

Dead 5906

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2363	ENGLISH NAME Amy Cornelius Oneida	AGENCY Oneida	NATION Oneida	
BAND	INDIAN NAME	HOME ADDRESS Esther Cornelius (mother) P.O. #10 Kaukauna, Wis		
PARENTS LIVING OR DEAD		BLOOD Full	AGE 19	HEIGHT 5' 4 1/4"
FATHER, <i>A</i>	MOTHER, <i>L</i>	WEIGHT 140 <sup>2</sup>	FORCED INSP. 36	FORCED EPXR. 33
ARRIVED AT SCHOOL Nov. 5, 1908.		FOR WHAT PERIOD 3 yrs.	DATE DISCHARGED May 13, 1911	CAUSE OF DISCHARGE Dead
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
4-7-'10	M. W. Coulter, New Cumberland, Pa.			<sup>next</sup> 7-9-10
7-?-10	" " " "			4-24-'11.

THE SHAW-WALKER CO., MURKESB. N. 79104

Months in school before Carlisle, *24 mos.*

*Oneida* *2nd Gr.*

*Day Sch.*

Grade entered at Carlisle, *2nd Gr.*

Grade at date of Discharge, .....

Trade or Industry, .....

Church, *Adventist*

*miles to sch.*

*Dead*

**BRIEF.**

**Application of**

*Amy Cornelius*

FOR THE ENROLLMENT OF

*Self.*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST OFFICE ADDRESS OF APPLICANT:

Date of enrollment, *Jan. 28,* 190 *9*

Term of enrollment, *Three* ( *3* ) 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 Amy Cornelius, Female, Amy Cornelius (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of R. F. #10 Kankana P. O., State of Wis., do hereby voluntarily consent and agree to my enrollment in said school for a period of 3 years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at \_\_\_\_\_ on Aug. 17, '91; (Date.) that the father, Am. Cornelius, (Name of father.) ~~is~~ was a Full Indian of the Oneida Tribe located at Oneida Agency; that he left the tribe about Don't know; (Approximate date.) that the mother, Esther Cornelius, (Name.) (Is ~~of~~) a Full Indian of the Oneida Tribe located at Oneida Agency, and left the tribe about Don't know; (Approximate date.) 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>Oneida Day Sch.</u>		<u>Don't know</u>			<u>2nd.</u>
					<u>2nd.</u>

This Jan 27 day of \_\_\_\_\_, 190 9  
Two witnesses:

Emma N. Hetrick \_\_\_\_\_  
Miss N. Miller \_\_\_\_\_  
Amy Cornelius \_\_\_\_\_ (Parent, guardian, or next of kin.)  
R. F. #10 \_\_\_\_\_  
P. O., Kankana, Wis.

(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, Amy Cornelius, do hereby swear that the statements made in the above application are true.

Amy Cornelius  
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_

(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 \_\_\_\_\_, 190\_\_\_\_\_, M. D.

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## 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  
(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 \_\_\_\_\_

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This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

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### 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  
(Name of child.)  
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 \_\_\_\_\_

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This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

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**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 \_\_\_\_\_, 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 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.

5-192 a.

BRIEF.

APPLICATION OF

Esther Cornelius

FOR THE ENROLLMENT OF

Amy Cornelius

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oneida, Wis.

Date of enrollment, Nov. 3, 1908, 190

Term of enrollment, three (3) years.

NAME OF COLLECTING AGENT:

11/3 08

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, Pa.

of Amy Cornelius ; F ; date of birth Aug. 17, 1890 ;  
(Name of child.) (Sex.)  
Oneida, Wis.  
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>William O. Cornelius</u>	D			
NAME OF MOTHER.				
<u>Esther Cornelius</u>	L	<u>Oneida, Wis</u>		

I, Esther Cornelius, do hereby voluntarily consent and agree to her  
(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>Oneida boarding</u>	<u>1903</u>	<u>1904</u>		
2.				
3.				
4.				

