

5888

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>2628</i> <i>3224</i>		ENGLISH NAME <i>Carrie Dunbar</i>			AGENCY <i>Blackfoot</i>			NATION <i>Oregon</i>		
BAND		INDIAN NAME			HOME ADDRESS <i>Mary C. Dunbar</i> <i>Seville Cat Bank, Mont.</i>					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.		
FATHER, <i>L</i>		<i>1/4</i>	<i>17</i>	<i>4-10</i>	<i>100</i>	<i>88 1/2</i>	<i>8 1/2</i>	<i>7</i>		
MOTHER, <i>L</i>		FOR WHAT PERIOD		DATE DISCHARGED		CAUSE OF DISCHARGE				
ARRIVED AT SCHOOL <i>Aug. 21, 11</i>		<i>Five years</i>		<i>12-15-12</i>		<i>Died</i>				
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		
<i>11-1-11</i>		<i>Mrs. E. M. Waller, 6312 N. Park Ave., Logan, Pa.</i>								
<i>Jan. 4-10-12</i>		<i>Anna Harris, Moores town, N. J.</i>						<i>8-30-12.</i>		

THE SHAW-WALKER CO., WASHINGTON 79104

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, *Catholic*

Miles to school - *10*

(Copy)

400

BRIEF.

Application of

Mary C. Dunbar

FOR THE ENROLLMENT OF

Carrie M. Dunbar

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Blackfeet Agency.

Date of enrollment **Aug. 26th, 1911** 191

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

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, Pa.

of Carrie M. Dunbar ; F ; date of birth 1894
(Name of Child) (Sex)

Piegan
(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Samuel P. Dunbar</u>	<u>L</u>	<u>White</u>		
<u>Mary C. Dunbar,</u>	<u>L</u>	<u>Piegan</u>	<u>Piegan</u>	<u>1/2</u>

I, Mary C. Dunbar do hereby voluntarily consent and agree to 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>Ft. Shaw</u>				
2. <u>V.F. Mission</u>				
3.				
4.				

(Signed) Mary C. Dunbar
(Parent, guardian, or next of kin)

P. O. address: Seville,

Two Witnesses: Missouri Montana

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 14 day of August, 1911.

(Signed) Roy L. Gleason

Physician at Blackfeet 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 Mary C. Dunbar
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 26 day of August, 1911.

(Signed) Arthur E. McPatridge,

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.

NAME *Carrie May Deubar* Sex Male Female

Tribes { Full } *Piegah* State *Montana* Date *August 14, 1911*

Age *17* years Respiration *23* Condition of Eyes *good*

Height *4* ft. *11* ins. Mensuration { Insp. *32* Ears *good*

Weight *101* lbs. Exp. *30 3/4* Throat *Fair*

Temperature *98.4* Vaccination *yes* Cervical glands *not enlarged*

Pulse *86* Vision *good* Skin *good color No eruption*

Inspection *Shows small girl color good. A mucky active girl*

Palpation *Nothing abnormal*

Percussion *Negative*

Auscultation *No abnormal sounds on auscultation*

Heart *Strong, regular - and low tension*

(Menstruation) *Yes*

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	✓	<i>Good</i>		
Mother	✓	<i>Good</i>		
Brothers <i>3</i>	✓	<i>Good</i>		
	✓	<i>Good</i>		
Sisters <i>6</i>	✓	<i>Good</i>		
	✓	<i>Good</i>		

Personal history

Present condition *Good.*

[Signature], 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.

CARRIE DUNBAR.

On the evening of the 13th, after a brief illness of four days, Carrie Dunbar, one of our best-beloved girls, quietly passed away. Saturday afternoon, the funeral services, conducted by Father Stock, were held in the Auditorium. They were impressive, though simple, as befits the last sad rites bestowed upon a young life who, for reasons beyond our ken has been called to her "Father's house where many mansions are prepared" to receive His own.

