

Admitted 669

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3277 2678	ENGLISH NAME Jane Katchenago Katchenakow	AGENCY	NATION Menominee					
BAND	INDIAN NAME	HOME ADDRESS Pauline Katchenago, Keshena, Wis.						
PARENTS LIVING OR DEAD		BLOOD 3/4	AGE 16	HEIGHT 5-2 1/2	WEIGHT 114	FORCED INSP. 31	FORCED EXPR. 27	SEX. F.
FATHER. D	MOTHER. L	ARRIVED AT SCHOOL Sept. 21, 1911		FOR WHAT PERIOD Three years	DATE DISCHARGED July 17, '13	CAUSE OF DISCHARGE		
TO COUNTRY 6-15-12	PATRONS NAME AND ADDRESS Mrs. C. D. Reeves, N.E. Cor. & Chelton Ln, Oak Lane, Pa.					FROM COUNTRY 8-30-12.		

THE SHAW-WALKER CO., WASHINGTON 121071

203

Months in school before Carlisle.

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry.

Church.

CARLISLE INDIAN INDUSTRIAL SCHOOL.
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

2032		ENGLISH NAME <i>Jane Katchanaga</i>			AGENCY <i>Green Bay</i>			NATION <i>Menominee</i>		
BAND		INDIAN NAME			HOME ADDRESS <i>Peter Katchanaga South Branch Wis</i>					
PARENTS LIVING OR DEAD		BLOOD		AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, <i>Living</i>		MOTHER, <i>Living</i>		<i>Full</i>	<i>9</i>	<i>4-23</i>	<i>62</i>	<i>2 3 1/2</i>	<i>22 1/2</i>	<i>F</i>
ARRIVED AT SCHOOL		FOR WHAT PERIOD			DATE DISCHARGED			CAUSE OF DISCHARGE		
<i>Aug 24 1905</i>		<i>5 Years</i>			<i>6-20-10</i>			<i>Time out</i>		
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		
<i>4-8-08</i>		<i>Mrs. S. Mellor, West Chester, Pa.</i>						<i>7-20-08</i>		
<i>7-19-09</i>		<i>Mrs. J. D. Hastings, Atglen, Pa.</i>						<i>8-27-09</i>		
<i>8-27-09</i>		<i>T. J. Alcott, Mt. Holly, N. J.</i>						<i>4-7-10</i>		

SHAW-WALKER MUSKEGON 5478

Months in school before Carlisle, *36*.....

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

Grade at date of Discharge, *5th*.....

Trade or Industry, *General Work*.....

Church, *Catholic*.....

miles to sch. *1/2*

242

5-192 a.

BRIEF.

APPLICATION OF

Pauline Kitchenukew

FOR THE ENROLLMENT OF

Jane Kitchenukew

IN THE INDIAN SCHOOL AT

Carlisle Penna

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 190

Term of enrollment, Three (3) years.

NAME OF COLLECTING AGENT:

Position, _____

APPLICATION FOR ENROLLMENT IN A NONRESERVATION 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 _____

of Carlisle Penna
Jane Kitchenkow; Female; date of birth Oct 14 1895;
(Name of child.) (Sex.)

(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Peter Kitchenkow</u>	<u>Dead</u>	<u>Menominee</u>		<u>Full</u>
<u>Pauline Kitchenkow</u>	<u>Living</u>	<u>"</u>		<u>1/2</u>

I, Pauline Kitchenkow, do hereby voluntarily consent and agree to _____
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of Three years, and also obligate myself to abide by
(Not less than 3.)
 all 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.
<u>1. Keshena Boarding School</u>	<u>1910</u>	<u>1911</u>	<u>Close of school term</u>	<u>7th</u>
<u>2.</u>				
<u>3.</u>				
<u>4.</u>				

Pauline Kitchenkow
(Parent, guardian, or next of kin.)

P. O. address: Keshena
Wis

Two witnesses:

Edward L. Swadlow
Agnaholm

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find her 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 9 day of September, 1911

Edward L. Swadner

Physician at Reserve Agency.

CERTIFICATE OF AGENT OR BONDED 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 Pauline Kitchenaow was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 9 day of Sept, 1911

Amubolan
Agent or Superintendent.

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 _____

(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190

School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation 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.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

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 are living, and if neither of them are 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; but in all cases where the parents are living they should first be consulted.

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

2528

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Jane Katchanago Indian name is

Name of Father Pete Katchanago

Name of mother Pauline Katchanago Tribe Manominie

Reservation Green Bay Degree of Indian blood of child 3/4

Is either parent white, if so, which? Are either or both allotted?

On what reservation? Age of child 9 years What reservation school attended? St. Joseph How long? 4 years

If ever enrolled in a nonreservation school, name of school, When? How long? If ever dismissed from a school, where, ; when, and for what reason?