Esther Cornelius  
(Parent, guardian, or next of kin.)

P. O. address: Kaukauna, R. 10.

Two witnesses:

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 Oct day of 30, 1908

Joseph A Powless  
Physician at Onida Agency.

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 Esther Cornelius was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 3rd day of Nov., 1908., 190

Joseph L. Hart  
Agent or Superintendent.

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.

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.

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.



## INDORSEMENTS.

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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; 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.

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Cornelius, Amy DATE 3/16 1910

AGE 9 YEARS { NEW STUDENT. TRIBE Duscarora STATE Wis  
 { RETURNED

DEGREE OF INDIAN BLOOD Full

INSPECTION Good development

Enlarged gland right side of neck

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
 { RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 36 RESPIRATION 20 PULSE 92  
 { EXP. 32 1/2

TEMPERATURE 98.6 degs. HEIGHT 5 FT 4 1/4 IN. WEIGHT 140 LBS.

VISION 1920 VACCINATION Had smallpox

MENSTRUATION Regular

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	?
MOTHER	yes.	Good		
BROTHERS			1	?
SISTERS			2	?

PERSONAL HISTORY:

REMARKS:



HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

Mar 16 - 1910

Good

(Amy)  
REPORT OF Emma Cornelius pupil of Carlisle Indian  
School, who went Apr. 7, 1910 to live with Mrs. C. A. Coulter  
(Date) (Patron)  
of New Cumberland York  
(Post Office) (County)  
Penn. New Cumberland Railroad Station  
(State)

Conduct Very good  
Health Good - Arms have broken out in pimples.  
Ability Good  
Cleanliness Very nice and very clean.  
Economy Very careful.  
Situation of Room Large pleasant room upstairs  
Condition of Room Good  
Condition of Clothing Very good.  
Wages \$2 per week  
Are careful accounts kept by patron? Yes.  
Are careful accounts kept by pupil?  
Number of days at school  
Distance to school Very short distance.  
Grade or quality of school Graded Country 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? Metho dist  
Distance to church New Cumberland - 1 mile.  
Is there a Catholic church in locality? No.  
Who compose patron's family? Mr. & Mrs. Coulter and two sons.  
What other help is employed? No other help.  
Locality of home In country - short distance to village.  
Home life and environments Very pleasant country home.  
Trade at school  
Nature of work Household duties  
Pupil's age 19 Experience Had none.



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

Patron likes Emma very much. Both Mr. & Mrs. Coulter feel they have a fine girl who does not make any trouble about going out with other girls in the evenings and who seems to be very capable. She helps to milk during the harvest and is considered a "good" milker. No trouble about her rising early in the morning at five o'clock. Often times she is up before Mrs. Coulter.

Patrons would like Emma to stay all winter and go to school. She can go three days every week beginning in September. After November first, she can go the full time. Emma would like to stay. She is receiving good training in the ordinary household duties which she will have to do in a home of her own.

July 1910.

Lida M. Johnston.





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

New Patron, 1st girl. A pleasant farm home (rented) in suburbs of village. Patron and husband both old and delicate she is a practical, kind woman, E. is satisfactory, a little sullen at times and self-willed. A little slow, is learning to cook, improving in her work, very much of a child. Patron would like to keep her. E. likes her home and school and wants to stay.

Trin says E. entered school Oct 26. attends regularly, never late, about up to grade, conduct ex., application ex.

March. end.

Mellic V. Gaither  
Field Agent.







