

4227

No. 2775 NAME Catherine Starr AGE 20 TRIBE Chippewa DEGREE OF INDIAN BLOOD Full NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. Leech Lake

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
<u>Sept 27, 1912</u>	-	-	<u>V</u>	-	To COUNTRY	FROM COUNTRY	DATE DISCHARGED
<u>Sept 1915</u>	-	-	<u>VI</u>	-		<u>5-1-14</u>	
<u>" 16</u>			<u>VI</u>		<u>5-29-14</u>	<u>8-27-14</u>	
					<u>SEP 12 1914</u>	<u>SEP 1 1915</u>	
					<u>MAR 31 1916</u>	<u>AUG 31 1916</u>	
<u>NOV 17 1917</u>	<u>Keen</u>	<u>1000</u>			<u>APR - 6 1916</u>		<u>MAY 29 1917</u>
							<u>Catholic</u>

Progress from \_\_\_\_\_, to \_\_\_\_\_, (Date) \_\_\_\_\_, (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade.....								
Academic..... standing*								
Industrial..... standing* (Department)								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition.....								

Remarks: \_\_\_\_\_

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2775	ENGLISH NAME Catherine Starr	AGENCY Leech Lake	NATION Chippewa	
BAND Leech Lake	INDIAN NAME ak pe dub squay	HOME ADDRESS Origum, Minn.		
PARENTS LIVING OR DEAD	BLOOD Full	AGE 20	HEIGHT 5'3 1/2"	WEIGHT 125
FATHER, L	MOTHER, L	FORCED INSP. 30	FORCED EXPR. 33 1/2	SEX. 7.
ARRIVED AT SCHOOL Sept. 21, 1912.	FOR WHAT PERIOD Five years	DATE DISCHARGED May 29, 1917	CAUSE OF DISCHARGE Line out	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
4-10-13	J. S. Buist, Moorestown, N. J.			Jr.
8-29-13	Miss J. M. Diamond, Narbeth, Pa.			5-1-14
5-29-14	Mrs. Fred G. Thorn, 307 West Ave., Jenkintown, Pa.			8-27-14
9-12-14	Ely. S. Taylor, West Chester, Pa.			9-1-15
2-31-16	Fred G. Thorn, Jenkintown, N. J.			9-1-16

THE SHAW-WALKER CO., WESTFIELD, N. J.

Months in school before Carlisle,.....

Grade entered at Carlisle, .....

Grade at date of Discharge,.....

Trade or Industry,.....

Church, Catholic.....

1049

Reenrolled

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2775-	ENGLISH NAME Catherine Starr		AGENCY Chippewa		NATION Chippewa			
BAND	INDIAN NAME		HOME ADDRESS Onigum, Minn.					
PARENTS LIVING OR DEAD		BLOOD A	AGE 25-	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX F
FATHER	MOTHER	ARRIVED AT SCHOOL Nov. 17, 1917	FOR WHAT PERIOD		DATE DISCHARGED		CAUSE OF DISCHARGE	
TO COUNTRY 4-6-18	PATRONS NAME AND ADDRESS W. M. Newlin, Mooretown, N. J.						FROM COUNTRY	

NAME Catherine Starr Sex  Male  Female  
 Tribe  Full Chippewa State Minnesota Sept 23, 1912

Age 19 years Respiration 18 Condition of Eyes O.K.  
 Height 5 ft. 4 ins. Mensuration { Insp. 36 Ears O.K.  
 Weight 127 1/4 lbs. { Exp. 31 Throat O.K.  
 Temperature 98 Vaccination yes Cervical glands slightly enlarged  
 Pulse 72 Vision \_\_\_\_\_ gland under right ear.  
 Skin O.K.

Inspection well developed  
 Palpation normal  
 Percussion normal

Auscultation normal

Heart normal

(Menstruation) regular some pain.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>good</u>		
Mother	<u>yes</u>	<u>"</u>		
Brothers	<u>3</u>	<u>"</u>	<u>none</u>	
Sisters	<u>2</u>	<u>"</u>	<u>1</u>	<u>unknown</u>

Personal history measles . pneumonia 4 yrs. ago.

Present condition good.

H B Frazer, 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.

Name .....

Age ..... Sex { *Male.*  
 *Female.* } Tribe { *Full*  
 *I/* } ..... Residence .....

(On ..... , 19.....)

DATE.		SYMPTOMS.			TREATMENT.	DIAGNOSIS.	REMARKS.
19....		T.	P.	R.			
							History, progress, and termination of the disease.