# PHYSICAL RECORD,

			RLISLE INDIAN SCHO		2-2
DEGREE OF INDIAN BLOOD.  INSPECTION Tan deal appried. Clanicles  PALPATATION YOursel  AUSCULTATION RESONANCE RESP. MURMUR Toursel  HEART SOUNDS  MENSURATION EXP. 35/2  RESPIRATION 2 4 PULSE 86  EXP. 30/2  RESPIRATION 2 7 PULSE 86  EXP. 30/2  CEXP. 30/2  CONDITION 72/0 8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER  MOTHER  BROTHERS  2 Grand  PERSONAL HISTORY:  ARRESPORTION		(0)	, 8.		12/11
DEGREE OF INDIAN BLOOD.  INSPECTION Tan deal price. Claricles  PALPATATION TORMAL  PERCUSSION TORMAL  AUSCULTATION  RESONANCE RESP. MURMUR  HEART SOUNDS.  MENSURATION  EXP. 30/2 RESPIRATION 2 4 PULSE 86  EXP. 30/2 RESPIRATION 2 5 LBS.  TEMPERATURE 9 degs. HEIGHT 6 FT 6/2 IN. WEIGHT/2 1 LBS.  VISION VACCINATION 72/0 8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	NAME OF PUPI	Local	a, vin	on.	DATE / 6 19.07
DEGREE OF INDIAN BLOOD.  INSPECTION Tan deal appried. Clanicles  PALPATATION YOursel  AUSCULTATION RESONANCE RESP. MURMUR Toursel  HEART SOUNDS  MENSURATION EXP. 35/2  RESPIRATION 2 4 PULSE 86  EXP. 30/2  RESPIRATION 2 7 PULSE 86  EXP. 30/2  CEXP. 30/2  CONDITION 72/0 8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER  MOTHER  BROTHERS  2 Grand  PERSONAL HISTORY:  ARRESPORTION	Age YEARS	NEW STURNED STU	DENT. TRIBE	spen	VASTATE Mich
PALPATATION ROUGH  PERCUSSION RESPONDE  AUSCULTATION  RESP, MURMUR ROUGH  HEART SOUNDS  MENSURATION  INSP. 35/8  EXP. 30/2  RESPIRATION 2 PULSE 86  EXP. 30/2  RESPIRATION 2 PULSE 86  EXP. 30/2  RESPIRATION 2 PULSE 86  EXP. 30/2  CONCEINATION 72/2/8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER  MOTHER  BROTHERS  SISTERS  Qood  PERSONAL HISTORY:  AND ADMINISTRATION  WEIGHT/28 LBS.  Consumption  AND Condition of Health. Dead. Cause of death.	DEGREE OF INDIA	N BLOOD			
PALPATATION ROUGH  PERCUSSION RESPONDE  AUSCULTATION  RESP, MURMUR ROUGH  HEART SOUNDS  MENSURATION  INSP. 35/8  EXP. 30/2  RESPIRATION 2 PULSE 86  EXP. 30/2  RESPIRATION 2 PULSE 86  EXP. 30/2  RESPIRATION 2 PULSE 86  EXP. 30/2  CONCEINATION 72/2/8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER  MOTHER  BROTHERS  SISTERS  Qood  PERSONAL HISTORY:  AND ADMINISTRATION  WEIGHT/28 LBS.  Consumption  AND Condition of Health. Dead. Cause of death.	Inspection Ja	ir derel	Expenent.	C	landes
PALPATATION HOUSE PERCUSSION HOUSE PERCUSSION HOUSE PERCUSSION HEART SOUNDS.  AUSCULTATION RESP. MURMUR HOUSE PULSE SC.  THEART SOUNDS.  MENSURATION INSP. 3 J / 8  EXP. 3 0 / 2  RESPIRATION 2 + PULSE SC.  TEMPERATURE 9 degs. Height 6 Ft 6/2 in. Weight/2 8 lbs.  VISION VACCINATION 1723/0 8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					
Percussion Mornal  Auscultation Resonance Resp. Murmur Mornal  Heart Sounds  Mensuration Sinsp. 35 / 8  Mensuration Exp. 30 / 2  Respiration 2 4  Pulse 8 C  Temperature 9 degs. Height 5 ft 6/2 in. Weight 2 8 lbs.  Vision // 0 Vaccination 1723/08  Family History:  Living. Condition of Health. Dead. Cause of death.  Father 9 good  Mother 9 good  Sisters 2 good  Personal History: Apachage good  Washington Mornal Personal History: Apachage good good good good good good good go	//				
AUSCULTATION RESP. MURMUR COLLISION RESP. MURMUR COLLISION RESP. MURMUR COLLISION RESP. MURMUR COLLISION RESPIRATION 2 Y PULSE & C.  TEMPERATURE 9 degs. HEIGHT 6 FT 6/2 IN. WEIGHT/2 8 LBS.  VISION VACCINATION 723/0 8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9 000  MOTHER 9 000  BROTHERS 2 000  SISTERS. 2 9000  PERSONAL HISTORY: Convalence of the power of th	,				
AUSCULTATION RESP. MURMUR COLLISION RESP. MURMUR COLLISION RESP. MURMUR COLLISION RESP. MURMUR COLLISION RESPIRATION 2 Y PULSE & C.  TEMPERATURE 9 degs. HEIGHT 6 FT 6/2 IN. WEIGHT/2 8 LBS.  VISION VACCINATION 723/0 8  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9 000  MOTHER 9 000  BROTHERS 2 000  SISTERS. 2 9000  PERSONAL HISTORY: Convalence of the power of th	PERCUSSION	Connal			***************************************
