

5932

CARLISLE INDIAN INDUSTRIAL SCHOOL

Known as George Chubby

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>4337</i> <i>6157</i>		ENGLISH NAME <i>Samuel Chubby</i>			AGENCY		NATION <i>Cheyenne</i>		
BAND		INDIAN NAME			HOME ADDRESS <i>John Chubby Biney, Montana</i>				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.	
FATHER, <i>L</i>		MOTHER, <i>L</i>	<i>Sull.</i>	<i>17</i>	<i>5'10 1/4"</i>	<i>140 1/2</i>	<i>36 3/4</i>	<i>33 1/2</i>	<i>M.</i>
ARRIVED AT SCHOOL <i>Sept. 21, 1920</i>		FOR WHAT PERIOD <i>Three years</i>		DATE DISCHARGED <i>5-14-22</i>		CAUSE OF DISCHARGE <i>Sickness</i>			
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY		
<i>4-28-11</i>		<i>N. M. Frantz, Wood Hill Pa.</i>					<i>9-1-11</i>		

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle. *118*

Grade entered at Carlisle, *Normal*

Grade at date of Discharge, .....

Trade or Industry, .....

Church, *Catholic*

Miles to school - *25*

3716

636

CARLISLE, PA.

1893

**BRIEF.**

SAMUEL CHUBBY

SAMUEL CHUBBY

1893

JOHN CHUBBY

1893-1893

John Chubby

**Application of**

**JOHN CHUBBY, father of  
SAMUEL CHUBBY**

JOHN CHUBBY

1893-1893

John Chubby

FOR THE ENROLLMENT OF

1893

JOHN CHUBBY, father of

**SAMUEL CHUBBY**

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

1893

NAME OF AGENCY FROM WHICH PUPIL CAME:

1893  
Tongue River Indian Agency

**TONGUE RIVER INDIAN AGENCY, LAMEDEER, MONTANA.**

Date of enrollment, \_\_\_\_\_, 19\_\_\_\_\_

**THREE (3)**

Term of enrollment, ~~XXXXXXXXXX~~ **THREE (3)** ~~XXXXXXXXXX~~ ) years

1893

1893

1893

1893

# 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 SAMUEL CHUBBY ; MALE ; date of birth 1893  
(Name of Child) (Sex)

N. CHEYENNE  
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>JOHN CHUBBY</u>	<u>living</u>			
<u>Mah ha tah</u> <small>NAME OF MOTHER</small>		<u>N. Cheyenne</u>		<u>full-blood</u>
<u>MARTHA CHUBBY</u>				
<u>Ha o mah ah tse</u>	<u>living</u>	<u>N. Cheyenne</u>		<u>full-blood</u>

I, JOHN CHUBBY, father, do hereby voluntarily consent and agree to his  
three (3)  
enrollment in said school for a period of ~~XXXXXX~~ three (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
<u>1. Birney Day School</u>	<u>1908</u>	<u>1910</u>	<u>Vacation</u>	<u>First</u>
<u>2.</u>				
<u>3.</u>				
<u>4.</u>				

*John Chubby* his mark  
(Parent, guardian, or next of kin)

P. O. address: Birney,

Two Witnesses: Montana.

*Ort. Blake*  
*Thaddeus Redroote*

**PHYSICIAN'S CERTIFICATE.**

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 15th day of Sept., 19 10.

(Title)

*Sherront Lewis*

Physician at Lamedeer 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 John Chubby, father  
(Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of said child.

This 15th day of Sept., 19 10.

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 Samuel Chubby Sex  Male  Female

Tribe  Full  N. Cheyenne State Montana Sept. 17, 1910.

Age 17 years Respiration 18 Condition of Eyes Slight trachoma <sup>Eye</sup>

Height 5 ft. 10<sup>3</sup>/<sub>4</sub> ins. Ears Normal

Weight 136 lbs. Mensuration { Insp. 35 Throat Normal  
Exp. 32<sup>1</sup>/<sub>4</sub>

Temperature 98.6 Vaccination Unsuccessful Cervical glands Normal

Pulse 74 Vision 10/10 Skin Normal

Inspection Thyroid glandular enlargement. Poor development.

Palpation Premitus normal. Apex beat normal. <sup>Prominent scapulae.</sup>

Percussion Normal.

