

113

THE SHAW-WALKER CO., MUS^UEGON-CHICAGO 33877

Spent most of
his time at hosp.

113

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Cloud, Simon DATE 12/16 1908

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

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: f

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

113

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 C. 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 Sept 18; 1891 that the father, David Cloud, a full Indian of the Chippaw Tribe located at _____ Agency; that he left the tribe about _____; that the mother, Martha Cloud, a _____ Indian of the Chippaw 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 Soudner 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 Sum 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 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
(Parent, guardian, or next of kin.)
_____ by _____; that I believe _____ understood the purport
(Name of interpreter.)
thereof; that I was present at the medical examination of the child named herein; that _____
resides with _____, in or near the town of _____;
(Name of person—parent, guardian, etc.)
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
(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
(Name of child.)
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
 _____, 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
 (Name of child.)
 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 exami-
 (As soon after arrival as possible.)
 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.

113

NAME.

TRIBE.

PARENT OR GUARDIAN.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct

Room
No.

Neatness

Conduct

Ability.

Conduct.

Jan. 09

July 09

Jan. 10

July 10

N.

2

Good

W.G.

V. Good

Ex.

Fatig Good Ex

Hospital.

"

208

208

Good

Poor

V. Good

Good

Hospital

441037 3M-4-09

113

Simon Cloud

NAME AT CARLISLE

PRESENT NAME

[illegible]

Simon Cloud 113
Physical Condition - Joseph Peter's file.

Money for (Father's file

143

45-

648