

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

5909

NUMBER 3199	ENGLISH NAME Minnie Crow	AGENCY Cherokee	NATION Cherokee				
BAND Eastern	INDIAN NAME	HOME ADDRESS Joseph Crow, Cherokee, N.C.					
PARENTS LIVING OR DEAD	BLOOD 3/8	AGE 17	HEIGHT 5'3 3/4"	WEIGHT 109 1/2	FORCED INSP. 32	FORCED EPXR. 31	SEX F.
FATHER, L	MOTHER, L	ARRIVED AT SCHOOL 11-2-1910		FOR WHAT PERIOD Five years	DATE DISCHARGED 9-5-11	CAUSE OF DISCHARGE Failed to return	
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
4-29-11	Isaac Reynolds, West Chester, Pa.					7-26-11	
8-5-11	On Leave						

THE SHAW-WALKER CO., WUREKELN. 79104

Months in school before Carlisle, ... 72

Grade entered at Carlisle, ...

Grade at date of Discharge, ...

Trade or Industry, ...

Church, ... Baptist

Miles to school

BRIEF.

Application of

Joseph Crow

FOR THE ENROLLMENT OF

Minnie Crow

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Eastern Cherokee

Date of enrollment,, 19.....

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 Minnie Crow ; Female ; date of birth Oct. 27, 1893
(Name of Child) (Sex)
Eastern Cherokee
(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Joseph Crow</u>	<u>Living</u>	<u>Cherokee</u>	<u>Eastern Band</u>	<u>3/4</u>
<u>Annie Crow</u>	<u>1/2.</u>

I, _____, do hereby voluntarily consent and agree to enrollment in said school for a period of five 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
<u>1. Eastern Chero.</u>	<u>1908</u>			<u>Fourth Grade</u>
<u>2.</u>				
<u>3.</u>				
<u>4.</u>				

Joseph Crow
(Parent, guardian, or next of kin)

P. O. address: _____

Two Witnesses:

Etta Knickerbacker
Cora B. Squires.

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 10 day of Oct., 1910

Clifford Swallow

Physician at Cherokee 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 Joseph Crow
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 14th day of Oct, 1910

Frank Kysalka

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 Crowe Minnie Sex Male Female
 Tribe Full 114 State N. C. Date July 25, 1911
 Age 18 years Respiration _____ Condition of, Eyes OK
 Height 5 3 1/2 ins. Mensuration { Insp. _____ Ears OK
 Weight _____ lbs. { Exp. _____ Throat Slightly Cong. Ed.
 Temperature 98 Vaccination 1909 good Cervical glands Enlarged
 Pulse 70 Vision _____ Skin good
 Inspection Poor expansion over lungs. Slender, anemic, emaciated female.
 Palpation Tactile fremitus in over entire Rt. lung. No masses etc.
 Percussion Apex impaired - Impairment 2nd rib R. Impaired and flat at 4th rib L. Imp. down to 3rd rib on L.
 Auscultation Cow wheel breathing L. apex, bronchial over R. chest to 3rd rib roughened thru out.
 Heart Normal outline. Sounds booming and not irregular.
 (Menstruation) Irregular.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	Yes	Healthy		
Mother	Yes	Condition unknown		
Brothers	one	O.K.		
	—	—		
Sisters	—	—		
	—	—		

Personal history Measles, Chicken pox, frequent colds — otherwise O.K.

Present condition Very poor. Marked evidences of Pulmonary Ptosis.

Elicee Hrus, 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.

Name Crow, Minnie

Age 17
(On July 26, 1911)

Sex ~~Male~~
Female.

Tribe ~~Full~~
1/4 Cherokee

Residence Cherokee, N. C.

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS. <small>History, progress, and termination of the disease.</small>
19	T.	P.	R.				
July	25	99	74	Weakness & Low vol. & appetite	Rest, riched - Milk and Eggs - I. O. S. T. ! D.	Acute Pneumonia plus -	Sent home in a very critical condition Aug 6 - 1911
"	28	64					
"	26	100	94				
"	27	99	94				
"	28	101.2	100				
"	28	98	74				
July	30	99	72				
Aug	1	100	86				
Aug 2		101.6	94	28			
Aug	3	98.6	74	24			
Aug	4	99.2	86	18			

E. H. ...

NAME Minnie Crow Sex ~~Male~~ Female
 Tribe ^{Full} _{5/8} Cherokee State N.C. Date Oct. 10, 1910.

