

2021

NAME. <b>Cole, Abraham</b>		TRIBE. <b>St. Regis, N.Y.</b>	PARENT OR GUARDIAN. <b>Peter Cole</b>
DATE ENROLLED. <b>Sept. 12, 1906.</b>	TERM. <b>5 Years.</b>	AGE. <b>13</b>	HOME ADDRESS. <b>Hogansburg, N. Y.</b>

DATE OF RECORD	ACADEMIC DEPARTMENT.		INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.	
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct	Ability.		Conduct
<i>Apr. '09</i>	<i>1</i>	<i>Medium</i>	<i>Medium</i>							<i>Good</i>	<i>Good</i>	
<i>Jan. '09</i>	<i>1</i>	<i>Good</i>	<i>Good</i>	<i>Laundry</i>	<i>Good</i>	<i>Fair</i>	<i>23</i>	<i>Fair</i>	<i>Good</i>	<i>Good</i>	<i>Fair</i>	
<i>July '09</i>	<i>2</i>	<i>good</i>	<i>Good</i>	<i>See work</i>	<i>Fair</i>	<i>Good</i>		<i>Good</i>	<i>"</i>			

2021

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3665	ENGLISH NAME Abraham Cole	AGENCY	NATION St. Regis, N.Y.				
BAND	INDIAN NAME	HOME ADDRESS Peter Cole, Hogansburg, N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INP.	FORCE EXPR.	SEX.
FATHER: Living	MOTHER: Living	Y2	13	4-7	73	272	25 1/2 M.
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE			
Sept. 12, 1906	Five (5) Years	Oct. 21, 09		Parent's Req.			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
APR 8-1907 7-17-'09	S W Yerkes Jamison Pa On leave					11-18-'08	

THE SHAW-WALKER CO., MICHIGON-CHICAGO 33877

Months in school before Carlisle, .....

Grade entered at Carlisle, ..... 1st. ....

Grade at date of Discharge, ..... 1st. ....

Trade or Industry, .....

Church, Catholic .....

Brought here by Peter Cole

2021

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Cole, Abraham DATE 12/16 1908

AGE 14 YEARS } NEW } STUDENT. TRIBE Mohawks STATE Ny

DEGREE OF INDIAN BLOOD \_\_\_\_\_

INSPECTION Fair development. Chest some-  
what flat.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE \_\_\_\_\_  
                  { RESP. MURMUR Normal

HEART SOUNDS \_\_\_\_\_

MENSURATION { INSP. 31 RESPIRATION 18 PULSE 78  
                  { EXP. 27 3/4

TEMPERATURE 98 degs. HEIGHT 5 FT 1 IN. WEIGHT 105 LBS.

VISION 10/10 VACCINATION None - 12/16/08

### FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....	<u>yes</u>	<u>good</u>		
MOTHER.....	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>2</u>	<u>good</u>		
SISTERS... {	<u>1</u>	<u>good</u>		

PERSONAL HISTORY: Good health since measles  
2 yrs. ago.

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





2021

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION

## SCHOOL

Full name of child Abraham Cole Indian name is an yan  
 Name of Father Peter Cole  
 Name of Mother Mary Cole Tribe St Regis  
 Reservation St. Regis Degree of Indian blood of child full  
 Is either parent white, if so, which? No Are either or both allotted?  
 On what reservation? St. Regis Age of child 13 What  
 reservation school attended? St. Regis How long? 6 yrs  
 If ever enrolled in a non-reservation school, name of school,  
 When? How long? If ever  
 dismissed from a school, where? when?  
 and for what reason?

(Signed.) Peter Cole

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, Peter Cole parent, guardian or next of kin of the  
 above-named child Abraham Cole, do hereby consent to his

transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at Hoyausburg N.Y. on the thirty-first  
 day of August, 1906.

(Signed.) Peter Cole  
 (Parent, Guardian or next of kin.)

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Abraham  
Cole, and have found him physically sound, and recommend  
 the transfer so far as his health conditions are concerned. Dated at Hoyausburg N.Y.  
 on the 31<sup>st</sup> day of August, 1906.  
 (Signed.) Edwin S. Klein, M.D.

## 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. Special cases beyond the age limit can be given consideration.

made bear  
S.M.

Brought here by Peter Cole

Col. Abraham

2021

Leave of absence requested, Parents' File-633

Request to send home

729

Correspondence

5528

