

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

5926
Readmitted.

NUMBER 3961	ENGLISH NAME Originally, Spindown Reuben C. Charles Salamanca	AGENCY Seneca	NATION
BAND	INDIAN NAME	HOME ADDRESS Anderson Charles, Akron, N. Y.	
PARENTS LIVING OR DEAD Anderson Charles	BLOOD Full	AGE 20	HEIGHT 5' 7 1/4"
FATHER C	MOTHER D	WEIGHT 135 1/2	FORCED INSP 35 3/4
ARRIVED AT SCHOOL Sept. 2, 1908	FOR WHAT PERIOD Graduation	DATE DISCHARGED June 29, 1911	SEX. M.
TO COUNTRY	PATRONS NAME AND ADDRESS	CAUSE OF DISCHARGE Failed to return	
10-5-'08	To Phila. with band	10-10-'08	
1-2-'09	M. S. Motherill, 2036 Race St., Phila. Pa.	1-30-'09	
4-15-'09	Ran	11-13-'09	
4-23-'11	"	4-24-'11	
5-29-'11	On leave		

THE SHAW-WALKER CO., MUSKOGEE-CHICAGO 33877

Months in school before Carlisle, 52

Grade entered at Carlisle, 4th - 6th

Grade at date of Discharge,

Trade or Industry,

Church, *Meth.*

new appl. made out
by Miss White & Mr. Miller
for 2 yrs. - Nov. 15, '09
Miles to sch.

Re-enrolled
5926

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4931	ENGLISH NAME Reuben Charles	AGENCY Salamanca	NATION Seneca	
BAND	INDIAN NAME	HOME ADDRESS Anderson Charles Akron, N.Y.		
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT
FATHER, L.	MOTHER, L.	7 yrs.	24	
ARRIVED AT SCHOOL Feb. 13, 12	FOR WHAT PERIOD	DATE DISCHARGED 6-9-12	CAUSE OF DISCHARGE Failed to return	
TO COUNTRY 5-9-12	PATRONS NAME AND ADDRESS Home on leave.			FROM COUNTRY

Months in school before Carlisle,.....

Grade entered at Carlisle,

Grade at date of Discharge,.....

Trade or Industry,.....

Church,.....

+

2739

BRIEF

(For a child not enrolled at an Agency.)

APPLICATION OF

Reuben E. Charles.

FOR THE ENROLLMENT OF

Reuben E. Charles.

IN THE INDIAN SCHOOL AT

CARLISLE, PENNSYLVANIA

POST-OFFICE ADDRESS OF APPLICANT

Albion, N.Y.

Date of enrollment, _____, 190 8

Term of enrollment, until my graduation years.

NAME OF COLLECTING AGENT:

Position, _____

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 Barlisle, Pa., of Reuben Charles, male, I, Anderson Charles, (Name of child) (Sex) (Parent, guardian, or next of kin) of Akron, P. O., State of N.Y., do hereby voluntarily consent and agree to enrollment in said school for a period of graduation, 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 Tonawanda Res. on June 29th; that the father, Anderson Chas., is a 4/4 Indian of the Seneca Tribe located at Salamauca Agency; that he left the tribe about ; that the mother, , was a 4/4 Indian of the Seneca Tribe located at Salamauca Agency, and left the tribe about ; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Philas; '98 to '00</u>				
2. <u>Barlisle 1900-'08</u>				

This 19th day of August, 1908

Two witnesses:

Ulysses S. Steprock
Lucinda Parker

Anderson Charles
Parent, guardian, or next of kin
P. O., Akron N.Y.

(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, Reuben Charles, do hereby swear that the statements made in the above application are true.

R. Charles A. Charles
Signature of applicant Parent, guardian, or next of kin

Sworn to and subscribed before me this 19 day of Aug., 1908

Ulysses S. Steprock

(NOTE:—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

NOTE

Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

CERTIFICATE OF PHYSICIAN

I, _____ 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.

