Peters	Elka	14 W	5 T26	alien
(Surname)	liven name)	(Age) (Race)	ess)	(Class of beneficiary)
Admitted (Date)	(Hour)	(Authority)	(Source: Vesse	el or establishment)
History: (If injury, state date, hour, 8-16-43: Blule, on	place, and how it occurred to	curred.)		
Physical: (Include X-ray, laboratory	reports, etc.)			
*			(Patient's sign	nature)
Diagnosis: 1. No. 8-16-43 2. No. 5-V5 (43)		berg - Stung on life	F feet	
3. No Other diseases or injuries				
OUTPATIENT CARD			×	
	(Station)			Surgeon, U. S. P. H. S.
	OTE: USE SEPARAT	E CARD FOR EACH AD		Saryeon, O. S. P. H. S.
orm 1971-E—Revised December 1939—FEDER.	L SECURITY AGENCY, U. S. P.	. H. S. 16—11909		

4	RECORD OF TREATMENT	
DATE	SUBSEQUENT COMPLAINTS, EXAMINATIONS, AND DIAGNOSES	Admini tered by (Initials
6. V. 43.	(Whooping cough). Cold Sulfadiagin	
7. 7.43	Jourse call.	
8. V. 43	House call	- Di
May 10	Evens	
	thitied miles tips thouse call	K
May 12	2	
6-7-43	Louis soll	k
Ju : 15	Verlottes 1ce	may
6-67-43	mul was no	40
June 20	checked 1	K
7-17-43	discharged House call	K
	390	H.A.
8-10-43	Inclina hay	
8-16-43	plisti cherit menter t	4
8-187-43	disharel meral	7:
8-20-43	In allung how he	7.
8-25	7	4
	Mais dress Boricacia	
0-1-43	5 14 7	-11.
0-16-43	dischanged	14.A.
2-1-43	D Jul 11	IV.A.
1-44	oricharged	2
Febr, 7	mulpor Van.	K
	" weg, us take	6.
	-	
	Repatriated 2/11/44	
1		22
injury state		
Abla t	period of disability in final note:	
Trute to do li	ght work as on	

Surname) Admitted (Date)	Audolf Fiven name) (Hour)	(Authority)		(Class of beneficiary)
Admitted				(Class of beneficiary)
	(Hour)	(Authority)		
(Date)	(Hour)	(Authority)		
			(Source:	Vessel or establishment)
listory: (If injury, state date, hour, -9-43! Ince H. Lat; Ince hysical: (Include X-ray, laboratory	- sweeper	had had	a small si	welling believe
and the state of t	reports, etc.)		(Patient'	s signature)
iagnosis: 1. No.	Name in Han	red alle	nom (2x	las region)
2. No	Name :			
3. No	Name			
ther diseases or injuries				
~~~~				
UTPATIENT CARD				
55 VVL 95 (comparison of \$2.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50	(Station)	***************************************		
				Surgeon, U. S. P. H. S.
N	OTE: USE SEPARATE	CARD FOR EACH A		2
orm 1971-E-Revised December 1939—Federa			141	

## RECORD OF TREATMENT

DATE	SUBSEQUENT COMPLAINTS, EXAMINATIONS, AND DIAGNOSES	Adminis- tered by (Initials)
April 1943	Physical examination)	
7-12-43	dressing	1:
2-9-44	Imace Por Vac.	me
	-	
	Repatriated 2/11/14	
	10 pa 11 12 tot 2/11/1/4	
***************************************		
If injury stat	e period of disability in final note:	
	o light work ason	
Able to re	turn to usual occupation on	

Peters	Ingelor	de 1841 V	S. 45 26	alien
(Surname)	"(Given name)	(Age) (Race)	/ 'dress)	(Class of beneficiary)
Admitted		•		
(Date)	(Hour)	(Authority)	(Source: Vessel	or establishment)
History: (If injury, state date, Lucal acquell to Cause.   Physical: (Include X-ray, labor	l prior to adu	occurred.)	(Patient's sign	ature)
Diagnosis: 1. No	Name Name	sping Co	igh.	
OUTPATIENT CARD		ATE CARD FOR EACH		U Surgeon, U. S. P. H. S.
Form 1971-E—Revised December 1939—	FEDERAL SECURITY AGENCY, U. S.	P. H. S.	909	

Roters	Ingrid	1; W	* 41 5°	1 alin
(Surname)	Given name)	(Age) (Race)	ress)	(Class of beneficiary)
Admitted	<u> </u>			
(Date)	(Hour)	(Authority)	(Source: Ves	sel or establishment)
History: (If injury, state date,	priorto admies	curred.) Zeou		
Physical: (Indlude X–ray, labor	ratory reports, etc.)		(Patient's si	anotumo)
			(Fatient's si	gnature)
		•		
			0	
Diagnosis: 1. No		ping Co	eigh.	
3. No		1	7	
Other diseases or injuries				
OUTPATIENT CARD	(Station)			
	(Station)		Q' NI	H Surgeon, U. S. P. H. S
di d	NOTE: USE SEPARAT	E CARD FOR FACT	· Control of the cont	Surgeon, U. S. P. H. S
	FEDERAL SECURITY AGENCY, U. S. P.		ADMISSION	

Date:

Weight:

Height:

11/5/43

29 1bs

34H

T. 36 A

## . S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE Alien Internment Camp Crystal City, Texas

36

DATE: June 7, 1943

NAME: Peters, Ingrid

DATE OF BIRTH: Sept. 25 1941
HEIGHT: WEIGHT! 27

30

PHYSIQUE:

strong

TEETH: normal

SKIN:

normal

NUTRITIONAL STATE:

good

HISTORY:

IMMUNIZATION: Di Tet 8/25-10/25-43 Smallpox 6/15/43 neg 8/10/43 neg

MUCOSAE:

normal

SUGGESTIONS: REMARKS:

DATE	SUBSEQUENT COMPLAINTS, EXAMINATIONS, AND DIAGNOSES	Adminis- tered by (Initials)
3.13-43	Cough Dy	h 84.0
2-15-43	B. S. Phos. Lin	8.70
4-3-43	Useharyed (Physical open	11948)
		17407
J ZIIU	Mumps. Confined to her quarters	
ay 6	Swelling reduced. Pains reduced	
3	House call	K
te 8	Merial tables House Coll	1
23	Discharged	K
4.11.44.	Poronchitis. Acortinged al	NI
	o var rai a cocció co	N.N.
	Repatriated 2/11/1/4	
£ :_ :_		
i injury, state	period of disability in final note:	

## RECORD OF TREATMENT

DATE	SUBSEQUENT COMPLAINTS, EXAMINATIONS, AND DIAGNOSES	Adminis- tered by (Initials)
1-13-43	whosping oungle Cough of 35564h	840
2-15-43	1 cc Pertussio Vacarie given	84.0
11.18. 43.	Loutrof.	D. W.
22	Pertussis Vacane Lec. gum	3.7.0
1. 11. 45.	Serfussi vaccine & com	ow.
. 43	quechagea	8.40
tuay 8	Cold. Better House call	K
23	hischarged	K
17-43 hue 15	Surgerox van	more
-24-43	In allers neg.	К
7-17-43	discharged	H.A.
8-10-43	In all pox here.	K
2-//-4.	feces examination minus ( cal	91
2-10-4J	In ill now how his	К
8-25-43	Dipthhis / Jet anno my,	K
97-43	tipellera / Titann Ti	14.A.
1-27-43	A discharged	MA
7-4-44 Febr. 7	malyon Vin	K.
	Repatriated 2/11/44	-
f injury, st	ate period of disability in final note:	
	do light work ason	