Patient Amy Cornelius Carlisle, Pa., May 6 1911

Address .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	F
1:00	104.4	100	40	12m	Hypro. of Starch 1/30	7:00	will not take	2.00
4:00	104	100	40	8:00	" " " 1/30		nourishment -	
7:00	104.4	106	40			9:00	will not take	
10:00	103.6	106	40				nourishment -	
1:00	106.6	158	52					
4:00	106.4	160	50					
7:00	106.4	160	50					
10:00	106.2	156	50					
May 7					May 7 - 1911			
1:00	105.8	158	46					15
4:00	105.4	154	42	9:00	Hyoscin Hydro brom gr 1/100			
7:00	105	154	44					
10:00	105	154	40					
1:00	106	154	42					
4:00	107	154	42					
7:00	107	154	44					
10:00	107	154	44					







Carlisle, Pa., May 4

1911

Physician Dr. De Foney

Nurse Alice Guest

Medicine	H.	Nourishment	H.	Remarks
	10 <sup>PM</sup>	Milk $\frac{3}{4}$ II with a teaspoonfull of Bovinine.		
	12 <sup>00</sup>	Milk with Bovinine $\frac{3}{4}$ II.		
	2 <sup>00</sup>	Milk with Bovinine $\frac{3}{4}$ II.		
	4 <sup>00</sup>	Milk with Bovinine $\frac{3}{4}$ II.		
	6 <sup>00</sup>	" " " $\frac{3}{4}$ I.		
	8 <sup>00</sup>	Milk " " $\frac{3}{4}$ I.		
not taken	10 <sup>00</sup>	" " " $\frac{3}{4}$ I.		
drinking	12 <sup>00</sup>	" " " II.		
ch Sul gr $\frac{1}{30}$	2 <sup>00</sup>	" " " "		
$\frac{3}{4}$ - I	10 <sup>00</sup>	" " " $\frac{3}{4}$ I.		
um Bromide in I				
ch sul gr $\frac{1}{30}$				
of strychn gr $\frac{1}{30}$	2 <sup>00</sup>			(2 <sup>00</sup> Urinated)



Patient Amy Cornelius Carlisle, Pa. May 3 1911

Address .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment
10 <sup>00</sup>	104.2	104	28	6.00	Rx - I gr 'k'o	10 <sup>00</sup>	Lemonade $\frac{3}{4}$ II
May 4 1 <sup>00</sup>	104.2	104	28	8.00	Strychn. sul. gr. $\frac{1}{30}$	12 <sup>00</sup>	Milk $\frac{3}{4}$ II
4 <sup>00</sup>	105	106	30	12.00	" " "	2 <sup>00</sup>	" "
7.00	104	106	30	12.15	Rx - $\frac{3}{4}$ - I	4 <sup>00</sup>	" "
10.00	104	102	32	4.00	Strychn. sul. gr. $\frac{1}{30}$	6.00	" "
1.00	104	102	32	6.00	Rx - $\frac{3}{4}$ - I	8.00	" "
4.00	104	102	32			10.00	" " with
7.00	104	104	28				a teaspoon full of
10.00	103.2	102	28				Bovinine
May 5						12.00	Milk $\frac{3}{4}$ II with
1.00	103.2	100	28				a teaspoon full of
							Bovinine -
						1.30	Juice of an
							orange -
						3.00	Milk $\frac{3}{4}$ II with
							a teaspoon full
							of Bovinine -
						5.00	Milk with
							Bovinine $\frac{3}{4}$ II
						8.00	Orangeade $\frac{3}{4}$ II
						10.00	Milk

Carlisle, Pa.

May 3

1911

Physician

Dr. de Foney

Nurse

Alice Guest

Medicine	H.	Nourishment	H.	Remarks
I	10 <sup>00</sup>	Lemonade $\frac{3}{4}$ II		
cul. gr. $\frac{1}{30}$	12 <sup>00</sup>	Milk $\frac{3}{4}$ II		
"	2 <sup>00</sup>	" "		
I	4 <sup>00</sup>	" "		
cul. gr. $\frac{1}{30}$	6 <sup>00</sup>	" "		
I	8 <sup>00</sup>	" "		
	10 <sup>00</sup>	" " with a teaspoonfull of Bovinine		
	12 <sup>00</sup>	Milk $\frac{3}{4}$ II with a teaspoonfull of Bovinine -		
	1 <sup>30</sup>	juice of an orange -		
	3 <sup>00</sup>	milk $\frac{3}{4}$ II with a teaspoonfull of Bovinine -		
	5 <sup>00</sup>	milk with Bovinine $\frac{3}{4}$ II		
	8 <sup>00</sup>	Orangade $\frac{3}{4}$ II		
	10 <sup>00</sup>	Milk		