The casket was covered with beautiful flowers furnished by the Mercer Literary Society and the Catholics. The remains, accompanied by a sister, Frances Dunbar, were sent to the parents who reside on the Blackfoot Reservation in Montana.

400

REPORT OF Carry Deubar pupil of Carlisle Indian
School, who went Nov. 9, 1911 to live with Mrs. E. M. Waller
(Date) (Patron)
of Oak Lane Philadelphia
(Post Office) (County)
Pennsylvania, Oak Lane Railroad Station
(State)

Conduct Excellent
Health _____
Ability Good
Cleanliness Fair
Economy Good
Situation of Room 2nd floor
Condition of Room Good
Condition of Clothing Wool under shirt + white-waists
Wages _____

Are careful accounts kept by patron? _____
Are careful accounts kept by pupil? _____
Number of days at school 9
Distance to school 6 blocks
Grade or quality of school Primary
Name and address of teacher Miss Scholery
Qualifications of teacher Excellent
In what grade was pupil at Carlisle? 4th
In what grade is pupil at present? "
Attends what church and Sunday school? Cath.
Distance to church 1/2 mile
Is there a Catholic church in locality? Yes

Who compose patron's family? Mr. + Mrs. Waller
What other help is employed? None, heavy laundry put out
Locality of home Town
Home life and environments Very good
Trade at school _____
Nature of work Gen. helper
Pupil's age 17 Experience 2 yrs.

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

Patron says Corrie has been with her but-two weeks - so far satisfactory, she is inexperienced but-willing & tries, entered school a few days after arriving.

Teacher says C. is up to grade & she tries, coming like her school & home -

W. S. Gaillet

F. M. A. Agent.

Nov-13-1911.

NAME *Carrie Dunbar* 400
 Sex ~~Male~~ Female.
 Tribe ~~Mont~~ *Pegaw* State *Mont* Date *Sept 1*, 19 *11*
 Age *17* years Respiration _____ Condition of Eyes *OK.*
 Height *4* ft. *10* ins. Mensuration { Insp. *33½*
 Weight *100* lbs. { Exp. *31½*
 Temperature *99* Vaccination *Sept 1-11*
 Pulse *85* Vision _____
 Inspection *Fairly well nourished under skin girl*
 Palpation *Frenitis in this out on rt. side*
 Percussion *Note good thro out*
 Auscultation *breathing slightly roughened at R. apex*
 Heart *all. 2nd Pulmonic - otherwise good - no murmurs.*
 (Menstruation) *OK.*

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>Yes</i>	<i>Wasp</i>		
Mother	<i>"</i>	<i>"</i>		
Brothers	<i>3</i>	<i>"</i>		
Sisters	<i>6</i>	<i>"</i>		

Personal history *mumps*

Present condition *good Sept 1-11*

Elmer Jones, M. D.

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 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.

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. E. M. Waller 6312 N. Park Ave.

Logan Phila.

Pupil's name Carrie Lumber

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 113-lbs.

Has the pupil any trouble with the eyes? No excepting a little cold

a few times which affected them

Are the eyelids inflamed?.....

Remarks:.....

Date Jan. 1st 1912

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

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. E. M. Waller 6312 N. Park Ave. Logan Phila

Pupil's name Marie Carrie Dunbar

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 111

Has the pupil any trouble with the eyes? _____

Are the eyelids inflamed? Slightly at times

Remarks: _____

Date March 2nd 1912

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

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 *300 W. Main St - Proveston
Hannah H. Harris, M. J.*

Pupil's name *Carrie Durbin*

General health of the pupil *Excellent*

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

Has the pupil any trouble with the eyes? *her eyelids get red
and she says they hurt - but when she reads much,*

Are the eyelids inflamed? *at times*

Remarks:

Date *May 31st - 1912*

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

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.