Auscultation Normal.

Heart Sounds normal.

(Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Fair health</u>		
Mother	<u>Yes</u>	<u>Fair health</u>		
Brothers	<u>Two (2)</u>	<u>Good health</u>	<u>One (1)</u>	<u>?</u>
Sisters	<u>Two (2)</u>	<u>Good health</u>		

Personal history \_\_\_\_\_

Present condition Good

F. Shewmaker, 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.



DEPARTMENT OF THE INTERIOR,  
UNITED STATES INDIAN SERVICE

CARLISLE, PA.

*Dead  
return*



Mr. Samuel Chubby

Birney

Montana.



3716

NAME <sup>George</sup>  
(Samuel) Chubby

TRIBE  
Cheyenne

PARENT OR GUARDIAN.  
John Chubby

DATE ENROLLED.  
Sept. 21, 1910

TERM.  
Three years

AGE.  
17

HOME ADDRESS  
Biney, Mont.

SPECIAL REMARKS.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING	
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct

Jan. '11	71.	V.S.	B+	Farm	ES	ES		U.S.	V.S.		
July '11	N. 1	0.						"	F		



REPORT OF George Chubby pupil of Carlisle Indian  
 School, who went 7/25, 1911 to live with H. M. Frantz  
(Date) (Patron)  
 of Wood Hill, Bucks  
(Post Office) (County)  
Pennsylvania, Newtown Railroad Station  
(State)

Conduct Good  
 Health Eyes troubled  
 Ability  
 Cleanliness Fair  
 Economy Good  
 Situation of Room Upper floor  
 Condition of Room Good  
 Condition of Clothing Good  
 Wages \$14.00 per month  
 Are careful accounts kept by patron? yes  
 Are careful accounts kept by pupil? no  
 Number of days at school ✓  
 Distance to school ✓  
 Grade or quality of school ✓  
 Name and address of teacher ✓  
 Qualifications of teacher ✓  
 In what grade was pupil at Carlisle? ✓ No!  
 In what grade is pupil at present? No!  
 Attends what church and Sunday school? Not Catholic  
 Distance to church 5 mi by trolley  
 Is there a Catholic church in locality? yes  
 Who compose patron's family? Man & wife  
 What other help is employed? None  
 Locality of home Near Wood Hill  
 Home life and environments Good  
 Trade at school None  
 Nature of work General farm  
 Pupil's age 18 Experience 1 year.

# Grade of home no 1

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

Mr Firanty affords a good home for the boys and takes special interest in them.

Geo. liked his home but caused a good bit of trouble on account of wanting to go home. He tried to run away three or four times. He does not understand English well.

Special care should be taken to give Mr. Firance a good boy next year as he has shown so much patience this season.

Dec. 5th 1911

J. H. Dickey  
Outing Agent.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

636

Name of Student George Chubby Home Address Pro. Chubby - Birney, Mont. Tribe Cheyenne

Age at Entrance 17 Date of Entrance 9-21-'10 Shop \_\_\_\_\_

Patron H. M. Frantz Locality \_\_\_\_\_ Days in School \_\_\_\_\_

Address Wood Hill, Pa. R. R. Station \_\_\_\_\_ Conduct \_\_\_\_\_

Recommended by \_\_\_\_\_ Grade in School \_\_\_\_\_ Ability \_\_\_\_\_

Grade of Home \_\_\_\_\_ Church \_\_\_\_\_ Health \_\_\_\_\_

Date of Outing 4-28-'11 Date Returned 9-1-'11 Wages \_\_\_\_\_ Earnings \_\_\_\_\_

JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR AVERAGE

July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

y y  
y y  
y y  
14. 14.

y y  
y y  
y y  
14. 14.



# PHYSICAL RECORD, 3716

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Chubby George DATE 10/7 1910

AGE 17 YEARS { NEW STUDENT. TRIBE Chippewa STATE Montana  
 { RETURNED }

DEGREE OF INDIAN BLOOD Full

INSPECTION Well developed

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
 { RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 36  $\frac{3}{4}$   
 { EXP. 33  $\frac{1}{2}$  RESPIRATION 20 PULSE 80

TEMPERATURE 98 degs. HEIGHT 5 FT. 10  $\frac{1}{2}$  IN. WEIGHT 140  $\frac{1}{2}$  LBS.

