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CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6155		ENGLISH NAME Paul Wolfe Chum			AGENCY Cheyenne			NATION Cheyenne		
BAND		INDIAN NAME			HOME ADDRESS Julia Elkshoulders Birney, Mont.					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.		
FATHER, <input type="checkbox"/>		MOTHER, <input type="checkbox"/>	Full	18	5'6 1/2"	146 1/2	3 1/2	35 1/2	M.	
ARRIVED AT SCHOOL Sept. 21, 1910.		FOR WHAT PERIOD Three years		DATE DISCHARGED June 6, 1911		CAUSE OF DISCHARGE Deserter				
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		
4-28-11		Amos N. Shenk, Marheim Pa.						5-1-11		
5-5-11		Ran								

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, 45

Grade entered at Carlisle, Normal

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

Miles to school - 25

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PHYSICAL RECORD, CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Wolf Chum Paul DATE 11/14 1910

AGE 18 YEARS { NEW STUDENT. TRIBE Chyenne STATE Mont
RETURNED

DEGREE OF INDIAN BLOOD Full

INSPECTION Well developed

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 87 1/2 RESPIRATION 18 PULSE 72
EXP. 95 1/2

TEMPERATURE..... degs. HEIGHT 5 FT 6 1/4 IN. WEIGHT 146 1/4 LBS.

VISION normal both ACCINATION 11/14 1910

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Good</u>		
MOTHER	<u>yes</u>	<u>Poor</u>		
BROTHERS {	<u>2</u>	<u>2</u>	<u>Good</u>	
SISTERS {	<u>1</u>	<u>1</u>	<u>Good</u>	

PERSONAL HISTORY: General health good

REMARKS:

EXAMINATION FOR OUTING:

DATES:

Mar. 14 - 1911
April 19, 1911,

CONDITION:

O.K.
O. K.

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TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

Jan. 1, 19..... to June 30, 19.....

PUPIL

Paul Wolf-Chum

TRADE

Carpenter

ABILITY

Good

CONDUCT

REMARKS

No Experience

INSTRUCTOR

John R. Rose

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NAME.

Paul Wolf Chum.

TRIBE.

Cheyenne

PARENT OR GUARDIAN.

Julia Elksholders

DATE ENROLLED.

Sept. 21, 1910

TERM.

Three years

AGE.

18

HOME ADDRESS

Binney, Mont.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room No.

Neatness

Conduct.

Ability.

Conduct

June '11
July '11

N.1 Ran

Carp. Fair good

G. V.G.

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CARLISLE, PA.

1893

BRIEF.

PAUL WOLFGANG

MONTANA

Application of

Full-pled

is to be made

Full-pled

PAUL WOLFGANG

Wolfgang, Julius living

to be made

FOR THE ENROLLMENT OF

W

PAUL WOLFGANG

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

TONGUE RIVER INDIAN AGENCY, LAMEDEER, MONTANA.

John, Arthur, Mont.

St. Louis, Mo.

St. Louis, Mo.

Date of enrollment, _____, 19...

Term of enrollment, ~~XXXXXX~~ **THREE (3)** ~~XXXXXX~~ years

(Barnes)

Montana

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, PA.

of PAUL WOLFCHUM (Name of Child); MALE (Sex); date of birth 1892

NORTHERN CHEYENNE
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>WOLF CHUM</u>	<u>DEAD</u>			
<u>He ni ha mah hah</u> NAME OF MOTHER		<u>N. Cheyenne</u>		<u>full-blood</u>
<u>Elkshoulders, Julia living</u>	<u>living</u>			
<u>Nah so to yo sah</u>		<u>N. Cheyenne</u>		<u>full-blood</u>

I, PAUL WOLFCHUM, 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 the rules and regulations for Indian Schools. (Not less than 3)

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
<u>sion, Ashland, Mont.</u>			<u>Transferred to</u>	
<u>St. Labris Mis-</u>	<u>1905</u>	<u>1906</u>	<u>Bierney Day schl.</u>	<u>First</u>
<u>Bierney, Mont.</u>				
<u>2. Bierney Day Sch.</u>	<u>1906</u>	<u>June 1900</u>	<u>Vacation</u>	<u>Second</u>
3.				
4.				

Paul wolf chum
(Parent, guardian, or next of kin)

P. O. address: Bierney, (Birney)

Montana.

Two Witnesses:

Orin Blake
Thaddeus Redwater

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 15th day of September, 19 10.

(Title)

Hermon G. Lewis

Physician at Lamedeer 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 Paul Wolfchum
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 15th day of September, 19 10.

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:

H
N
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.



NAME Paul Wolfchum Sex Male Female

Tribe Full N. Cheyenne State Montana Sept. 17, 1910.

Age 18 years Respiration 77 Condition of, Eyes Trachoma Left Eye

Height 5 ft. 6 ins. Ears Normal

Weight 145 lbs. Mensuration { Insp. 35 Exp. 33 Throat Normal

Temperature 98.4 Vaccination Unsuccessful Cervical glands Normal

Pulse 64 Vision 10/10 Skin Normal

Inspection Good development.

Palpation Premitus normal.

Percussion Normal.

Auscultation Normal respiratory murmur and resonance.

Heart Sounds normal.

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>Yes</u>	<u>?</u>
Mother	<u>Yes</u>	<u>Good health.</u>		
Brothers				
Sisters	<u>One (1)</u>	<u>Good health</u>	<u>One (1)</u>	<u>?</u>

Personal history _____

Present condition Good.

F. Shoemaker, 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.