Age 17 years Respiration rr Condition of, Eyes Good
 Height 5 ft. 2 1/2 ins. Ears Good
 Weight 108 1/2 lbs. Mensuration { Insp. 30 1/4
 Exp. 27 3/4 Throat Good
 Temperature 98.4 Vaccination None, last 1906 Cervical glands Normal
 Pulse 84 Vision 6/6 Skin Good
 Inspection Chest, normal

Palpation " " "
 Percussion " " "
 Auscultation " " "

Heart Normal
 (Menstruation) at 15 years, regular.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	✓	Fair. Chronic gastritis		
Mother	✓	Good		
Brothers	1	Good		
Sisters	0			

Personal history of measles and varicella; good recovery in each case.

Present condition Excellent

Clifford E. Waller, M. D.

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REPORT OF Minnie Curre pupil of Carlisle Indian
School, who went July 29, 1911 to live with Mrs Isaac Reynolds
(Date) (Patron)
of Web-Checker Checker
(Post Office) (County)
Pennsylvania, Web-Checker Railroad Station
(State)
Conduct Excellent
Health Fair - has ugly cough.
Ability Good
Cleanliness Excellent
Economy
Situation of Room 2nd floor
Condition of Room ex-
Condition of Clothing "
Wages 12⁰⁰
Are careful accounts kept by patron? Yes
Are careful accounts kept by pupil? No
Number of days at school
Distance to school 3 blocks
Grade or quality of school
Name and address of teacher
Qualifications of teacher
In what grade was pupil at Carlisle? 5th
In what grade is pupil at present? "
Attends what church and Sunday school? Method.
Distance to church 1/2 mile
Is there a Catholic church in locality? Yes
Who compose patron's family? Mrs. + Mrs. R. 3 ch. 15, 12, 9.
What other help is employed? none, laundry part-time.
Locality of home Town
Home life and environments Excellent
Trade at school
Nature of work gen. housework.
Pupil's age 18 Experience 2 yrs.

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

A delightful home, large shade
grounds. Patron a kindly considerate
woman. Says M. has an ex-
cellent disposition willing & trying
shows evidence of having had
a good mother to train her.
She is a good plain cook -
She is not very well, but is better
than when she came, her men-
struation is irregular & has weak
stomach. Patron expects Sara
to be in Sept. Will keep M.
all winter if she wants to stay.
M. likes her home. Says work
is not too hard, & she stays
out all winter if patron wants
her.

Mollie V. Garth-
Field Agent.

Jan 27-1911.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

121

Name of Student *Minnie Crowe* Home Address *Jos. Crow, Cherokee, N.C.* Tribe *Cherokee*

Age at Entrance	Date of Entrance	Shop	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT.	OCT	NOV	DEC	TOTAL OR AVERAGE
<i>17</i>	<i>11-2-'10</i>		<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	
Patron	Locality		Days in School												
<i>Isaac Reynolds</i>															
Address	R. R. Station		Conduct												
<i>West Chester, Pa.</i>			<i>4 4</i>												
Recommended by	Grade in School		Ability												
			<i>2.9 "</i>												
Grade of Home	Church		Health												
			<i>7 7</i>												
Date of Outing	Date Returned	Wages	Earnings												
<i>4-29-'11</i>	<i>7-26-'11</i>		<i>12. 12.</i>												

4
"
7
10.50

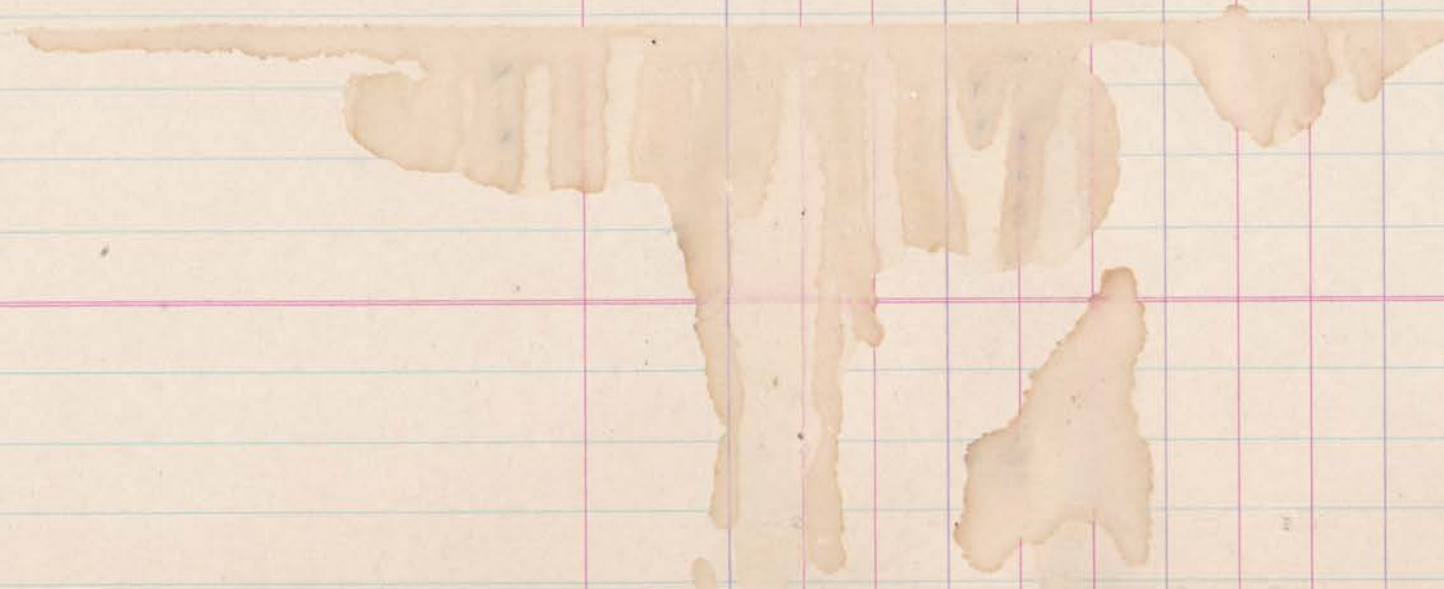
OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student