300 W. Main St - Monestour

Patron's name and address *Hannah H. Harris, M. J.*

Pupil's name *Carrie Durban*

General health of the pupil *Excellent -*

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

Has the pupil any trouble with the eyes? *her eye lids get red*

and she says they hurt - her father she reports much.
Are the eyelids inflamed? *at times*

Remarks:

Date *May 31st - 1912*

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

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 *Hannah H. Haines*

Pupil's name *Carrie Dunbar*

General health of the pupil *very 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 *one hundred and five*

Has the pupil any trouble with the eyes? *some little*

Are the eyelids inflamed? *sometimes*

Remarks: *Carrie complains quite a good deal of a pain in her side and at times says her eyes hurt - her*

Date *July 3rd 1912*

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 *Samuel Harris, Worcester, Mass.*

Pupil's name *Samuel Harris*

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 *105 1/2 lbs*

Has the pupil any trouble with the eyes? *yes at times*

Are the eyelids inflamed? *yes " "*

Remarks:

Date *Aug 21st - 1912*

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

REFER IN REPLY TO THE FOLLOWING:

5-1100

ADDRESS ONLY THE
COMMISSIONER OF INDIAN AFFAIRS

Education-Industries
127442-1912
2818-1913
J H C

DEPARTMENT OF THE INTERIOR

OFFICE OF INDIAN AFFAIRS

WASHINGTON S

Authority.

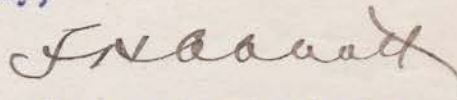
JAN 18 1913

Mr. Moses Friedman,
Supt. Carlisle School.

Sir:

Authority is hereby granted you to sign and approve a check against the account of Carrie Dunbar, deceased, in the sum of \$13.07 and make the same payable to Francis Dunbar, sister of the decedent, as it seems that Francis incurred certain expenses in connection with the burial of her sister.

Respectfully,



Acting Commissioner.

1-RJB-14

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Carrie Dunbar.

AGE 18.

DIAGNOSIS Appendicitis followed by Peritonitis

ADMITTED Dec 10

DISCHARGED Dec 13.

RESULT Died

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Consent was telegraphed on Dec 12 for operation, but reply arrived too late for operation, owing to her condition as per chart herewith.

Patient

Carrie Dunbar

Carlisle, Pa.,

Dec. 13

1912

Physician

Travis Allen

Address

Nurse

Francois Agnes

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00								8:00	
7:15		130	47	7:00	Digitalin			7:20	Resting very quietly
7:30		182	52		Hydro. purg. - 10 grs.				frequently awake to
8:00			30	8:10	of T coffee			7:30	very Restless
8:15			50					8:00	Resting quietly.
8:30		119	52	8:10	Mut. enema (albumin)				almost asleep
8:45			47	8:20	Coffee 2 drams			8:35	Resting very quietly
9:00			42	8:30	coffee 1 dram.			9:35	Emesis & coffee
9:15		9	55	9:00	Strychnine Nitrate				
9:30			60						Involuntary bowel movement
9:45			55						Died 11-5 A.M.
10:15			40						
11:30			30						

Patient Carric DunbarCarlisle, Pa., Dec 13th1912Physician Justin Allen

Address

Nurse Railly

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
12 Midnight	100.2	162	34	midn	1/2 fl oz 30 grs. Strychnia hypo		None	12:15	dozing in light sleep.
12:15 ^{1/4}		150	34	1:30 ^{1/4}	Unit Evacuans } albumin water 1 ounce 10 min water.			12:20	Nauseated
12:30 ^{1/4}		160	32	2 ^{am}	1 Teaspoon of water			12:38 ^{1/2}	vomited. } digested fecal matter decided fecal odor
12:45 ^{1/4}		174	36	3 ^{am}	hypo. Strych. 30 grs.			12:35	complains of heart.
1 Am.		150	38	6 ^{am}	hypo. Strych. 90 grs.			12:60	still complains of heart.
1:30 ^{1/4}		166	32					1 ^{am}	complains of difficult breathing.
1:45		160	34					1:30 ^{1/4}	resting quietly.
2 am		158	34					1:45	Asleep
2:15		168	36					2 ^{am}	awake after 10 minutes sleep
2:45 ^{1/4}		152	30					2:15	sleeping lightly. 15 Min.
3 Am.	99.4	128	30					2:30	still asleep " "
3:30 ^{1/4}		158	36					2:45	awake and dozed off again
3:45 ^{1/4}		160	36					3 Am	awake and resting quiet.
4 am		158	36					3:15	sleeping
4:15		148	34					3:30	awake a little pain
4:30		160	34					3:45	awake and restless
4:45 ^{1/4}		156	38					4 ^{1/4}	
5 am		150	36					4 ^{am}	Winkled. about 2 ounces.
5:15		162	38					4:15	awake and very restless
5:30		150	32						a trifle delirious feet and hands cold

