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# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Cloud, Simon DATE 12/16 1908

AGE 17 YEARS } NEW } STUDENT. TRIBE Chippewa STATE Mich  
                  } RETURNED }

DEGREE OF INDIAN BLOOD.....

INSPECTION Fair development. Clavicles prominent

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE.....  
                  { RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 35 1/8  
                  { EXP. 30 1/2 RESPIRATION 24 PULSE 86

TEMPERATURE 98 degs. HEIGHT 5 FT 6 1/2 IN. WEIGHT 128 LBS.

VISION 10/10 VACCINATION 12/23/08

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>Consumption</u>
SISTERS {	<u>2</u>	<u>good</u>		

PERSONAL HISTORY: Convalescent from measles.  
Has cough

REMARKS:

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

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NUMBER 4019		ENGLISH NAME Simon Cloud			AGENCY			NATION Chippewa		
BAND		INDIAN NAME (Father) David Cloud			HOME ADDRESS Joseph Peter Hubert Lake, Mich					
PARENTS LIVING OR DEAD Both L.		BLOOD Full	AGE 17	HEIGHT 5-74	WEIGHT 130	FORCED INSP. 35 1/2	FORCED EXPR. 32	SEX. M.		
FATHER:		MOTHER:		ARRIVED AT SCHOOL Sept. 16-1908		FOR WHAT PERIOD Five years		DATE DISCHARGED Mar. 26, 1910.		CAUSE OF DISCHARGE Sickness.
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		

THE SHAW-WALKER CO., MUF-EGON-CHICAGO 33877

Months in school before Carlisle. ....

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

Grade at date of Discharge, Normal.

Trade or Industry. ....

Church, Methodist

Spent most of his time at hosp.

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5-192

BRIEF.

APPLICATION OF

FOR THE ENROLLMENT OF

*Simon Cloud.*

IN THE INDIAN SCHOOL AT

POST OFFICE ADDRESS OF APPLICANT:

*Pineconing, Mich.*

Date of enrollment, \_\_\_\_\_, 190

Term of enrollment, *Five* (*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 United States assuming the care, education, and maintenance in the United States Indian School at Carlisle PA, of Simon Cloud, I, Joseph Peters next of kin of Hubert Lake P. O., State of Mich, do hereby voluntarily consent and agree to enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Hubert Lake on July 15, 1891; that the father, David Cloud, a full Indian of the Chippewa Tribe located at \_\_\_\_\_ Agency; that he left the tribe about \_\_\_\_\_; that the mother, Math Cloud, a \_\_\_\_\_ Indian of the Chippewa Tribe located at \_\_\_\_\_ Agency, and left the tribe about \_\_\_\_\_; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.

This 8 day of Sept, 1908

Two witnesses:

Lewis A. Becken Joseph Peters next of kin  
George Sonderson P. O., Pineconing Mich

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, \_\_\_\_\_, do hereby swear that the statements made in the above application are true.

Joseph Peters  
 (Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 8 day of Sept, 1908

Lewis A. Becken J.P.

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

CERTIFICATE OF PHYSICIAN.

I, William B. Abbott, a practicing physician of Quorum Mich., do hereby certify that I have carefully examined Simon 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 menacé to the health of other pupils.

This 7 day of Sept., 1908, W. B. Abbott, 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 purport 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 \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_ (Official title.)

(NOTE. This voucher 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 \_\_\_\_\_, of \_\_\_\_\_, do hereby certify that I am personally acquainted with \_\_\_\_\_ who makes the foregoing application; that I believe his statements 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 \_\_\_\_\_



VOUCHER NO. 2.

I, \_\_\_\_\_, a \_\_\_\_\_ of \_\_\_\_\_ (Business, calling, or profession.) \_\_\_\_\_, do hereby certify that I am personally acquainted with \_\_\_\_\_, who makes the foregoing application; that I believe his statements 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 \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on \_\_\_\_\_, I made a careful examination 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.

Simon Cloud

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Physical Condition - Joseph Peter's file.

143

Money for (Father's file

45

648