HEART SOUNDS  MENSURATION { INSP. 35/8   RESPIRATION 2 + PULSE 86   RESPIRA					
HEART SOUNDS  MENSURATION { INSP. 35/8   RESPIRATION 2 + PULSE 86   RESPIRA	***************************************		***************************************		
HEART SOUNDS  MENSURATION { INSP. 35/8   RESPIRATION 2 + PULSE 86   RESPIRA	AUSCIII TATION	ESONANCE	*		
MENSURATION { INSP. 35/8   RESPIRATION 2 + PULSE 86   RESPIRATION 2 + PULSE	R	ESP. MURMUR.	ormal		***************************************
MENSURATION {INSP. 3 J / 8  EXP. 3 0 / 2  RESPIRATION 2 4  PULSE 8 C  TEMPERATURE 9 degs. HEIGHT 6 FT 6 / 2 IN. WEIGHT 2 8 LBS.  VISION VACCINATION  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9 0 0 d  BROTHERS  BROTHERS  Quad  PERSONAL HISTORY:  Convalence of parallel control of the cont					
TEMPERATURE 98 degs. HEIGHT 6 FT 6/2 IN WEIGHT/28 LBS.  VISION VACCINATION 723/08  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9000 Q0000  BROTHERS Q000 Q0000  SISTERS Q0000 Q0000  PERSONAL HISTORY:  Onvalescent your measles  Has cough		31-1/0	-		***************************************
TEMPERATURE 98 degs. HEIGHT 6 FT 6/2 IN WEIGHT/28 LBS.  VISION VACCINATION 723/08  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 9000 Q0000  BROTHERS Q000 Q0000  SISTERS Q0000 Q0000  PERSONAL HISTORY:  Onvalescent your measles  Has cough	MENSUBATION	ISP. O G / 8		24	- 81
VISION VACCINATION 708  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 90000  BROTHERS 20000  SISTERS. 20000  PERSONAL HISTORY: Convalence of pour measure of the pour measure of	E:	XP. 30/2	RESPIRATION		
VISION VACCINATION 708  FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER 90000  BROTHERS 20000  SISTERS. 20000  PERSONAL HISTORY: Convalence of pour measure of the pour measure of		98	6	6%.	128
FAMILY HISTORY:  Living. Condition of Health. Dead. Cause of death.  FATHER Good  BROTHERS  BROTHERS  Qood  SISTERS.  Qood  PERSONAL HISTORY:  Convalence of Health. Dead. Cause of death.  As cough	TEMPERATURE / 0	/ degs	s. HEIGHTFT	13	N. WEIGHTY LBS.
Living. Condition of Health. Dead. Cause of death.  FATHER  Good  BROTHERS  A Good  SISTERS.  PERSONAL HISTORY:  Convalence of Health. Dead. Cause of death.  Cause of death.  Cause of death.  Cause of death.  A cough	Vision	10	VACCINATION	/ -	708
FATHER  Yes good  BROTHERS  BROTHERS  Quad  Consumption  Gralescent from measter  Has cough	FAMILY HISTORY:				
MOTHER  BROTHERS  BROTHERS  Quad  Granuplia  SISTERS  PERSONAL HISTORY:  Onvalescent from measles  Has cough		Living.	Condition of Health.	Dead.	Cause of death.
MOTHER  BROTHERS  BROTHERS  Quad  Granuplia  SISTERS  PERSONAL HISTORY:  Onvalescent from measles  Has cough	PARHER	Men	good		
BROTHERS 2 Good 2 Consumption SISTERS 2 Good PERSONAL HISTORY: Convalence of from measure Has cough	PATHER	Q.		***********	
SISTERS & Good 2 Consumption  Personal History: Convalence of from measure  Has cough	MOTHER	Jos	good		
SISTERS & Good 2 mountain  Personal History: Convalence of from measles  Has cough	D				~~~
Personal History: Convalence of your measles Has cough	BROTHERS			2	Consumption
Personal History: Convalence of your measles Has cough	(	2	01		/
Has cough	SISTERS		goon		
Has cough	L		U		
Has cough	PERSONAL HISTORY		. 11		
Has cough	.11	Conval	escent you	ru	measles
			U		
V		1	¥		
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CARLISLE INDIAN INDUSTRIAL SOHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT 4019 PARENTS LIVING OR DEAD m. mar. 26, 1910. Dickness. Months in school before Carnets. Grade entered at Carlisle, I.A.

