

NO. _____

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE Cheyenne

FULL. ONE

NAME Wesley Two moons

AGE 20

DIAGNOSIS Lobar Pneumonia { Cardiac
kidney break down

ADMITTED Sept 15-11

DISCHARGED _____

RESULT Died Sept 17-11

VISITING PHYSICIAN:

A. B. Allen

RESIDENT PHYSICIAN:

Elmer Hess

REMARKS:

Carlisle Indian School Hospital.

Name

Wesley J. Tompkins

Age

20

Sec.

Diagnosis

Pneumonia Saker

Admitted

Sept 15-

Discharged

Days in Infirmary

Result

Died Sept 17-11

E. H. H. H.

Resident Physician.

Case No. _____

DIAGNOSIS

Lobar Pneumonia

Comp. by heart & kidney disease
Notes of Case

Name Wesley Twomore M.R.

Age 20 S.M.W.

Nativity Indian

Occupation Student

Residence Carlisle, Pa.

Date of admission Sept. 15 - 11

Diet

Liquid -

Treatment

15 - Colomel + mag. Sulfph.
Ice bag to head and chest
Water every hr
Lo. Stropandhusm. V
every 4 hrs.
17. Strych Sulfph 1/8 gr every
4 hrs. hypo.

Mho Glycenne tablets 2-1/100 AA Every
2 hours

M-Comp. Enema

Sept.

17. Catheterize twice daily - whiskey 3/55 every hr.

		M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E		
BOWELS <small>Number of movements</small>	Urine <small>Daily Am't</small>																								
		F.																							
Clinical Memoranda	107°																								
	106°																								
	105°																								
	104°																								
	103°																								
	102°																								
	101°																								
	100°																								
	99°																								
	98°																								
97°																									
Day of Dis.																									
Pulse.	102	102	102	100	104	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106		
Resp.	22	26	26	26	28	34	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42		
Date.	15	15	15	15	16	16	16	16	16	17	17	17	17	17	17	17	17	17	17	17	17	17	17		

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C. 42°

41°

40°

39°

38°

37°

36°

35°

Med 12.45 - 9-17-11

NOTE—RESIDENTS IN CHARGE OF PATIENTS ARE REQUIRED TO COPY ALL LABORATORY REPORTS UPON THIS SHEET THE SAME DAY THAT THEY ARE RECEIVED.

Indian School Hospital, Carlisle, Pa.

Laboratory Sheet.

NAME Wesley Swomors WARD Boys- CHIEF A. P. Allen
Clara Hill

URINE EXAMINATIONS.

DATE.	AMOUNT IN 24 HOURS.	SP. GR.	REACTION.	SEDIMENT.	ALBUMIN.	SUGAR.	SPECIAL.	MICROSCOPICAL.
Sept 17	3 1/2	1032	alk.	-	+	-	Calcifer	++

BLOOD EXAMINATIONS.

DATE.	RED CELLS.	LEUCOCYTES.	HEMOGLOBIN.	SERUM REACTIONS.	DIFFERENTIAL COUNTS AND SPECIAL EXAMINATIONS.
Sept 15				Widal -	

SPUTUM EXAMINATIONS.

DATE.	MACROSCOPICAL.	T. B. MINUS.	T. B. PLUS.	MICROSCOPICAL.

Not ordered
from Agency
1/7/07

847.



APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child... Wesley Two Moons Indian name is
~~Smoking Bear~~ Name of Father... John Two Moons
 Name of Mother... Rena Two Moons Tribe... Northern Cheyenne
 Reservation... Douglas River Degree of Indian blood of child... Full Blood
 Is either parent white, if so, which?..... Are either or both allotted? No
 On what reservation?..... Age of child... Sixteen
 What reservation school attended? Douglas River How long? Nearly Two years
 If ever enrolled in a non-reservation school, name of school.....
 When?..... How long?.....
 If ever dismissed from a school, where? No When?.....
 and for what reason?.....
 (Signed).....

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, John Two Moons ^{Parent} ~~parent, guardian or next of kin~~ of the
 above-named child, Wesley Two Moons, do hereby consent to his
~~transfer or~~ enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Douglas River Agency on the Eleventh
 day of December 1906. ^{his} E. O. Townsend
 (Signed) John Two Moons ^{his} E. M. Eddy
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Wesley Two Moons
 and have found him physically sound, and recommend
 the transfer so far as his health conditions are concerned. Dated at Sainedeer
 on the Eleventh day of December, 1906.
 (Signed) Ellis P. Townsend, Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above named Wesley Two Moons are
 believed by me to be correct, and I hereby recommend the transfer.
 (Signed) E. M. Eddy
 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. Special cases beyond the age limit can be given consideration.

from Agency West

CONSENT OF

.....

FOR THE ENROLLMENT OF

.....

IN THE INDIAN SCHOOL AT

.....

For a term of.....years.

Name of agency or place from which pupil came.

Date of enrollment,..... 190.....

Date of discharge,..... 190.....

Cause of discharge,..... 190.....

NAME Wesley Two moons Sex Male Female

Tribe Full Cheyenne State Mont. Sept 15, 1911

Age 20 years Respiration 42 Condition of, Eyes —

Height — f. — ins. Mensuration { Insp. — Ears —

Weight — lbs. { Exp. — Throat —

Temperature — Vaccination — Cervical glands —

Pulse — Vision — Skin —

Inspection Sack of expansion on both sides esp. R. side at base.

Palpation Tactile fremitus inc. at both bases

Percussion Abnormal flatness over both post. lobes. Also at L. apex the note is dulced but not flattened.

Auscultation Breath sounds are coarse at both bases, Bronchial breathing being prominent. Vocal fremitus is decreased.

Heart Aortic Diastolic murmur & Systolic mitral murmur - Compensation
 (Menstruation) is OK at present.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father				
Mother				
Brothers				
Sisters				

The most peculiar symptom was a sack of pneumonia to cough once during illness

Personal history Very unfavorable -

Sept 17 - Dies of massive Lobar Pneumonia at 12:45

Elmer Hess, 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.

6-1955

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL *Wesley Twomoon*

TRADE *Shoemaker*

ABILITY *a Beginner*

CONDUCT *good*

REMARKS *cont. pass Indegement of*

INSTRUCTOR *Geo. Stevens*

TRADE RECORD, CARLISLE.

Jan. 1, 19¹⁰ to June 30, 19¹⁰.

PUPIL *Wesley Two Moor*

TRADE *maron.*

ABILITY *Fair.*

CONDUCT *Good.*

REMARKS

INSTRUCTOR *N. B. Samson.*

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

847

Name of Student *Wesley Twomoons* Home Address *Jno. Twomoons, Same Deer, Mont, Tribe Cheyenne*

Age at Entrance *16* Date of Entrance *Jan-24-1907* Shop

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

Patron *Wm Hiltelbrandt* Locality
 Address *Shippensburg, Pa.* R. R. Station *Oakville, Pa.*
 Recommended by

Days in School
 Conduct
 Ability

Ran

Grade of Home Church *Catholic*

Health
 Earnings

Date of Outing *Apr-8-1909* Date Returned *6-30-09* Wages

Edw. Sprague
Robbinsville, N.J.

7.
7
9.

4-6-'10. Ret'd 4-20-'10