Patient *Carrie Dunbar* Carlisle, Pa., *Dec. 12.* 191*2* Physician *Dr. Frolic and Allen*
 Address *Carlisle Penna.* Nurse *Frances August*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
11:45				11:00				P.M.	
11:45		130	36				None	11:00	Sleeping lightly
								11:10	awoke and very restless
								11:15	Mind wanders some
								11:30	Resting quietly
								11:35	asleep
								12:00	awoke very restless Slept 20 mins.
									Total amt. of sleep 1 hour.

Patient Carrie Dunbar, Carlisle, Pa., Dec 12 - 1912 Physician Felicnd Allen.
 Address _____ Nurse Frances Angus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6:30 a.m.		150	32					6:30 p.m.	Resting quietly
6:45 a.m.		135	34	7:10 a.m.	Digitaria pure	6:50	Teaspoonful of water	6:40 p.m.	Sleeping lightly
7:10 a.m.		130			1-100 gr.			7:45 p.m.	Resting good
7:30 a.m.		0	0	9:00 a.m.	1/30 gr. Strypk. Hypo.	8:00 p.m.	Teaspoonful of water	8:00 p.m.	Diglyt joints sleep
7:45 a.m.		128	36	11:00 a.m.	7 1/2 water.			8:10 p.m.	awoke and vary restles 10 min sleep.
8:00 a.m.		148	34					8:20 p.m.	Resting quietly
8:15 a.m.		140	36					8:40 p.m.	vary restles
8:30 a.m.		130	30					9:00 p.m.	Resting quietly
8:45 a.m.		143	34					9:30 p.m.	" "
9:00 a.m.	1004	134	32					9:40 p.m.	Awake. 2. insucie
9:15 a.m.		130	34					9:55 p.m.	Sleeping lightly.
9:30 a.m.		138	36	9:30 a.m.	hypod. enema (albumin) 1/2 oz			10:00 p.m.	awoke. vary
9:45 a.m.		150	34						Restles. slept 5 min
10:00 a.m.		140	32					10:10 p.m.	Sleeping lightly.
10:10 a.m.		138	36						awoke 5 min sleep.
10:30 a.m.		145	34					10:15 p.m.	asleep.
10:45 a.m.		130	34					10:30 p.m.	awoke vary queller
11:00 a.m.		134	36					10:35 p.m.	Resting quietly
11:15 a.m.		130	34					10:40 p.m.	Sleeping lightly
11:30 a.m.		128	32					10:55 p.m.	awoke. slept 10 min

Patient Carrie Deacon Carlisle, Pa., Dec 12 1912 Physician Traut & Allen
 Address _____ Nurse Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6 P.M.	100.3	146	32	6 P.M.	$\frac{1}{30}$ gr. Stroph. Hypo.		None	5:45	still asleep
				6 P.M.				6 P.M.	sleeping lightly
									Total amt of sleep twenty minutes.
								6:05	awake