VISION  $\frac{10}{10}$  VACCINATION 10/7 1910

**FAMILY HISTORY:**

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

PERSONAL HISTORY: General good health.

REMARKS:

HOSPITAL RECORD

March 13 Operated  
on for Trachoma by Dr.  
A. R. Allen.

EXAMINATION FOR OUTING:

DATES:

April 19, 19 11,

CONDITION:

O. K.



NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE .....

FULL ONE .....

NAME George Chubbly

AGE .....

DIAGNOSIS Acute Bronchitis

ADMITTED Dec. 21

DISCHARGED December 23

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Allen

Chas. E. Druehly

REMARKS:

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

M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**DIAGNOSIS**

BOWELS  
*Number of movements*

Urine  
*Daily Am't*

F.

Clinical Memoranda

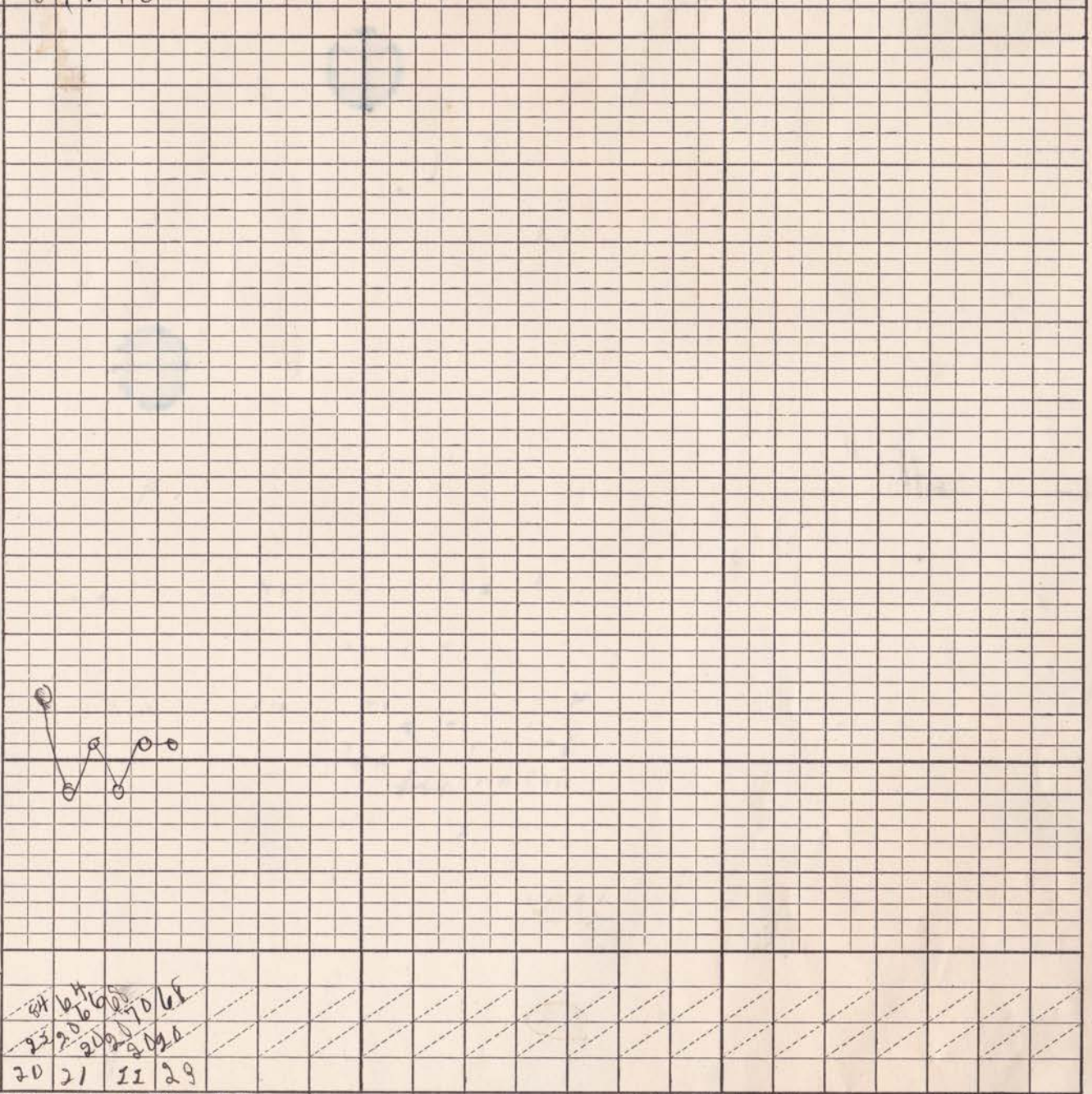
Details of Treatment

Day of Dis.

Pulse.

Resp.

Date.



Revise \_\_\_\_\_

Notes of Case

Name George Chubbey M.F.  
Age \_\_\_\_\_ S.M.W.

Nativity \_\_\_\_\_  
Occupation Student  
Residence \_\_\_\_\_

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

*Soft*

Treatment

*Codena Sulph 9/8  
every 3 hr.  
Cough Syrup 2j  
every hr.*

Result \_\_\_\_\_

70	21	11	29	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
----	----	----	----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---



Patient ..... Carlisle, Pa., *Dec*, *22* 191*1* Physician .....

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

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				12:00	Cough Syrup Codeine.				
				1:00	Cough Syrup				
				2:00	" "				
				3:00	" "				
					Codeine				
4:00	99	71	20	4:00	Cough Syrup				
				4:00	" "				
				6:00	Codeine				
				6:00	Syrup				
				7:00	Cough Syrup.				
				8:00	Cough Syrup.				
				9:00	Codeine				
				9:00	Cough Syrup.				
					Dec. 23.				
8:00	98	68	20	8:00	Cough Syrup.	6:30	gravy coffee toast oatmeal.		
