

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

3314

Full name of child Rose Agnes Simpson Indian name is
 Name of father Mel Simpson
 Name of mother, Maggie Simpson Tribe Nez Perce
 Reservation, Nez Perce Degree of Indian blood of child, one half
 Is either parent white, if so, which? Father Are either or both allotted? mother
 On what reservation? Nez Perce Age of child, 13 What
 reservation school attended? Lapwai How long? six yrs
 If ever enrolled in a nonreservation school, name of school, no
 When? — How long? — If ever
 dismissed from a school, where, —; when, —
 and for what reason? —

(Signed.) Rose Agnes Simpson

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, Melville Simpson, parent, ~~guardian or next of kin~~ of the
 above-named child, Rose Agnes Simpson, do hereby consent to her
 transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.
 Dated at Lapwai Idaho on the 20th
 day of February, 1905

(Signed.)

Melville Simpson ^{his} mark
 [Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Rose Agnes Simpson, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Lapwai
 on the 20 day of Feb, 1905

(Signed)

John M. Alley M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

Feb 20, 1905

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

(Signed.)

J. G. Mattoon

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

Card made

CONSENT OF

Melville Simpson

OR THE ENROLLMENT OF

Rose Agnes Simpson

IN THE INDIAN SCHOOL AT

Carlisle Pa

For the term of 5 years.

Name of agency or place from which pupil came:

Nez Percé Idaho.

Date enrollment, 190

Date of discharge, 190

Cause of discharge, 190

consent of Simpson

consent of Simpson

consent of Simpson

consent of Simpson

consent of Simpson

consent of Simpson

consent of Simpson

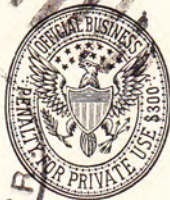
consent of Simpson

Readmitted 746

THE SHAW-WALKER CO., MUSKOGEE. 79104

Church,

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

✓
746

Jan 14, 1914

Name Mrs. John Biggie
(Please give name by which enrolled and also present or married name.)

Tribe Nez Perce

Present Address Winnebago Nebraska

Former Address Carlisle Penna.
(Address from which we heard from you last.)

Present Occupation House Keeping

Remarks:

The honor of your presence is
requested at the marriage of
Miss Rose Q. Simpson
to
Mr. John Big Tree

Monday, June the ninth, at
two o'clock, at the residence
of Supt. M. Friedman
Carlisle Indian School
Carlisle, Penna.



Rose Simpson

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

NUMBER	ENGLISH NAME	AGENCY	NATION
1994	Rose Simpson		Nez Perce
BAND	INDIAN NAME	HOME ADDRESS	
		Melvin Simpson, Genesee, Ida.	
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT
FATHER, Living	MOTHER, Dead	1/2	14
		5-2	
		35	33
			M
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
March 3, 1905	Five years.	Feb. 8, 1911	Time outturn
TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY	
April 1-'05	Mrs. L. E. Walton, Swarthmore, Pa.	Pa.	
April 29-'05	M. J. Hawke, "	" 9-18-'05	
APR. 9-1907	C. T. Woolston, Riverton, W. J.	5-9-'08	
5-9-'08	G. C. Turner, Park Race, Chester, Pa.	8-29-'08	
6-16-'09	Edith Skertz, Quincy, Pa.	9-20-'09	
Tr. 9-20-'09	U. G. Barnitz, Barnitz, Pa.	3-31-'10	
6-20-'10	Home on leave		

Months in school before Carlisle, 48.....

Grade entered at Carlisle, 3^d

Grade at date of Discharge,.....

Trade or Industry,.....

Church, Presbyterian

Conduct _____

Brought here by Miss
M. A. Cogan.
miles to sch. 4

NAME.

TRIBE.

PARENT OR GUARDIAN.

746

Simpson, Rose.

Nez Perce.

Melvin Simpson.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

March 3, 1905.

5 Years.

14.

Genessee, Ida.

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	6	V. Good	Ex.							Good	Good	
Jan. '09	8	V. Good	Good	Lev.	V. Ed.	V. Ed.	3-8	V. Ed.	Med.	Good	Good	
July '09	9	Good	Good	Laun.	"	Poor	"	"	Poor			
June '10										Fair	Ex	
July '10	9	Outing		House	V. Go	Ex		Ex	Ex	Good	Good	
Dec. '11				Laun.	Ex	"		"	"			

Idaho 62
Building Tribe Nez Percé

62

Idaho

62
Key Purc

Name of Student

ROUTING RECORD

Roe Timpany

Home Address

INDUSTRIAL SCHOOL *Idaho*
Mel. Simpson Spaulding Tribe

Tribe

Age at Entrance

Date of Entrance

3-3-05

Shop

Patron

14

Locality

Days in
School

Address

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing

5-2-12

Date _____

$d8-30-\frac{1}{2}$

Wages

Earnings

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6					

9	4
9	"
9	"
8.	8.