VOUCHER OF SOLICITOR FOR SCHOOL

I hereby certify that I was present and witnessed the execution of the foregoing application made
by _____; that its contents were explained or interpreted to
Parent, guardian, or next of kin
by _____; that I believe _____ understood the purport
Name of interpreter
thereof; that I was present at the medical examination of the child named herein; that _____
resides with _____, in or near the town of _____;
Name of person—parent, guardian, etc.
that the child can not have adequate and proper educational facilities at home for the reason that

Dated at _____
this _____ day of _____, 190 _____
Official title _____

(NOTE—This voucher must be executed by the official representative of the nonreservation school to which appli-
cation is made. Pupils and Indian solicitors will not be accepted.)

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 statements
therein are true; that I am acquainted with _____; that
he is known and recognized in the community in which he lives as an Indian; that in my opinion he
can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190 _____

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 statements
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 can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190 _____

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on _____, I made a careful exami-
(As soon after arrival as possible.)
nation of the physical condition of _____, the child named in
the foregoing application, and found _____ to be _____

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

This _____ day of _____, 190 _____

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without special permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

2739

BRIEF.

Application of

FOR THE ENROLLMENT OF

Ruben Charles

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Akron Ny

Date of enrollment, _____, 190 *9*

Term of enrollment, *two* (*2*) 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 Reuben Charles, M, I, Reuben Charles (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Akron P. O., State of Ny., do hereby voluntarily consent and agree to my enrollment in said school for a period of two 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~~ I was born at Akron Ny on June 29, 1889 (Date.) that the father, Anderson Charles, is full Indian of the Seneca (Name of father.) (Is or was.) (Degree.) Tribe located at Tonawanda Agency; that he left the tribe about Still there, (Approximate date.) that the mother, deceased, was full Indian of the Seneca (Name.) (Is or was.) (Degree.) Tribe located at Tonawanda Agency, and left the tribe about _____; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Re-enrolled See last enrollment</u>					

This 15th day of Nov, 190 9

Two witnesses:

Wm N. Miller
Ellen F. White

Reuben Charles
(Parent, guardian, or next of kin.)
P. O., Carlisle Pa.

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

(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.

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 _____

This _____ day of _____, 190_____

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 _____

This _____ day of _____, 190_____



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.

3798 PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Charles Reuben DATE 12/5 1908

AGE 20 YEARS { NEW } STUDENT. TRIBE Seneca STATE N. Y.

DEGREE OF INDIAN BLOOD.....

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE
RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 35 3/4
EXP. 31 3/4 RESPIRATION 22 PULSE 72

TEMPERATURE 98 degs. HEIGHT 5 FT. 7 1/4 IN. WEIGHT 135 1/2 LBS.

VISION 10/10 VACCINATION good. Rev. 12/23/08

FAMILY HISTORY:

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

PERSONAL HISTORY: Good health

REMARKS:

Amber Sundown - (Charles)

PRESENT NAME

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

43798

Feb 24

, 1913

Name

Ruben E. Charles

(Please give name by which enrolled and also present or married name.)

Tribe

Seneca (New York)

Present Address

11401 Mithyl Ave. Cleveland.

Former Address

Akron, N.Y.

(Address from which we heard from you last.)

Present Occupation

Broker (Sgt Co.)

Remarks:

3798

(1)

Cleveland, Ohio

Feb. 24, 1913.

Dear Mr. Friedman:

Regarding the information which you sought in your letter of the 10th inst, must say that I have been, so far, very successful. Through my efforts and earnest desire to make good I was able to secure employment in one of the largest offices in the world. Probably it was through the kindness of Mr. Baeder, my employer, and his interest in me that I was able to secure this position.

Like many others Mr. Baeder is interested in the Indians, their uplift and their education. All I asked was a chance and he gladly gave me. (over)

for such large office as the Sherwin-Williams, to be one of the many who are figuring on their daily transactions.

It is indeed grand to be in their employ. The offices are complete with modern equipments. We have our own dining hall, club-rooms, etc which other offices cannot boast. We also have our own athletic teams, musical clubs and other organizations.

Cleveland is the main office of the Sherwin-Williams Co., and I might add they have factories in all of the large cities. I have worked here two months now and thanks for the training I received in your bookkeeping department for that is my line of work. As the days go on the work seems to get more interesting.