109.7
 100 gr. 1-12-1
 8-3-12 9-12-3-6-9-2-3-6

Patient Carrie Dunbar Carlisle, Pa., Dec 24 1912 Physician Frederic End Allue
 Address _____ Nurse Mayne Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
12:30		150	34	12:45	1 teaspoonful water		None	12:30 ^{P.M.}	resting quietly
12:45		138	30				"	12:45	" " "
1 P.M.		134	30	2:30	1 teaspoonful water		"	1 P.M.	droying off in to sleep.
1:15 ^{P.M.}		142	34		1 hyp. dig. 10gr.		"	1:15 ^{P.M.}	" " " "
1:30 ^{P.M.}		152	36	3 P.M.	1 hyp. 3.0 gr. Stryclusq		"	1:30	resting easy nearly asleep
1:45		156	36	4:30 ^{P.M.}	alcohol scrub		"	1:45	asleep about 3 minutes
2 P.M.		162	38	5 P.M.	Nut. Enema ^{albumen water} } 2 ounces		"	2 P.M.	awake resting quietly
2:15		148	36	4 P.M.	1 teaspoon of water		"	2:15	" " " "
2:30		160	38	6 P.M.	1 teaspoon water		"	2:30	sleeping lightly
2:45		166	34				"	2:45	very restless
3 P.M.	100	158	34				"	3 P.M.	very restless
3:15		140	32				"	3:30 ^{P.M.}	In pain and restless
3:30 ^{P.M.}		160	34				"	4 P.M.	Awake and quiet
3:45 ^{P.M.}		164	36				"	4:15	" " "
4 P.M.		144	32				"	4:30	resting easy
4:15 ^{P.M.}		152	30				"	4:45	urinated 3 oz.
4:30 ^{P.M.}		146	32				"	5 P.M.	awake restless
4:45		148	34				"	5:15	" "
5 P.M.		158	36				"	5:30	resting easier
5:15 ^{P.M.}		144	38				"	5:40	Slept 10 minutes
5:30 ^{P.M.}		156	38				"		

Patient *Carrie Dunbar* Carlisle, Pa., *Dec. 12* 1912
 Address *Carlisle Pennsylvania*

Physician *Travis & Allen*
 Nurse *Frauced Angus*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
AM.							None	AM.	
7:00			36					7:10	vary restless
AM								AM	
7:15		120	36	AM	<i>Styechua 1-30 gr.</i>		"	7:10	complains of very little pain
AM								AM	
7:30		130	30	AM			"	7:30	vary restless
AM								AM	
7:45		148	34	11:40	<i>Urinated. 2 ounces.</i>		"	7:35	sleeping lightly
AM								AM	
8:00		140	32				"	8:10	asleep. awoke 8:15. sleep.
AM								AM	
8:15		160	38				"	8:25	Resting quietly
AM								AM	
8:30		164	34				"	8:40	vary Restless
AM								AM	
8:45		145	38				"	8:45	sleeping lightly
AM								AM	
9:00		148	34				"	8:55	awake, slept. 10 min.
AM								AM	
9:15		138	36				"	9:00	Resting well.
AM								AM	
9:30		153	34				"	9:05	asleep, awoke 9:10. slept 10 min.
AM								AM	
9:45		162	32				"	9:25	Resting quietly.
AM								AM	
10:00		120	36				"	9:55	vary restless.
AM								AM	
10:30		145	30				"	10:10	Resting well.
AM								AM	
10:45		138	34				"	10:45	Resting well.
AM								AM	
11:00		122	30				"	11:10	Resting quietly
AM								AM	
11:15		140	36.				"	11:25	sleeping lightly
AM								AM	
11:30		135	40				"	11:40	Urinated. 2 ounces
AM								AM	
11:45		130	34				"	11:45	sleeping lightly
AM								AM	
12:00		142	30	12	<i>Glycerine Enema ʒ.</i>		"		
12:15	1003	154	34						Result small. constipated - retained 1/2 enema