Home Address

Tribe

Age at Entrance	Date of Entrance	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Locality													
Address		R. R. Station													
Recommended by		Grade in School													
Grade of Home		Church													
Date of Outing	Date Returned	Wages													



NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1911

TRIBE Cherokee

~~FULL~~ ONE 14

NAME Crowe Minnie

AGE 18

DIAGNOSIS Acute Pneumonic Tuberculosis

ADMITTED July 27-11

DISCHARGED Aug 6-11

RESULT Sent home

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. B. Allen

Elmer Hess M.D.

REMARKS:

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Grove Missie DATE 11/14, 1910.

AGE 18 YEARS } NEW STUDENT. TRIBE Cherokee STATE N. C.

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Fair development
exp. poor

PALPATION normal

PERCUSSION normal

AUSCULTATION { RESONANCE normal
RESP. MURMUR normal

HEART SOUNDS normal

MENSURATION { INSP. 32 RESPIRATION 20 PULSE 96
EXP. 31

TEMPERATURE 99 degs. HEIGHT 5 FT 3 3/4 IN. WEIGHT 109 1/2 LBS.

VISION normal VACCINATION good scar

MENSTRUATION Regular

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes.</u>	<u>not well</u>		
MOTHER	<u>yes</u>	<u>rheumatic</u>		
BROTHERS {	<u>1.</u>	<u>yes.</u>		
SISTERS {	<u>0.</u>			
	<u>0.</u>			

PERSONAL HISTORY:
Measles, Chicken Pox.

REMARKS:

HOSPITAL RECORD

EXAMINATION FOR OUTING:

DATES:

CONDITION:

3-7-1911

Good.

April 21, 1911

Good

July 25-1911

Case No.

DIAGNOSIS

Acute Pneumonia T.B.

Revise

Notes of Case

Name Marianne Groves *M.F.*

Age 17 *S.M.W.*

Nativity Cherokee

Occupation Student

Residence Carlisle

Indian School

Date of admission July 26

(5) Diet (3)

milk and eggs

no meats.

Treatment

July 27 8 $\frac{z}{i}$ - T. 9. 20.

July 28th - Calomel

+ salts

July 31 Calomel

and salts

Result Went home -

		M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOWELS																							
URINE																							
F.																							
Clinical Memoranda																							
Details of Treatment																							
Day of Dis.																							
Pulse.		97	71	71	72	70	86	74	85	85	84	84											
Resp.		15	20	22	14	20	26	29	18	20	24	24											
Date.		27	28	27	30	31	1	2	3	4	5	6											

C. 42°

41°

40°

39°

38°

37°

36°

35°

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

Dr. E. H. ...

NAME Crow Minnie Sex Male Female.

Tribes Cherokee State N.C. Date July 27, 1911

Age 4 1/8 years Respiration _____ Condition of, Eyes _____

Height 5 3 3/4 ins. Mensuration { Insp. _____ Ears _____

Weight 100 lbs. { Exp. _____ Throat _____

Temperature 100 Vaccination _____ Cervical glands _____

Pulse 90 Vision _____ Skin _____

Inspection Poor expansion - Emaciated - Anemic

Palpation Tactile fremitus ++ over both apices.

Percussion Note poor thro' out Rt apex to 4 + + A.B.

Auscultation Bronchial breathing, whispered pectorology.

Rales - over R. Lung -

Heart Weak - acc. 2nd pulmonary.

(Menstruation) Normal

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			Yes	?
Mother	Yes	Rheumatic		
Brothers	1	O.K.		
Sisters				

Personal history Measles, chicken pox, frequent colds.

Present condition Acute Pulmonary T.B. Critical

E. Hess

, M. D.

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