Being the only Indian in this office, I am not a stranger as everyone knows me by sight and my name is one of distinction "Chief." I don't begin to know one fourth of the office force for it is impossible to know everyone in the office of this size. Although, the fact that every body is so pleasant to me makes me feel quite at home.

I find much time for pleasure such as basketball, bowling and other pastimes. Am a member of several basketball teams, such as the Amity A.C. which took second place in the Cleveland Basketball League, and the Glenville Local Sons of the Church and
(over)

~~am still fighting~~
for just honors.

I realize, now that I have a chance, it is up to me to make good and I am glad to say that my work has been satisfactory to my employers. The fact that I am working side by side ^{with} my white brothers helps me to do my best.

To go out into the world and fight its battles is not an easy task, but if one will live up to the school motto, "Stick" they will always be Carlisle's, for Carlisle means victory. The only way I can repay the school for what it has done for me, is to put into practice the things I have learned and to always be striving for higher and nobler things.

In closing would it be asking too much of you to have you send

me some sample copies of the Red
Man? Think I can get few subscribers.

I wish you the greatest possible
success and ^{may} the good work of the
school continue.

Yours very truly,

Reuben E. Charles,

11401 Methuyl Ave.,
Cleveland Ohio.

February 25, 1913.

Mr. Reuben E. Charles,
11401 Methyl Avenue,
Cleveland, Ohio.

My dear Friend:-

I have your newsy letter of February twenty-fourth, and was delighted to hear from you. Your letter indicates that you are busy at work in a good establishment, and at an occupation in which you received special training at Carlisle. This is gratifying. I hope that you will continue to make good and that your aim and success among the white people of the establishment in which you labor and in the City of Cleveland, will reflect credit on the school which gave you your education. Let me hear from you from time to time.

With kind regards, I am,

Sincerely your friend,

MF:SR

Superintendent.

5926

Name	Charles, Reuben	Age	Deg. Ind. blood
Address	Akron, N. Y.		

Information from	Date	191
State	Agency	Tribe

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

1. Clerk - Has work at home²:
3. Failed to appear fro Civ⁴. Serv. exam.

Remarks:

5926 24-th St.
 Charles Reuben - also known as Sundown
 Special Course in art 246
 Correspondence 341
 Debt of E. J. Kurritz 803
 Recommendations of, Fidelia C. Parker 6620
 Board bill - Mrs. Eliz. C. Smoyer 6963
 Mother - Anderson Charles 7161
 Inquiry, Sherwin Williams Co. 1993

PARENT OR GUARDIAN

NAME. *Reuben Charles*
formerly Sundown

TRIBE.

PARENT OR GUARDIAN

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

Sept. 2, 1908. Graduation	20
---------------------------	----

Anderson Charles,
Akron, N. Y.

DATE 4 OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT

DORMITORY

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room

Neatness

Neatness

Conduct

Ability

Conduct

Jan. 09

Jan. '0

Law. 70

Dr. J. C. ...

June 11
Reading

July 11

B.L.

g.

Ex.

non

gro

Good

231

11

11

--	--

Name Reuben Sundown Tribe Seneca Age 12
Entered Nov 1903 2d term Address Akron N.Y.
Trade Harness Size of allotment None
Nature of allotment.....
How much under cultivation?..... How much can be cultivated?.....
When you leave Carlisle do you expect to return home? No
What do you expect to do for your livelihood? Trade Printing
Have you previously worked at farming? Yes
Where? Home How long? As long as I can remember
Have you worked at a trade? No What trade?.....
Where?..... How long?.....
Remarks Oct 1900 1st term - Harnessmaking
Changed to Printing Sept 1906
Date Feb 21-1907

Dead

2739

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Reuben Sundown Indian name is
Name of father
Name of mother, Tribe Seneca
Reservation, Degree of Indian blood of child, Full
Is either parent white, if so, which? Are either or both allotted?
On what reservation? Age of child, 18 What
reservation school attended? How long?
If ever enrolled in a nonreservation school, name of school,
When? How long? If ever
dismissed from a school, where, ; when,
and for what reason?

(Signed.) Reuben Sundown

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

CONSENT BLANK.

I, , parent, guardian or next of kin of the
above-named child, , do hereby consent to
transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.
Dated at on the
day of , 190

(Signed.)