Patient Amy Cornelius

Carlisle, Pa., May 2

19 11

Address .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment
7 <sup>am</sup>	104	94	30	7 <sup>50</sup>	mix Nomico x	3 <sup>am</sup>	milk $\frac{3}{4}$ V
7 <sup>50</sup>	104	100	30		5 ounces solution x	7 <sup>50</sup>	" $\frac{3}{4}$ II
10:00	104	100	30	12	Strych. sul gr $\frac{1}{50}$	9 <sup>50</sup>	" $\frac{3}{4}$ II
1 <sup>50</sup> P.M.	105	106	34	12:30	Rx - $\frac{3}{4}$ - I	11 <sup>50</sup>	" $\frac{3}{4}$ II
4 <sup>50</sup>	105	106	32	4 <sup>50</sup>	Strych sul gr $\frac{1}{30}$	12:00	Soup $\frac{3}{4}$ III
7 <sup>50</sup>	105	104	28	6:00	Rx - $\frac{3}{4}$ - I	2:00	milk $\frac{3}{4}$ II
10 <sup>50</sup>	105	102	30	8 <sup>50</sup>	Strych sul gr $\frac{1}{50}$	4:00	" " "
May 3						6:00	" " "
1 <sup>50</sup>	105	104	30			8:00	" " "
4 <sup>50</sup>	105	102	30			10:00	" " "
7 <sup>50</sup>	104	100	28	6 <sup>30</sup>	Rx - $\frac{3}{4}$ - I	12 <sup>30</sup>	Egg nog $\frac{3}{4}$ II
10:00	104	100	30	8:00	Strych sul gr $\frac{1}{30}$	3 <sup>30</sup>	" " "
1:00 P.M.	104	100	30	12:30	Rx - $\frac{3}{4}$ - I	6:30	" " "
4:00	105	102	28	12:00	Strych sul gr $\frac{1}{30}$	8:30	milk $\frac{3}{4}$ II
7:00	104	106	30	4:00	" " "	10:30	" " I
				6:00	Rx - $\frac{3}{4}$ - I	12:00	milk toast $\frac{3}{4}$ IV
				8:00	Strych sul gr $\frac{1}{50}$	1:45	a little apple
						2:00	milk $\frac{3}{4}$ II
						4:00	" " "
						6:00	" " "
						8:00	" " "

Carlisle, Pa. May 2

19 11

Physician Dr. De Foney  
Nurse Alice Guest

Medicine	H.	Nourishment	H.	Remarks
Nomica x	3 <sup>am</sup>	milk $\frac{3}{4}$ V	1:50 <sup>am</sup>	Sponge bath. after bath
Resolution x	7 <sup>00</sup>	" $\frac{3}{4}$ II		temp. 103.2
ych sul gr $\frac{1}{50}$	9 <sup>00</sup>	" $\frac{3}{4}$ II	4:30	Sponge bath after bath
-3-I	11 <sup>00</sup>	" $\frac{3}{4}$ II		temp. 104
ych sul gr $\frac{1}{30}$	12:00	Soup $\frac{3}{4}$ III	7:30	Sponge bath. temp after
-3-I	2:00	milk $\frac{3}{4}$ II		bath 104.
ych sul gr $\frac{1}{50}$	4:00	" " "	10:25	Urinated and B.M.
	6:00	" " "		
	8:00	" " "		unable to control
	10:00	" " "	10:00	bowels.
-3-I	12:30	Egg nog $\frac{3}{4}$ II		
ych sul gr $\frac{1}{30}$	3:30	" " "		
-3-I	6:30	" " "		
ych sul gr $\frac{1}{30}$	8:30	milk $\frac{3}{4}$ II		
" " "	10:30	" " I		
-3-I	12:00	milk toast $\frac{3}{4}$ IV		
ych sul gr $\frac{1}{50}$	1:45	a little apple		
	2:00	milk $\frac{3}{4}$ II		
	4:00	" " "		
	6:00	" " "		
	8:00	" " "		



