

## Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

Name

✓ 215 Jan 8<sup>th</sup>, 1917  
 Smiley L. Timley  
 (Please give name by which enrolled and also present or married name.)

Tribe

Sioux

Present Address

Peever Co, D. ap.

Former Address

(Address from which we heard from you last.)

Present Occupation

Running a Pool Room

Remarks:

I have a pool room and am  
 working on the farm. Am well  
 and happy.

Finley, Smiley

215

Brother - Abraham Hopkins

7147

Agent -

718



162

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**BRIEF.**

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**Application of**

*Smiley Finley (Hopkins)*

FOR THE ENROLLMENT OF

*himself*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

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NAME OF AGENCY FROM WHICH PUPIL CAME:

*Sisseton, S. D.*

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Date of enrollment ..... 191 .....

Term of enrollment *Three* ( *3* ) years

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Printed by Carlisle Indians.

# Application for Enrollment in a Non-reservation School.

(For a child enrolled at an Agency)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pennsylvania,

of Smiley Finley Hopkins ; Male ; date of birth \_\_\_\_\_  
(Name of Child) (Sex)

Sisseton and Wahpeton Sioux  
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Charley Finley</u>	<u>Dead</u>	<u>Siss-Wah.</u>		<u>full</u>
<u>(Indian name)</u>	<u>Dead</u>	<u>do</u>		<u>full</u>
NAME OF MOTHER				
<u>Indian Name</u>	<u>Dead</u>			

I, Smiley Finley, do hereby voluntarily consent and agree to my  
enrollment in said school for a period of three years, and also obligate myself to abide by all  
(Not less than 3)  
the rules and regulations for Indian Schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
1.				
2.				
3.				
4.				

Smiley Finley  
(Parent, guardian, or next of kin)  
P. O. address: Reever S. D.

Two Witnesses:

Harvey K. Meyer



## PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find.....to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.


This.....day of....., 19.....

Physician at.....Agency.

## CERTIFICATE OF AGENT OR SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true, that the consent of Smiley Finley Hopkins  
(Parent, guardian, or next of kin.)  
was voluntary, and I recommend the transfer of said child.

This 28th day of November, 19 11.

  
Agent or Superintendent.

## SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

*NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.*

## **INDORSEMENTS.**

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them is living, and if neither of them is living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, that hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case.

This form is to be used only in transfers from reservations, or Indian schools, to nonreservation schools.

## CARLISLE INDIAN SCHOOL

[illegible]



Progress from \_\_\_\_\_, to \_\_\_\_\_,  
 (Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade .....								
Academic.....standing*								
Industrial.....standing* (Department)								
Musical: Band.....standing*								
Vocal.....standing*								
Orchestra.....standing*								
Department.....standing*								
Physical condition.....								

Remarks: .....

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1913.

TRIBE .....

FULL. ONE .....

NAME Smiley Hopkins

AGE .....

DIAGNOSIS Self inflicted wound in chest. Left side

ADMITTED Mar 12.

DISCHARGED Mar 17.

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No. \_\_\_\_\_

## DIAGNOSIS

*Revise* \_\_\_\_\_

### Notes of Case

Name Smiley Hopkins M.F.

Age \_\_\_\_\_ S.M.W.

*Nativity*.....

Occupation\_\_\_\_\_

Residence.....

Date of admission Mar 12-1913

Diet 12 mm

Full  
milk T.i.g.

### Treatment

*Result*.....

[illegible]

Copyright, 1885, by James C. Wilson, M.D.

*Published by J. B. Lippincott Company, Philadelphia, Pa.*



Patient Smiley Hopkins Carlisle, Pa. Mar 12 1913 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Rosie Heaney

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
12	98	60	17				12 dinner full 5 supper		
6	98	56	18						
Mar 13									
7	98	60	18				6 <sup>30</sup> breakfast		
									wound dressed by Dr's Allen & Fralic.
							10 milk		
				3	2 C.c.			3	refused milk + 30 " supper.
									Complains of not feeling well.
								8 <sup>30</sup>	urinated first time since Tuesday night.
					8 <sup>20</sup> mag. Sulph.				