[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named
, and have found physically sound, and recommend
the transfer so far as health conditions are concerned. Dated at
on the day of , 190

(Signed)

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

, 190
The statements concerning the above-named are be-
lieved by me to be correct, and I hereby recommend the transfer.

(Signed.)

U. S. Indian Agent or Superintendent

NOTE—Age limits, twelve to twenty years, preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian

CONSENT OF

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

For the term of years

Name of agency or place from which pupil came:

Date of enrollment, 190.....

Date of discharge, 190.....

Cause of discharge, 190.....

Respectfully submitted,

CONSENT PUPIL

(Signed)

on this

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE.....

NAME Penhew Charles.

AGE

DIAGNOSIS Altitis media.

ADMITTED Apr 16.

DISCHARGED Apr. 18.

RESULT Good.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Patient Buben Charles Carlisle, Pa., Mar 12 1912 Physician Dr. Kralie
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	101 ⁸	80		8:00	Lons. Tab.			8:00	Throat Swabbed.
				8:00	MgSO ₄ 3 T				
				10:00	Lons. Tab.			10:00	" "
				12:00	" "	12:00	Milk, Soup & cr.	12:00	" "
				2:00	" "		potato, peas	4:00	" "
				4:00	" "		bread & but.	8:00	" "
				6:00	" "	5:30	Toast, egg		
				8:00	" "		tea, potato.		
					Mar 13				
7:00	99 ²	66		8:00	Lons. Tab.	6:30	Coffee, calves	8:00	Throat Swabbed
				9:00	" "		gray wash	10:00	" "
				10:00	" "				
				12:00	" "	12:00	Milk, Soup &	12:00	" "
				2:00	" "		cr. potato onion	2:00	" "
				4:00	" "		bread & but.	4:00	" "
				6:00	" "	3:00	milk,	6:00	" "
				8:00	" "	8:30	Tea, bread & but.	8:00	" "
							Sauce gray -		

Patient Ruben Charles Carlisle, Pa., Mar. 19 1912 Physician Dr. Kralin
 Address _____ Nurse Eve S. Union

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
1:00	100 ⁺	70		8:00	Tons. Tab.	6:30	Coffee, salina	8:00	Throat Swabbed.
				1:00	" "	12:00	Soup & cr. wase	1:00	" "
							+ egg potato		
				12:00	" "		beans, m. ice	12:00	" "
				1:00	" "				
				2:00	" "			2:00	" "
				3:00	" "				
				4:00	" "			4:00	" "
				5:00	" "				
				6:00	" "	5:30	Tea, bread & but.	10:00	" "
				7:00	" "		potato meat		
				8:00	" "		same		
					Mar 15				
7:00	99	70		*2:00	Tons. Tab. T	6:30	Coffee, salina	2:00	Throat swabbed
				4:00	" "		grape wase		
				6:00	" "	12:00	Fruit		
				8:00	" "	8:30	"		

Patient W. Ben Charles Carlisle, Pa., Mar 16 1912 Physician Dr. Fralich
 Address _____ Nurse Eva Simons

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
2:00	98	76		8:00	Loose Sol	6:30	Full		
				12:00	" "	12:00	"		
				2:00	" "	5:30	"		
				4:00	" "				
				6:00	" "				
Mar 17									
7:00	98	80				7:00	"		
						12:00	"		
						5:30	"		
Mar 18									
7:00	99	70		7:00	Loose Sol	6:30	"		
				8:00	"	12:00	"		
						5:30	"		
Mar 19									
7:00	99	72		7:00	Lo	6:30	"		
						12:00	"		
						5:30	"		

NO. _____

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE _____

FULL. ONE _____

NAME Benben Charles.

AGE _____

DIAGNOSIS Mastoid Abscess.

ADMITTED Apr 21

DISCHARGED Apr 25

RESULT Improved

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Frazer

REMARKS:

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Ruben Charles

AGE

DIAGNOSIS Insitis followed by middle ea. abscess.

ADMITTED Mch. 12.

DISCHARGED Mch 21

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Tracie

REMARKS:

Case No. _____

DIAGNOSIS

Insects of Arabia

Revise _____

Notes of Case

Name Ruben Charles M.F.

