

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

2032		ENGLISH NAME	AGENCY		NATION				
Jane Katchanaga		Green Bay		Menominee					
BAND	INDIAN NAME	HOME ADDRESS							
		Peter Katchanaga, South Branch, Wis.							
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, Living		MOTHER, Living	Full	9	4-23	62	2 3 1/2	22 1/2	F
ARRIVED AT SCHOOL		FOR WHAT PERIOD		DATE DISCHARGED		CAUSE OF DISCHARGE			
Aug 24 1905		5 Years		6-20-'10		Time out.			
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY	
4-8-'08		Pross. S. Mellor, West Chester, Pa.						7-20-'18	
7-19-'09		Mrs. J. D. Hastings, Atglen, Pa.						8-27-'09	
8-27-'09		T. J. Alcott, Mt. Holly, N. J.						4-7-'10	

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

~~Admitted~~ 669

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2279 2678		ENGLISH NAME Jane Katchenago Kitchenagon		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
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY	
6-15-12		Mrs. C. D. Reeves, N.E. Cor. & Chelten Av., Oak Lane, Pa.					8-30-12.	
9-12-1								

THE SHAW-WALKER CO., WASHINGTON 121071

2038

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church,

242

5-192 a.

BRIEF.

APPLICATION OF

Pauline Kitchenuakow

FOR THE ENROLLMENT OF

Jane Kitchenuakow

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 Peema
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>
NAME OF MOTHER.				
<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
A. F. Johnson

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, 1901

Edward L. Swadlow

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 Kitchensaw was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 9 day of Sept, 1901

Amukolam

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 _____, 1901

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-named 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

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

CONSENT BLANK

PHYSICIAN'S CERTIFICATE

AGENCY OR SUPERINTENDENT'S INDORSEMENT

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.	V. Good	V. Good									
Apr. '08	4 1/2	Good	V. 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	V. Gd	F. Gd	F. Gd	
Dec. '11.			Home									
				Sm.	G.	G.		F.	G.			

NAME Jane Katchewago Sex Male Female.

Tribe 314 Minn State Wis. Sept 26, 1911

Age 16 years Respiration _____ Condition of, Eyes OK

Height 5 ft. 2 1/2 ins. Mensuration { Insp. 31 Ears OK

Weight 114 lbs. { Exp. 27 Throat Enlarged Tonsils

Temperature 98.6 Vaccination Sept 26 - 11 Cervical glands OK

Pulse 86 Vision _____ Skin OK

Inspection OK

Palpation OK

Percussion OK

Auscultation OK

Heart OK

(Menstruation) OK.

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 menstris,

Present condition good

Elmer Hess, 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.

Name

Age Sex { Male. Female. } Tribe { Full } Residence

(On, 19...)

DATE.	SYMPTOMS.			TREATMENT.	DIAGNOSIS.	REMARKS.
19...	T.	P.	R.	Refracted July 27 by Dr. Trabe		History, progress, and termination of the disease.
				L 20 ⁸ + 5 ²⁰ 2/20 30		
				R 29 + 37 2/20 30		
				May 29 1913, For Anting has Trachoma		

Patient Jane Keenanago

Carlisle, Pa.,

Sept. 24th

1912

Physician

Fuseli

Address

Nurse

Mary Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 am	99.								8.00 Hot water bag to left ear.
3:30	98.4								8:00 Ear syringed
3:30	99								
7 am	99				Sept. 26.				
5:30 P.	99	80	28						
					Sept. 27 th ,				
7:30	99	126	28						Out of bed
5 P.M	98.	72	24						
7:30 ^{am}	98.4	98	24		Sept 28 th ,				" "
7:30	98,	86	28		" 29 th ,				
5.00	100	84	20.		" 30 th ,				
7:30 ^{am}	98.	74	20.						
5:30	98	80	24						
7:30 ^{am}	97	88	32		Oct 1 st .				Out of bed.
5:30	98.2	106	14		Oct 2 nd				9.00 ear syringed.
7:30 ^{am}	98	88	34		Oct 3 rd				
7:30 ^{am}	98	78	20						

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 RESPIRATION 18 PULSE 82
EXP. 27

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

VISION 10/10 VACCINATION good R 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 Kachingo.

AGE

DIAGNOSIS Lumbago.

ADMITTED May 15-

DISCHARGED May 16.

RESULT Improved

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fali

REMARKS:

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

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

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Jane Kachanago.

AGE

DIAGNOSIS Tumors in ear.

ADMITTED Sept 24.

DISCHARGED Oct 7.

RESULT Good.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Patient *Jane Kachenago* Carlisle, Pa., *Oct 3rd* 191 *2*

Physician

Fralic

Address

Nurse

Mary Bailey

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

242

REPORT OF Jane Katchuago pupil of Carlisle Indian School, who went 6-10-12 to live with Mrs. Peeres of Oak Lane, Phila. (Patron) (Post Office) (County) nearby Railroad Station (State)

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. Peeres - 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 Quil keeper.

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. Rivers 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.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

186

Name of Student *Jane Katchenago* Home Address *P. Katchenago, Breed, Wis. Tribe Menominee*

Age at Entrance *9* Date of Entrance *8-24-05* Shop

Patron *J. D. Hastings* Locality *Town* Days in School

Address *Atglen, Pa.* R. R. Station *-* Conduct *1/4, 1/4*

Recommended by *-* Grade in School *-* Ability *g, g*

Grade of Home *-* Church *Catholic* Health *g, g*

Date of Outing *7-19-09* Date Returned *Transf.* Wages *3* Earnings

		1910	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>J. J. Alcott</i>	<i>Town</i>	<i>20</i>	<i>20</i>	<i>19</i>											<i>17 17</i>
<i>Mt. Holly, N. J.</i>	<i>-</i>	<i>g</i>	<i>g</i>	<i>g</i>	<i>g</i>						<i>g</i>	<i>g</i>	<i>7</i>	<i>g</i>	
		<i>g</i>	<i>7</i>	<i>7</i>	<i>g</i>						<i>7</i>	<i>7</i>	<i>g</i>	<i>7</i>	
		<i>g</i>	<i>g</i>	<i>g</i>	<i>g</i>						<i>g</i>	<i>g</i>	<i>7</i>	<i>g</i>	

8-27-09 *4 - 7 - '10*

		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL OR AVERAGE	
<i>C. D. Reeves</i>	<i>Ork Lane, Pa.</i>															<i>4</i>											<i>g</i>
																<i>"</i>											<i>g</i>
																											<i>g</i>

6-15-12 *8-30-12*

		<i>g</i>	<i>g</i>																								<i>g</i>
		<i>"</i>	<i>g</i>																								<i>g</i>
		<i>"</i>	<i>g</i>																								<i>g</i>
		<i>g</i>	<i>g</i>																								<i>4</i>