				9:00	Codeine				
				9:00	Cough Syrup.				

Patient ..... Carlisle, Pa., *Dec 21* 191*1* Physician .....

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

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				2:00	Cough Syrup	5:30	(toast milk)		
				3:00	" "		gravy tea		
				3:00	Codeine		crackers.		
4:00	98.6	66	20	4:00	Cough Syrup				
				5:00	" "				
				6:00	Cough Syrup				
				6:00	Codeine				
				7:00	Cough Syrup.				
				8:00	" "				
				9:00	Codeine				
					Dec. 22, 1911.				
7:00	98	68	20			6:30	gravy toast		
							coffee oatmeal		
				8:00	Cough Syrup.	12:00	toast crackers		
				9:00	Cough Syrup.		soup milk		
				9:00	Codeine.	5:30	potatoes,		
				10:00	Cough Syrup.		milk toast		
				11:00	Cough Syrup.		tea		

Patient George Chubby Carlisle, Pa., Dec 20 1911 Physician Dr. Tribby  
 Address Carlisle Pa. Nurse A. Guest

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
3:00	99.2	84	22	4:00	Cough Syrup	5:30	egg toast		
				5:00	"		tea crackers		
				6:00	"				
				6:00	Codeine				
				7:00	Cough Syrup				
				8:00	"				
				9:00	"				
					Dec. 21, 1911.				
8:00	98	64	20			6:30	egg toast, coffee.		
				8:00	Cough Syrup.	12:00	soup, crackers.		
				9:00	Codeine.		toast milk.		
				9:00	Cough Syrup.				
				10:00	Cough Syrup.				
				11:00	Cough Syrup.				
				12:00	"				
				12:00	Codeine				
				1:00	Cough Syrup.				

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE .....

FULL. ONE .....

NAME George Chubby.

AGE .....

DIAGNOSIS ~~Apr 2~~ Pulmonary Tuberculosis

ADMITTED Apr 23

DISCHARGED May 14 <sup>Sent home</sup>

RESULT Not improved.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Frahe

REMARKS:

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

DIAGNOSIS  
*P. tuberculosis*

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

Name *George Chubley* M.F.