Age _____ S.M.W. _____

Nativity.....

Occupation Student

Residence Ind. S. S.

East. Pa.

Date of admission Mar 12 '12

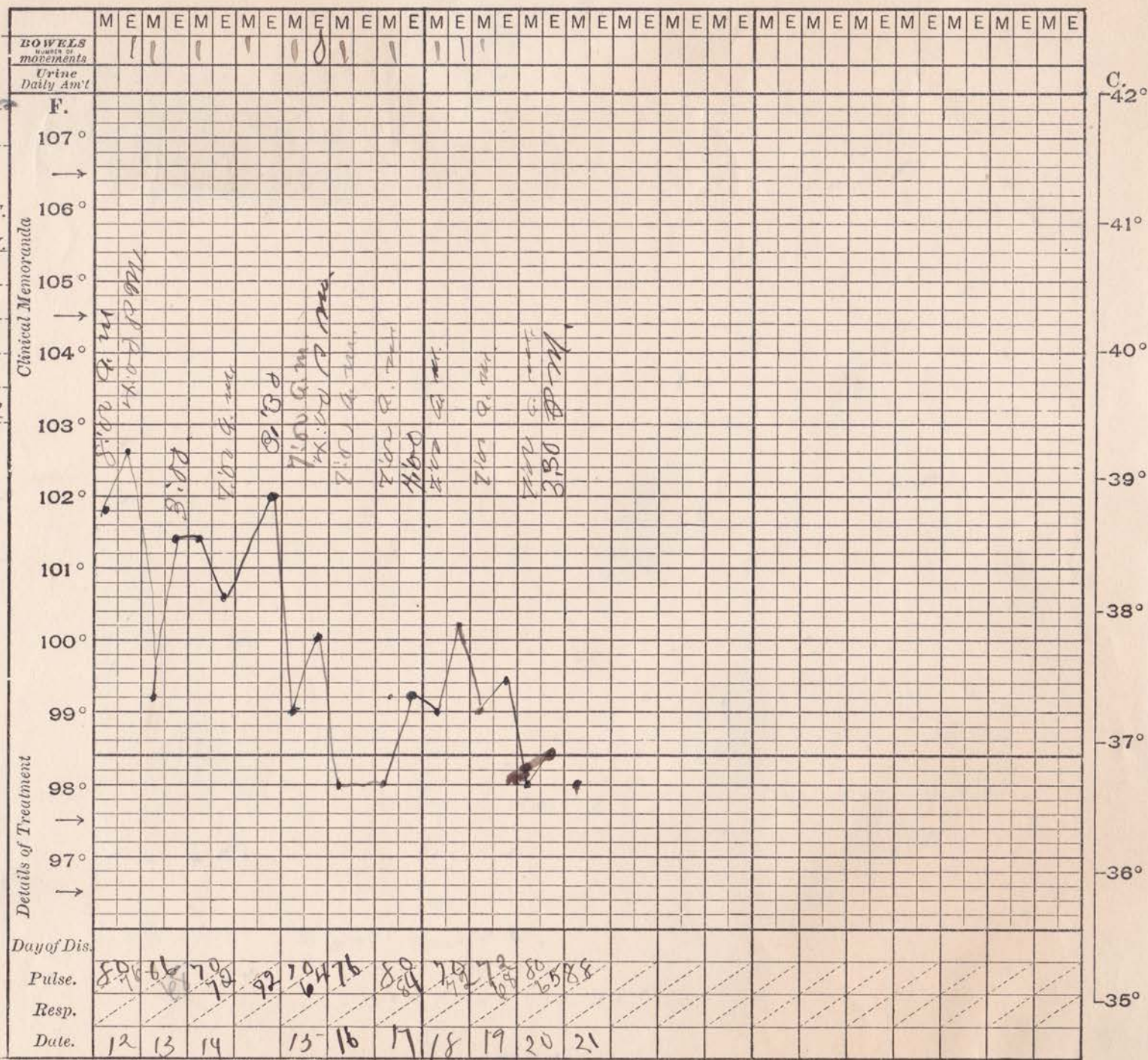
Diet

S. H.

Treatment

Treatment
Tonsillitis tab q hr.
Swab throat q
2 hrs.
Mag Sulp 3 +

Result _____



Address _____ Nurse _____

[illegible]