(Signed.) Jane Katchanago

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, Pete Katchanago, parent, guardian or next of kin of the above-name child, Jane, do hereby consent to transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at South Branch on the 13 day of Aug, 1905

(Signed.) Pete Katchanago
(Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Jane Katchanago and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Keshua Wis on the 18 day of aug, 1905

(Signed.) Albert Nelson Agency Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named Jane Katchanago are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) Shepard Freeman
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.

Card made

012

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION INDIAN SCHOOL

CONSENT OF

.....

FOR THE ENROLLMENT OF

.....

IN THE INDIAN SCHOOL AT

.....

For the term of years

.....

Name of agency or place from which pupil came:

.....

Date of enrollment, 190.....

Date of discharge, 190.....

Cause of discharge, 190.....

MINISTERS CERTIFICATE

APPLICANT'S SIGNATURE

[Faint handwritten text, possibly a signature or date]

242

July 17th, 1918.

Ms. Pauline Ketchenago,
Keshena, Wisconsin.

My dear Madam:

I regret to advise that your daughter Jane's conduct has become so very reprehensible as to necessitate her suspension from school to protect our other girls. Arrangements are being made, therefore, to have her leave here this evening.

Hoping that you can succeed in directing her to do better and that you will notify me when Jane arrives at your home, I remain,

Very truly yours,

HCM.

Superintendent.

Copy to Superintendent Nicholson.

NAME. Katchanago, Jane.		TRIBE. Menonimee.	PARENT OR GUARDIAN. Peter Katchanaga.
DATE ENROLLED. Aug. 24, 1905.	TERM. 5 Years.	AGE. 9	HOME ADDRESS. South Branch, Wis.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	
Apr. 07	Nov.	U. Good	U. Good									
Apr. 08	4 1/2	Good	U. Good							Good	Good	
Jan. '09	4 1/2	Good	Good	d.P.	Fair	Good	1-14	Medium	Good	Good	Fair	
July '09	4 1/2	Good	Good	Heavy work	"	"	"	Fair	Med.			
June '10	2									Fair	Good	
July '10	5	Good	Good	"	Fair	Fair		Fair	U. Gd	F. Gd	F. Gd	
Dec. '11.			Home	Sm.	G.	G.		F.	G.			

NAME Jane Katcheuago Sex Male Female
 Tribe Min State Wis. Sept 26, 1911
 Age 16 years Respiration _____ Condition of, Eyes OK
 Height 5 ft. 2 1/2 ins. Mensuration { Insp. 31
 Weight 114 lbs. { Exp. 27 Ears OK
 Temperature 98.6 Vaccination Sept 26 - 11 Throat Enlarged Tonsils
 Pulse 86 Vision _____ Cervical glands OK
 Inspection OK Skin OK
 Palpation OK
 Percussion OK
 Auscultation OK
 Heart OK
 (Menstruation) O.K.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>Yes</u>	<u>Heart Trouble</u>
Mother	<u>Yes</u>	<u>well</u>		
Brothers	<u>2</u>	<u>"</u>	<u>1</u>	<u>T.B.</u>
Sisters	<u>1</u>	<u>"</u>		

Personal history menstrual

Present condition good

Elmer Hoag, 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.

Patient *Jane Keenanago*

Carlisle, Pa.,

Sept. 24th

1912

Physician

F. J. C. C.

Address

Nurse

Mary Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7 am</i>	<i>99.</i>								<i>8.00 Hot water bag to left ear.</i>
<i>3.30</i>	<i>98.4</i>								<i>8.00 Ear syringed</i>
<i>3.30</i>	<i>99</i>								
<i>7 am</i>	<i>99</i>				<i>Sept. 26.</i>				
<i>5.30 P.</i>	<i>99.</i>	<i>80</i>	<i>28</i>		<i>Sept. 27th,</i>				
<i>7.30</i>	<i>99.</i>	<i>126</i>	<i>28</i>						<i>Out of bed</i>
<i>5 P.M.</i>	<i>98.</i>	<i>72</i>	<i>24</i>						
<i>7.30^{am}</i>	<i>98.4</i>	<i>98</i>	<i>24</i>		<i>Sept 28th,</i>				<i>" "</i>
<i>7.30</i>	<i>98.</i>	<i>86</i>	<i>28</i>		<i>" 29th,</i>				
<i>5.00</i>	<i>100</i>	<i>84</i>	<i>20.</i>		<i>" 30th,</i>				
<i>7.30^{am}</i>	<i>98.</i>	<i>74</i>	<i>20.</i>						
<i>5.30</i>	<i>98</i>	<i>80</i>	<i>24</i>						
<i>7.30^{am}</i>	<i>94</i>	<i>88</i>	<i>32</i>		<i>Oct 1st.</i>				<i>Out of bed.</i>
<i>5.30</i>	<i>98.2</i>	<i>106</i>	<i>14</i>		<i>Oct 2nd</i>				<i>9.00 ear syringed.</i>
<i>7.30^{am}</i>	<i>98</i>	<i>88</i>	<i>34</i>		<i>Oct 3rd</i>				
<i>7.30^{am}</i>	<i>98</i>	<i>78</i>	<i>20</i>						