Patient Smiley Hopkins Carlisle, Pa. Mar 14 1913 Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Rosie Heaney.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
									<u>1 am</u> pain in abdomen.
									B.M. 1st in 4 days.
									ate very little
7	98	60	20				6 <sup>20</sup> breakfast		
							12 dinner		
5	98	56	18				5 <sup>30</sup> Supper		
							8 milk		
Mar 15.									
7	98 <sup>2</sup>	60	18				6 <sup>20</sup> breakfast		Slept good
							10 milk		
								11	B.M.
							12 dinner		
							3 milk		
5	97 <sup>3</sup>	56	18				6 <sup>30</sup> Supper		
							7 <sup>30</sup> milk		

Patient Smiley Hopkins Carlisle, Pa. Mar 16 1913 Physician \_\_\_\_\_  
Address \_\_\_\_\_ Nurse Rosie Heaney

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7	30	98	56	18		7	breakfast		
						11	milk		
						1	dinner		
						3	milk		
5	98	60	18						no supper
						8	milk		
					9 May Sulphur				
					Mar. 17.				
7	97 <sup>4</sup>	60	17			6 <sup>30</sup>	breakfast		B. m.
						10	milk		
						12	dinner		
									1 <sup>15</sup> wound dressed. Discharged.





Smiley Hopkins  
Nov. 12-1912

NAME Smiley, Stephens <sup>162</sup> Sex ☒ Male ☐ Female

Tribe Siouxs State S. Dakota Date Oct. 30, 1911

Age 19 years Respiration 19 Condition of, Eyes Normal

Height 5 ft. 11 1/2 ins. Mensuration { Insp. 36 Ears "

Weight 136 1/2 lbs. Exp. 33 Throat "

Temperature 98.2 Vaccination Good scar Cervical glands "

Pulse 80 Vision Normal Skin Clear

Inspection Well developed. Unilateral breathing

Palpation Normal

Percussion "

Auscultation "

Heart Good

(Menstruation) "

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>Yes</u>	<u>unknown</u>
Mother			<u>Yes</u>	<u>"</u>
Brothers <u>3</u>		<u>Good</u>	<u>2</u>	<u>"</u>
Sisters <u>1</u>		<u>dead. Cause</u>	<u>unknown</u>	

Personal history Confined to bed with a shattering injury but not through illness

Present condition Excellent.

S. E. Smiley, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

6-1955



(On \_\_\_\_\_, 19\_\_\_\_)

6—1955

2/5  
DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

Sisseton Indian Agency S.D.

Nov, 24th, 1913.

Supt. Friedman,

Carlsile Indian School S.D.

Carlsile Pa.

Dear Sir:-

I hand you herewith check made in favor of F.A. Hardy  
against the account of Smiley Hopkins, which he has signed as  
per your instructions .

Very respectfully,

ADD.

*W. M. Miller*  
Supt., & S.D.A.

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July 1st, 1913.

Mr. S. E. Allen,  
Superintendent, The Sisseton Agency,  
Sisseton, S. D.

My dear Sir:

I thank you for the information you conveyed to me in your letter of June the 27th in regard to the arrival at home of Smiley Hopkins. Replying thereto I have to advise that Smiley's record here last year was entirely unfavorable and it is doubtful whether he could be benefitted in any way by returning to Carlisle in the fall to complete the original period of enrolment for which he was received here. Therefore, I shall not object to his being released.

Very truly yours,

HKM.

Superintendent.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Sisseton Indian Agency S.D.

June 27th, 1913.

Supt, Friedman,  
Carlsile Pen,

Dear Sir:-

I have your notice that Smilgy deserted from your school. He arrived here some time ago, but did not say under what conditions he left, as I had sent him funds to come home on I supposed that he had left in the usual manner.

I would be pleased to hear from you at an early date in regard to him, whether you intend to release him from the balance of his term, or not. He does not seem to think that he cares to go back to school.

Very respectfully,

*J. E. Miller*  
Supt, & S.D.A.

ADD.



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October 30th, 1913,

Mr. S. E. Allen,

S. & S. D. A.

Sisseton S. D.

Dear Sir,

There is enclosed herewith check for 37.66 closing the account of Smiley Hopkins. Please handle the check as transfer of funds paragraph 129.

Respectfully,

W. H. M.

Superintendent,

October 30th, 1913.

Mr. Smiley L. Finley,

Peever S.D.

Dear Sir,

I have your letter of the 27th, requesting the balance of your money and I have today sent check for the amount 37.66 to your agent.

Respectfully,

W.H.M.

Superintendent,

Peever, S. D. Oct 24, 1913

Mr Friedman  
Carlisle, Pa.

Dear Sir:-

I'm well and happy  
and if no objection I will  
come back to school and finish  
up my term. When I came  
away last spring I left  
some money amounted to \$39.91  
so if it's there please send  
me my transportation so that  
I may come at once. If you  
can't do that send me \$10.00 back.  
Please send me the amount.  
I remain

your truly  
Leroy T. Finley

Hopkins, Smiley  
Correspondence  
Agent's file

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