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

Nativity \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

Date of admission *Apr 23 1912*

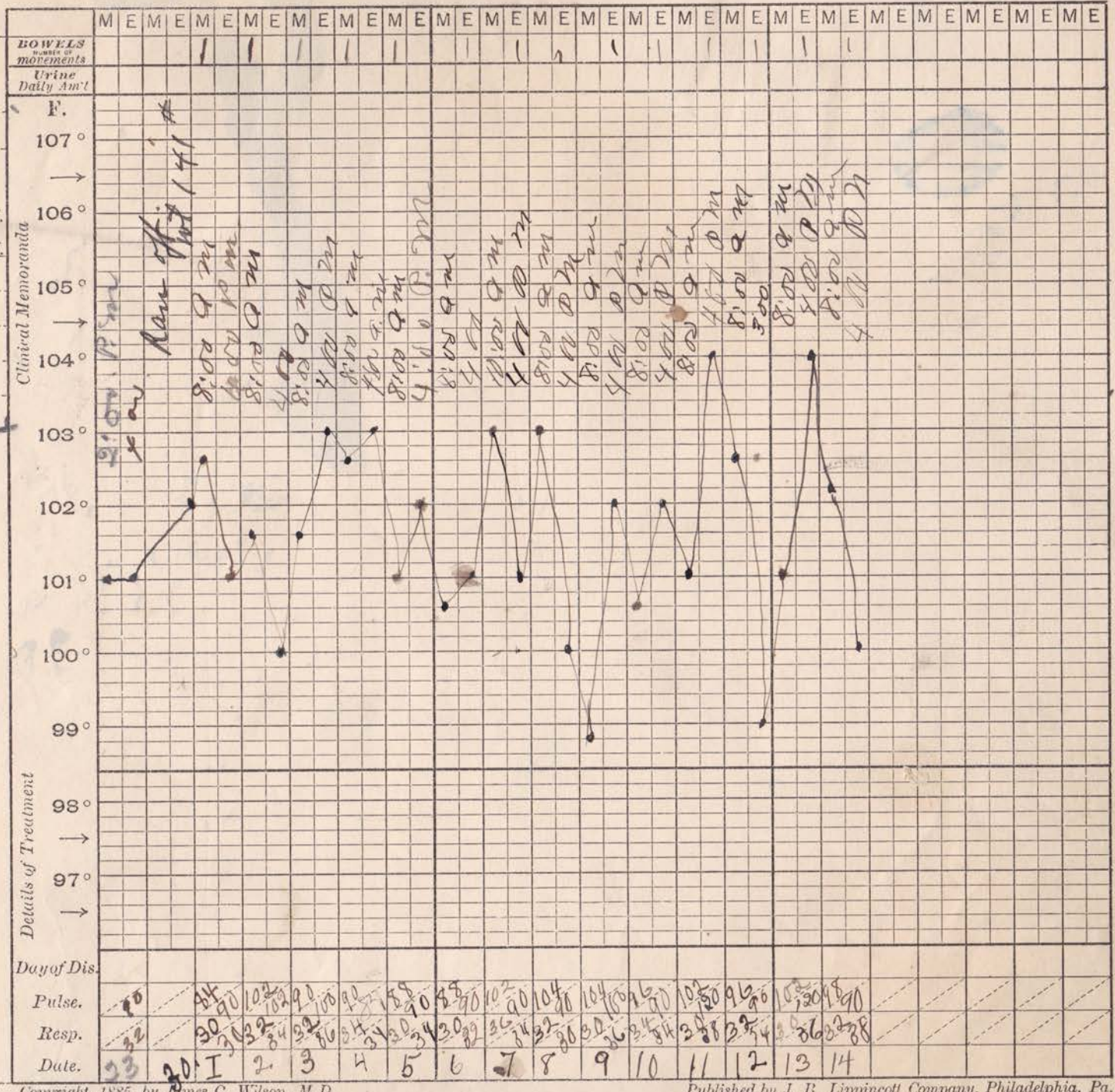
Diet  
*Full  
milk + eggs*

Treatment

*I. f. & S. z. i. t. i. d.*

*Salol + Phenag.  
3 times*

Result \_\_\_\_\_





Patient

Carlisle, Pa.,

May 10

191

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				1200	Phena + Sal	300	milk		
					J. G + S.				
300	99	90	34	300	Phena + Sal				
				400	J. G + S.				
				600	Phena + Sal				
					May 13				
8:00	101	102	30	8:00	Phena + Salol				
400	104	120	36		J. G + S.				
				1200	Q Q & S	10:00	milk.		
					Phen & S.				
				800	Phen & Salol	800	refused milk		
				400					
						800	milk		
					May 14				
				8:00	J. G + S				
					Phena + Salol				
8:00	1021	98	32	1200	Q Q & S				
400	100	98	38		Phen & Salol				
				800	Phen & Salol				