Patient Amy Cornelius Carlisle, Pa., Apr 30 1911

Address .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment
9 <sup>PM</sup>	104	96					
10 <sup>AM</sup>	104	96					
May 1-1911							
7 <sup>AM</sup>	102 <sup>6</sup>	100		8 <sup>AM</sup>	Mix Veronica		
10 <sup>AM</sup>	104	100	28		Fowler's gtt X	7 <sup>AM</sup>	Milk $\frac{3}{VI}$
1 <sup>PM</sup>	104	100	30		(gtt X)		
4 <sup>PM</sup>	104.6	100	30	12 <sup>AM</sup>	Mix Veronica X 12 <sup>M</sup>		Breast $\frac{3}{III}$
7 <sup>PM</sup>	104.4	96	40		Fowler's gtt X		Milk $\frac{3}{IV}$
10 <sup>PM</sup>	104	96	32			3 <sup>PM</sup>	" "
1 <sup>AM</sup>	103.2	94	28	7 <sup>PM</sup>	Mix Veronica X 5 <sup>PM</sup>		malted milk $\frac{3}{I}$
					Fowler's gtt X	6 <sup>PM</sup>	orange
						9 <sup>PM</sup>	Milk $\frac{3}{I}$
						12 <sup>AM</sup>	" $\frac{3}{II}$

Date: Carlisle, Pa., Apr 30 1911 Physician: Dr. De Poney  
 Nurse: Alice Isuest

Medicine	H.	Nourishment	H.	Remarks
			7 <sup>00</sup>	Sponge bath: After-bath temp
ay 1-1911				
ix Veronica owles gtt X tt X)	7 <sup>00</sup>	Milk $\frac{3}{4}$ VI	10 <sup>00</sup>	103. Sponge bath. Temp after-bath 102.
ix Veronica X 12 owles gtt X	3 P.M.	Bovril $\frac{3}{4}$ III Milk $\frac{3}{4}$ IV	10.0 A.M. 10.40	Turpentine Stups. Sponge bath. after bath temp 104.
ix Veronica X 5 P.M. owles gtt X	6 P.M.	malted milk $\frac{3}{4}$ VI orange	1.20	Sponge bath. after bath temp 104
	9 P.M.	Milk $\frac{3}{4}$ V	4.30	Sponge bath temp. after bath 104.4
	12 <sup>00</sup>	" $\frac{3}{4}$ VI	3:15	Urinated + 0.3 M. did not retain malted milk.
			6:00	Did not retain orange
			8:45	Sponge bath temp after bath 104.3
			10 <sup>05</sup>	Sponge bath. temp after bath 104.





NAME.

Amy Cornelius

TRIBE.

Oneida

PARENT OR GUARDIAN.

HOME ADDRESS

Esther Cornelius  
R. F. D. 10  
Kaukauna,  
Wis.

DATE ENROLLED.

Nov. 5, 1908.

TERM.

Three Years

AGE.

19

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM  
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room  
No.

Neatness

Conduct.

Ability.

Conduct

July '09

Nov

Good

V. Good

A.P.

Fair

E+

237

Poor

V. Good

Jan '10

3

Good

E+

Hand.

Good

E+

Good

E+

Jul '10

3

Good

E+

None

Yd

Yd

Jan '11

4 1/2

V. Good

E+

July '11

Deceased

May 1911.