Grade entered at Carlisle, Ist.

Grade at date of Discharge, Rormal,

Trade or Industry.

Church, Methodist

Spent most of
hie time at hosp.

5-192

# BRIEF.

the state of the s
APPLICATION OF
FOR THE ENROLLMENT OF
Simon bloud!
IN THE INDIAN SCHOOL AT
POST OFFICE ADDRESS OF APPLICANT:
Gincoming, mele.
Date of enrollment,, 190
Term of enrollment, (5) years.
NAME OF COLLECTING AGENT:
Position,

## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child not enrolled at an Agency.)

For and in consideration of the	ne United States assuming	the care, ed	ucation, a	nd mainter	nance in
the United States Indian School a	t	1	2		, of
(Name of child.)	P. O., State of	Joseph (Paren, do	L Vile t, guardian, or i hereby v		onsent.
and agree to enrollment	in said school for a period	of Not less that	years	s, and also	obligate
and bind myself to abide by all th	e rules and regulations for	//		cy /	/
I further say that the said chi	ld was born at	ert Los	A on	(Date.)	16;18
that the father, have of fa	ather.) (Is or was.)	(Degree.) Ind	ian of the		index succession
Tribe located at	Agency; that he lef	t the tribe a	bout	(Approximate d	ate.)
that the mother,	a) (Is or was.)	(Degree.)	lian of the	- K. 4i	4/20-600
Tribe located at					; that
the said child was born and reared				ž 50	and that
he has attended the following so	chools:				
NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT-	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
This & day of As	13 , 190 8			w	
Two witnesses:	7 7			1	
Jamis a to	ellen	Losy	hful	iro ne	eto Kin
	0 1. 0	1	ruandian, or nex	t of kin.)	1.
George		. O.,	nt in his on	n handwritin	JANE O
(Note.—Every blank in this applicate sible. The signature, whether by mark of	or otherwise, must be attested by	two witnesse	s.)	- mandwrith	ig, it pos-
	AFFIDAVIT.				
		13	111-1-		la in the
I,above application are true.	, do nereby	swear that	tne state	ments mad	le in the
		Lasy	ch &	ler	7
		of applicant.	(Parei	100 X	ext of kin.)
Sworn to and subscribed befo	re me this day o	: 0	Polis	, 130 0	29
(Note.—This application and affiday	rit must be executed before som	e officer auth	orized to ac	lminister out	hs by the
parent with whom the child is living; if	the parents are dead, by the gua	rdian or next	of kin.)		6—871

CERTIFICATE OF PHYSICIAN.
I, William & Atoot , a practicing physician of Lines min
Hich, do hereby certify that I have carefully examined Summe Cloud
the child named in this application, and find that he is in proper physical condition to attend
school, and is not afflicted with tuberculosis or other disease which would be a menace to the health
of other pupils.
This J day of Apl, 1908 Approximation, M. D
VOUCHER OF SOLICITOR FOR SCHOOL.
I hereby certify that I was present and witnessed the execution of the foregoing application
made by; that its contents were explained or interpreted to
by; that I believe understood the purpor
thereof; that I was present at the medical examination of the child named herein; that
resides with, in or near the town of
that the child can not have adequate and proper educational facilities at home for the reason that
Dated at
thisday of, 190
(Norm. This souther must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)
VOUCHERS OF DISINTERESTED PERSONS.
VOUCHER No. 1.
I,, a
(Business, calling, or profession.) , do hereby certify that I am personally acquainted with
who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with; that
he is known and recognized in the community in which he lives as an Indian; that in my opinion
he can not receive proper and adequate schooling at home for the reason that
This day of, 190
the state to a supplied to the

#### VOUCHER No. 2.

I,
, do hereby certify that I am personally acquainted with
, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with; that
he is known and recognized in the community in which he lives as an Indian; and that in my
opinion he can not receive proper and adequate schooling at home for the reason that
*
This, 190
CERTIFICATE OF SCHOOL PHYSICIAN.
I hereby certify that on, I made a careful exami-
nation of the physical condition of, the child named in
the foregoing application, and found to be
I therefore recommend that the said child be enrolled in this school.
This day of ,190
School Physician.

### INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without special permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

Limon Cloud 113 repical Condition-Joseph Petersfile Money for ( Father's file

NAME. TRIBE. SPECIAL REMARKS. DORMITORY. ROOM | Scholarship | Conduct. Shop. Ability. Conduct Room Neatness Conduct Ability. | Conduct.

" V AND EL BOCH

REPORT AFTER LEAVING CARLISLE

441**03**7 3**M-**4**-**09

NAME AT CARLISLE

Timon Cloud

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1910					
	*				