Patient *George Chubb*

Carlisle, Pa., *May 10*

191 *2*

Physician

Address

Nurse *Pearl Bonser*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100.4	96	34	8:00	<i>2. 2 + 5.</i>				
4:00	102	96	84		<i>Phena + Salol</i>				
				12:00	<i>2 2 &amp; 8</i>	9			
					<i>Phen &amp; Salol</i>	3:00	<i>milk &amp; eggs</i>		
				3:00	<i>Phen &amp; Salol</i>				
				4:00	<i>2 2 &amp; 8</i>				
					<i>Phen &amp; Salol.</i>				
					<i>May 11</i>				
				8:00	<i>Phena + Salol</i>				
					<i>2. 2 + 5.</i>				
					<i>May 11</i>				
8:00	101.2	102	37						
4:00	104	120	88	12:00	<i>2 2 &amp; 8</i>				
				12:00	<i>Phen &amp; Salol</i>				
				3:00	<i>Phen &amp; Salol</i>				
				4:00	<i>2 2 &amp; 8</i>				
				8:00	<i>Phena + Salol</i>	8:00	<i>Refused milk</i>		
					<i>May 12</i>				
8:00	102.3	96	82	8:00	<i>2. 2 + 5.</i>				
					<i>Phena + Salol</i>			1:00	<i>Ref milk</i>

Patient *George chubby* Carlisle, Pa., *May 7* 1912 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	R.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:10	9. 2 + 5				
					Phena + Salol.		Milk.		
10:00	103	102	36	12:10	2 2 / 8				
4:11	101	90	84		Phen & Salol	3:00	milk & egg		
				8:50	Phen & Salol				
				4:10	2, 2 / 8.				
				8:00	Phena + Salol		milk		
					May 8				
8:00	103	104	32	8:00	9. 2 + 5				
					Phena + Salol			3:00	refused milk
4:10	100	90	30	12:10	2. 2 / 8				
				3:10	Phen / Salol.				
				4:10	2 2 / 8.				
					May 9				
8:00	98.4	104	30	8:10	9. 2 + 5				
4:50	102	100	36		Phena + Salol			3:00	milk
				12:10	2 2 / 8				
					Phen & Salol			9:00	milk.
				2:10	Phen & Salol				

Patient George Chubby Carlisle, Pa., 191 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				8:00	Phena + Salol				
4:00	103	84	36		2 2 + S.				
				4:00	Phena + Salol				
					May 5 <sup>th</sup>				
8:00	101	88	30	8:00	Phena + Salol				
					2 2 + S.				
4:00	102	90	34	12:00	Phena + Salol				
					2 2 + S.				
				4:00	Phena + Salol				
					2 2 + S.				
					May 6 <sup>th</sup>				
8:00	100.3	88	30	8:00	Phena + Salol				
4:00	101	90	32		2 2 + S.	3:00	milk legg.		
				12:00	Phen + Salol				
					2 2 + S.				
				8:00	Phen + Salol				
				4:00	2 2 + S.				

Patient *George Chubby*

Carlisle, Pa., *May 1*

191

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	102.6	90	30	3:00	Phena Salol				
				4:00	I.D. + S				
				6:00	Phena Salol				
					May 2nd				
				8:00	I.D. + S				
8:00	101.6	102	32		Phena. Salol.				
4:00	100	102	34	12:00	I D + S				
				2:00	I D + S.				
				3:00	Phen + Salol				
				6:00	" "	9:00	milk		
				9:00	" "				
					May 3rd				
8:00	104.6	90	32	8:00	Phena + Salol				
4:00	108	100	36		I D + S.	3:00	milk		
				12:00	I. D. + S				
				8:00	Phen + Salol				
				4:00	I. D. + S.				
7:00	<del>103</del>	<del>84</del>	<del>34</del>	6:00	" " "				