.M. Admitted.		and put to bed immediately -		
					T. H. & H. Zi. T. i. d.		milk - Ice Cream.		Hemorrhage -
9:00	102.1	108	44				fruit or bread.		
					July - 17 - 1913				Ice caps to chest.
6:30	101.2	100	40						
1 P.M.	101.5	104	36		T. H. and H. Zi. t. i. d.		Liq. nourishment @ . 11 - 2 - 5 - 9.		
4:00 P.M.	103.3	118	48						
8:10 P.M.	102.2	100	44						
					July - 18 - 1913				Bathed.
6:30	100	98	32		T. H. and H. Zi. t. i. d.		Liq. diet @ -		
10 a.m.	100.4	102	32						
					July 18 - 1913				
2 P.M.	100.1	98	32			6:30	Milk		
						9:00	Egg. No. 1		
6:00	103	100	40						
9:00	101	94	34						
					July - 19 - 1913				
6:30	99.4	96	30						
10:00	100.2	108	36		Tergin Heroin & Hydrate. Zi. t. i. d.				
2:00	101	104	34						
6:00	101.3	100	40						



201  
DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE  
LEECH LAKE AGENCY, ONIGUM, MINN.

Sept. 16th, 1913.

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

Dear Sir:-

Referring to your letter of the 12th inst., relative to Anna Bell Davis's duplicate trunk check and the letter from Francis Angus, I find upon inquiry that the letter referred to has never been received by Anna Bell, probably for the reason that she addressed it to "Leech Lake Agency" which is not our post-office address, though I can not understand why the letter was not returned to her, if she had the return request on the envelope as she states.

I made arrangements with the railroad Agent so that Anna Bell has secured her trunk upon payment of a small fee for the loss of the duplicate check, which, however, will be refunded to her in case she gets the missing check.

Anna Bell's condition is just about as it was when she came home. There is no improvement noticeable.

Very respectfully,

*J. G. Gold*  
Superintendent.

801

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE  
LEECH LAKE AGENCY, ONIGUM, MINN.

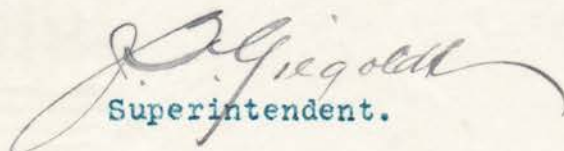
August 12th, 1913.

Mr. M. Friedman, Superintendent,  
U. S. Indian School,  
Carlisle, Pa.

Dear Sir:-

I am just in receipt of yours of the 7th instant, addressed to Mrs. Julia Bell, mother of Anna Bell Davis, who returned from your school, arriving at Walker last Saturday evening. I will deliver the letter to Mrs. Bell at my first opportunity. With reference to Anna will say that upon her arrival at Walker I brought her over to the School here and made her as comfortable as possible and then on the next day, Sunday afternoon, I took her to her home up Leech Lake about twenty miles distance from here. I am sorry to say, however, that her home conditions and environments are not conducive to the improvement of her present condition of health. I will, however, have our Agency Physician look after her from time to time and do the best he can for her.

Very respectfully,

  
Superintendent.

JFG/ELB



801

July 19th, 1913.

Carbon Copy to  
Superintendent Giegoldt.

Mrs. Julia Bell,

Onigum, Minnesota.

My dear Madam:

I regret to advise that Anna Belle Davis is confined to our School Hospital as a result of several hemorrhages she has had recently. The copy of a report I submit below will indicate to you her condition.

"Anna Belle Davis, who had several pulmonary hemorrhages a short time since in the Outing System, was immediately brought to the School Hospital on July 16 where she was at once put to bed. July 17th she had another quite severe one. Her temperature rose July 17th to 103°. Today she is better and the fever is falling, and generally she shows signs of improvement. If this improvement continues I suggest she be sent home as soon as she can travel."

In this connection I will state that the girl will be sent home just as soon as it is believed safe for her to travel.

Very truly yours,

NARA APPROVED  
THROUGHOUT RE  
COMPLEX

HGM.

Superintendent.