[illegible]

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

[illegible]

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

Address..... Nurse.....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
731	98.4	60	24			630	Full.		
7						1200	" "		
400	98.4	90	26			530	"		
					April 23				
780	98.4	52	20			630	Full		
						1200	"		
2400	98.4	70	30			530	"		
					April 24				
730	97	56	20			630	Full		
						1200	"		
400	98.4	90	30			530	"		
					April 25				
880	98	64	28			630	Full.		

INFORMATION REGARDING RETURNED STUDENTS

PART 1

REPORT BY NONRESERVATION SUPERINTENDENT OR RESERVATION SCHOOL PRINCIPAL

SCHOOL, _____, 191

Name, Reuben Charles; Sex, M; Age, 24; Deg. Indian Blood, Full

Belongs: State, N. Y.; Agency, _____; Tribe, Seneca

Home address, whose care, etc., Albion, N. Y.

Grade in school, Graduate; health, good; height, _____; weight, _____

Number months instruction given pupil in each school department, including music, _____

Course completed, Academic; years in this school, 9

Years spent in other schools and names of schools, _____

Character and disposition, Character not good, Disposition very good.

Recommended for what positions, suitability in order named: 1. _____

2. This young man has an excellent mind, and would make an excellent assistant clerk if kept sober.

Remarks: _____

_____, Supt.

PART 2

REPORT BY RESERVATION SUPERINTENDENT

AGENCY, _____, 191

Date pupil returned from school, _____; employed since return as follows: _____

Are home and local conditions favorable? _____

Should he receive assistance to find employment? _____

At what employment do you think he would do best? _____

Remarks: _____

_____, Supt.

SUGGESTIONS FOR SUPPLYING THE INFORMATION REQUESTED ON THIS BLANK

1. The report of nonreservation school Superintendent should be made at the time or a little before the pupil leaves school, whether at the end of the school year or during the school year, provided the pupil is 18 years of age or over, or younger, if for any special reason the pupil is quitting school permanently. As soon as this report is received, or at least very soon after the pupil returns home, the Supervisor of Indian Employment will correspond with the returned student for the purpose of getting more in personal touch with him and finding out something about his wishes, etc. His answer will be attached to and filed as part of this report.

2. Health, height, and weight of returned students are sometimes very important in placing them properly; height and weight could be approximated very satisfactorily, though from the pupil records now in use all information called for in part 1 of this blank can readily be obtained and be definite.

3. The State, agency, and tribe are important, and where the pupil is not attached to any agency this fact should be stated and the Superintendent should give all available information as to the home and local conditions surrounding the pupil.

4. Where the outgoing pupil has passed the civil-service examination for any position, this fact should always be noted, giving position for which examination was taken.

5. It should be remembered that the Supervisor of Indian Employment can but seldom have a personal acquaintance with the outgoing student, and that he must depend on the information furnished in this report for his basis of action in behalf of the pupil.

6. The degree of Indian blood should always be given, as this fact largely determines how much effort will be made on behalf of any particular returned student; qualifications being equal, or nearly so, the preference will be given to those having the greatest degree of Indian blood.

7. This report should be forwarded promptly to the Supervisor of Indian Employment, Denver, Colo.

8. Reports on students from reservation schools should be made only as to those who leave the schools at 18 years of age, or older, and who will probably not go away to school.

9. If part 1 of this report is made out by the principal of a reservation school, the reservation Superintendent should supply information called for in part 2 if the principal is not informed as to home surroundings and local conditions. Such information is essential to a proper understanding of the difficulties and needs of the pupil.

10. When part 1 is made out by a nonreservation Superintendent, this blank will be sent by the Supervisor of Indian Employment to the Superintendent of the reservation where the outgoing student belongs. He should fill out part 2 and return the blank as promptly as possible, for practically nothing can be done until the information called for in part 2 is supplied.

Information under the heading "Employed since return as follows," will be valuable only in cases where the pupil has been home for some time.