669

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Katchenago Jane DATE 12/10 1908

AGE 12 YEARS { NEW RETURNED } STUDENT. TRIBE Menominee STATE Wis.

DEGREE OF INDIAN BLOOD _____

INSPECTION Well developed

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE _____
RESP. MURMUR Normal }

HEART SOUNDS _____

MENSURATION { INSP. 29 1/2
EXP. 27 RESPIRATION 18 PULSE 82 }

TEMPERATURE 98 degs. HEIGHT 4 FT 11 IN. WEIGHT 92 LBS.

VISION 10/10 VACCINATION good Rev 12/2/08

MENSTRUATION _____

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>1</u>	<u>Consumption</u>		
SISTERS {	<u>2</u>	<u>good</u>		

PERSONAL HISTORY: Good health

REMARKS: _____

HOSPITAL RECORD

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

June 3, 1912

Good.

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1913.

TRIBE

FULL. ONE

NAME Jane Kachnigo.

AGE

DIAGNOSIS Lumbago.

ADMITTED May 15-

DISCHARGED May 16.

RESULT Improved

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Frick

REMARKS:

Patient Jane Katchunago Carlisle, Pa. May - 12 - 1913 Physician Allen and Francis
 Address _____ Nurse Maria Belbeck

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					May - 15 - 13				
7:30	99	90	24		Back painted Iodine				
8:00	98.3	88	24						
					May 16 - 13				
7:20	98.3	66	18		Merg Sulph 50z.				
6:30	98.1	84	22						

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Jane Kachanago.

AGE

DIAGNOSIS Furuncle in ear.

ADMITTED Sept 24.

DISCHARGED Oct 7.

RESULT Good.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fralich

REMARKS:

Patient Jane Kachmago Carlisle, Pa., Oct 3rd 1912 Physician Fralic
 Address _____ Nurse Mary Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
5:30 ^{PM}	99	84	26						Out of bed
7:30 ^{PM}	98	80	20						
5:30 ^{PM}	97.3	92	30						
7:30 ^{AM}	97	70	24		Oct 5 th			9.00	ear syringed.
5:30 ^{PM}	98	66	24					9.30	ear syringed.
7:30	97	66	24		Oct 6 th				
5:30	97	62	24						
7:30 ^{AM}	97.3	90	24		Oct 7 th				

242

REPORT OF Jane Katchuago pupil of Carlisle Indian School, who went 6-12-12 to live with Mrs. Rees of Oak Lane Pa. (Date) (Patron) (Post Office) (State) Phila. (County) Oak Lane (Logan, near) Railroad Station

Conduct Very good - willing and obedient.

Health Good

Ability Fair - rather slow in her work.

Cleanliness Quite neat and clean.

Economy Not very careful.

Situation of Room 3rd floor - 3 windows.

Condition of Room Excellent.

Condition of Clothing Good.

Wages \$5 per mo.

Are careful accounts kept by patron? Yes.

Are careful accounts kept by pupil? No.

Number of days at school

Distance to school About 3 or 4 squares.

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle? Room 8

In what grade is pupil at present?

Attends what church and Sunday school? Catholic - Family Episcopalian.

Distance to church 6 squares.

Is there a Catholic church in locality? Yes.

Who compose patron's family? Mrs. Rees - son & daughter - both grown up.

What other help is employed? Wash woman for washing and ironing.

Locality of home Suburb of Phila.

Home life and environments - Jane liked her home very much.

Trade at school

Nature of work Girl helper.

Pupil's age 16 Experience Considerable

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *C. D. Reeves Oak Lane*

Pupil's name *Jane Katchenago*

General health of the pupil *Excellent*

Has pupil been ill the past two months? *no*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *no*

For how long has he had it?

Give the pupil's weight *114*

Has the pupil any trouble with the eyes? *no*

Are the eyelids inflamed? *no*

Remarks:

Date *July 16, 1912*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address C. D. Reeves. Oak Lane

Pupil's name Jane Katchenago

General health of the pupil Good.

Has pupil been ill the past two months? no

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough? no

For how long has he had it? —

Give the pupil's weight 120

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed? no

Remarks:.....

Date August 30, 1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