Patient *Carrie Dunson*

Carlisle, Pa., *Dec 12th*

191 *2*

Physician *Fralin*

Address

Nurse *M. A. Bailey*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>6:15^{PM}</i>		<i>142</i>	<i>84</i>					<i>6:4</i>	<i>Awake resting easier</i>
<i>6:30^{PM}</i>		<i>148</i>	<i>86</i>						
<i>6:45^{PM}</i>		<i>152</i>	<i>86</i>						
<i>7am</i>		<i>160</i>	<i>82</i>						

Patient Carrie Dunbar Carlisle, Pa., Dec 12th 1912 Physician Allen and Frolic
 Address _____ Nurse Mary Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
12:15 ^{PM}	100.2	158	36	2 ^{PM}	$\frac{1}{30}$ gr. <i>Stychnia</i> .		None	12:45 ^{PM}	Awake and very restless
12:15 ^{PM}		130	32						
12:45		138	34					12:20	sleeping lightly.
1:00 ^{AM}								12:30	sleeping lightly.
1:15 ^{PM}		162	38					12:45	awake and nauseated
1:30 ^{PM}		162	36					1 ^{PM}	Asleep.
1:45		150	36					1:15	awake and in pain.
2 ^{AM}		168	34						
2:15		158	30					1:30	still in pain and restless
2:30 ^{AM}		148	36						
3 ^{AM}	100.3	160	36					1:45	asleep.
3:15 ^{PM}		170	38					2 ^{PM}	awake but quiet.
3:30 ^{PM}		148	38					2:10	asleep for 10 minutes.
4 ^{PM}		134	32					2:20	awake but quiet.
4:15 ^{PM}		164	34					2:45	asleep
4:45 ^{PM}		144	32					3 ^{PM}	awake and restless
5 ^{AM}		138	30					3:05	asleep.
5:15 ^{PM}		140	30					3:15	awake and quiet
5:20 ^{AM}		148	38					3:20	asleep lightly.
5:45 ^{PM}								4 ^{AM}	awake - slept 25 min.
6 ^{AM}		156	38					4:20	asleep
								5 ^{PM}	awake and in pain - urinated with difficulty 3 o'clock
								5:45	asleep.

Patient *Carrie Dunbar* Carlisle, Pa., *Dec 10th* 191*2* Physician *Francis Bailey*
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8am	98.1	68	12	9am	Licorice Pow'd			10 ³⁰ am	Emesis
12 noon	100.2								Urinated
5:30 ^{pm}	100	88	28						
				7:45	Hypo. morph.			8pm	In great pain
				12 ^{mid}	Urinated 4oz. ^{restless} ^{radical} pain			9pm	asleep
5am	100.5	82	18		Dec 11 th		Dec 11 th	12 ^{pm}	Urinated
12 noon	100.1	132	24	1pm	30 gr. Struch.			4am	Urinated
12:45		132	24	5 ^{pm}	Urinated 2oz.			11 ³⁰	Urinated
1:15		138	30		restless radical pain			3 ^{pm}	Urinated
1:30		136	34		Inc cap to side			4:30	Urinated
1:45		138	32					6:00	Urinated
2:15 ^{pm}		150	34					7:00	Urinated.
2:15 ^{pm}		146	34					9:00	Complains of pains in stomach.
2:30 ^{pm}		139	36						
2:45		138	34						
3 ^{pm}	101	136	32						
3:15 ^{pm}		160	36						
3:30 ^{pm}		146							
4:30 ^{pm}		148	36						
5:00 ^{pm}		146	32						
		146							

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 Carrie Dunbar WARD Girls CHIEF A. R. Allen

URINE EXAMINATIONS.

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

BLOOD EXAMINATIONS.

DATE.	RED CELLS.	LEUCOCYTES.	HEMOGLOBIN.	SERUM REACTIONS.	DIFFERENTIAL COUNTS AND SPECIAL EXAMINATIONS.
Dec. 11	2000000	20000			
Dec 12		50000			

SPUTUM EXAMINATIONS.

DATE.	MACROSCOPICAL.	T. B. MINUS.	T. B. PLUS.	MICROSCOPICAL.