July 18

Annabel Davis who had several pulmonary hemorrhages ~~at~~ short time since in the outing system was immediately brought to the school Hospital on July 16. <sup>at once</sup> ~~she~~ was immediately put to bed. July 17<sup>th</sup> she had another quite severe one. Her temperature <sup>ran</sup> July 17<sup>th</sup> to 103°. To day she is better and the fever is falling and generally she shows signs of improvement. If this improvement continues I suggest she be sent home as soon as she can travel

A. R. Allen  
V.P.



The Carlisle Indian School,

HOSPITAL

881

Mr. Meyer! -

Dr. Allen  
wishes me to re-  
commend that Anna  
Bell Davis be sent  
home the first of  
the week,

Respect

Aug 2, H. B. Trabeis

OPINT

801

REPORT OF *Annabelle Davis* pupil of Carlisle Indian School, who went *June '13* to live with *Mrs. A. B. Caserio*

of \_\_\_\_\_ (Post Office) \_\_\_\_\_ (County) \_\_\_\_\_ (State) *Pa.* *Jenkintown* \_\_\_\_\_ Railroad Station

Conduct *very good - agreeable*

Health *fair*

Ability *poor - forgetful - careless - easygoing*

Cleanliness *poor*

Economy \_\_\_\_\_

Situation of Room *3*

Condition of Room *very poor*

Condition of Clothing *dirty*

Wages *\$5 - does not deserve more*

Are careful accounts kept by patron? *yes*

Are careful accounts kept by pupil? *-*

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? \_\_\_\_\_

In what grade is pupil at present? \_\_\_\_\_

Attends what church and Sunday school? *yes*

Distance to church \_\_\_\_\_

Is there a Catholic church in locality? \_\_\_\_\_

Who compose patron's family? *h & w*

What other help is employed? *none*

Locality of home \_\_\_\_\_

Home life and environments \_\_\_\_\_

Trade at school \_\_\_\_\_

Nature of work *supposed to do gen. house*

Pupil's age *18* Experience *none*



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

A series of horizontal dotted lines for writing.

801

July 21st, 1913.

Mrs. Julia Bell,  
Onigum, Minnesota.

My dear Madam:

I submit below a copy of the report that was issued this morning by our visiting school physician regarding the condition of your daughter, Anna Belle Davis:

"Anna Belle Davis's condition is improving. Temperature is lower and there has been no return of the hemorrhages since last report."

Assuring you that it gives me pleasure to see the same so favorable, and hoping that further improvement in her condition can be reported, I am,

Very truly yours,

HCM.

Superintendent.

Carbon copy to Superintendent Giegoldt.



DEPARTMENT OF THE INTERIOR,

UNITED STATES INDIAN SERVICE,

July 21 -

(Place.)

Hospital -

(Date.)

Annabel Davis condition is improving.  
Temperature is lower and there has  
been no return of the hemorrhages  
since last report -

D. Allen

801  
August 7th, 1913.

Mrs. Julia Bell,

Onigum, Minnesota.

My dear Madam:

This is to advise that arrangements are being made to have Anna Belle Davis leave here this evening for her home. Transportation to Walker will be provided for her use and she will be accompanied home by another girl from this school. It is also being arranged so that Pullman accommodations will be provided for the girls' use as far as St. Paul.

Hoping that Anna will make the trip without becoming unduly fatigued and that you will notify me of her arrival at home, I remain,

Very truly yours,

HKM.

Superintendent.

Carbon copy to Superintendent Giegoldt.



OUTING RECORD - CARLISE INDUSTRIAL SCHOOL

Name of Student *Anna Belle Davis* Home Address *Julia Bee, Oregon, Chippewa* Tribe *Chippewa*

Age at Entrance *20* Date of Entrance *12-22-'12* Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	

Patron *A. B. Parvin* Locality Days in School

Address *Jenkintown, Pa.* R. R. Station Conduct

Recommended by Grade in School Ability

Grade of Home Church Health

Date of Outing *4-10-'13* Date Returned *7-16-'13* Wages Earnings

*g*  
*g*  
*g*  
*3.33 1/2*