4	g.
"	g.
"	g.
8.	8.

Name of Student

Rose Simpson

Home Address

Melvin Simpson
Spaulding, Ida. Tribe
Rez Perce

Age at Entrance

14

Date of Entrance

3-3-05

Shop

JAN.

FEB.

MAR.

APR.

MAY

JUNE

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

TOTAL OR AVERAGE

Patron

Mrs Edith Wertz

Locality

Farm

Days in School

Address

Inincy. Pa.

R. R. Station

Conduct

Ex. G.

Recommended by

Grade in School

Ability

Ex. G.

Grade of Home

Church

Presbyterian

Health

G. G.

Date of Outing

6-16-09.

Date Returned

Fr.

Wages

Earnings

5-6-

U. G. Barnitz
Barnitz. Pa.

Farm

1910

4 4 Ex

Ex Ex Ex Ex

G. G. G.

7 7 7 7

7 G. G.

G. G. 7 7

\$ 8. 8. 8

2.70 8 8 8

July Aug Sept Oct Nov. Dec Jan Feb Mar Apr May June

9-20-09.

3-31-'10

Mrs. T. S. Thaters, Jr.
Junkintown, Pa.

2.9 2.9

G "

G G

3.75 9.

5-20-'11 in 8-31-'11

4 2.9

2.9 4

G "

8. 8.

62

REPORT OF Rose Simpson pupil of Carlisle Indian
School, who went May 20 to live with Mrs. Thos. Walters
(Date) (Patron)
of Jenkintown,
(Post Office) (County)
Pennsylvania, Jenkintown Railroad Station
(State)
Conduct Excellent
Health Good
Ability "
Cleanliness "
Economy "
Situation of Room 3rd floor
Condition of Room Good
Condition of Clothing "
Wages 10^{cts}
Are careful accounts kept by patron? Yes
Are careful accounts kept by pupil? Yes
Number of days at school
Distance to school
Grade or quality of school
Name and address of teacher
Qualifications of teacher
In what grade was pupil at Carlisle? 6th
In what grade is pupil at present? "
Attends what church and Sunday school? None
Distance to church 3 blocks
Is there a Catholic church in locality? Yes

Who compose patron's family? Mrs. & Mr. W. 3 chil. 15, 13, 9
What other help is employed? Ind. girl & heavy work put out
Locality of home Town
Home life and environments Excellent
Trade at school
Nature of work Gen. house work
Pupil's age 20 Experience 3 yrs

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

New patron, has handsome home, an ex-
housekeeper says Rose is satisfactory,
she is willing & tries, a fair cook
& general help. Rose says she likes
her home, but she finds the work
too heavy, is patient just now, a
woman to do all the work, she would
like her wages & she can stand
the work. Patron is willing to make
the change to lighten the work
for Rose.

Mollie V. Gaillet
Field Agent

June 6-1911.

62

REPORT OF Rose Simpson pupil of Carlisle Indian
School, who went May 20 to live with Mrs. T.S. Waters, Jr.
(Date) (Patron)
of Washington Lane Jenkins town Mont.
(Post Office) (County)
Pa, Jenkins town Railroad Station
(State)

Conduct ✓ good

Health ✓ good

Ability Ex -

Cleanliness Ex -

Economy good

Situation of Room 3rd floor side.

Condition of Room Fair

Condition of Clothing good

Wages \$8.00 per month

Are careful accounts kept by patron? yes

Are careful accounts kept by pupil? yes -

Number of days at school For summer -

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle?

In what grade is pupil at present?

Attends what church and Sunday school? Methodist -

Distance to church 1/2 mile

Is there a Catholic church in locality? yes -

Who compose patron's family? Man, wife, 3 children -

What other help is employed? Wash woman - Another Indian girl.

Locality of home In village

Home life and environments Pleasant -

Trade at school

Nature of work Cook -

Pupil's age 20 yrs. Experience 2 1/2 years.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Simpson, Rose* DATE *177* 19*08*

AGE *17* YEARS { NEW { STUDENT. TRIBE *Nez Perce* STATE *Idaho*

DEGREE OF INDIAN BLOOD.....

INSPECTION *Scars on neck*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE.....
RESP. MURMUR *Normal*

HEART SOUNDS.....

MENSURATION { INSP. *32 1/2*
EXP. *29 1/2* RESPIRATION *20* PULSE *78*

TEMPERATURE *98.6* degs. HEIGHT *5* FT. *2* IN. WEIGHT *125* LBS.

VISION *10/10* VACCINATION *good. Rev 17 1/2 1908.*

MENSTRUATION *Dysmenorrhea*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....	<i>Yes</i>	<i>good</i>		
MOTHER.....			<i>yes</i>	<i>Consumption</i>
BROTHERS {	<i>1</i>	<i>good</i>	<i>1</i>	<i>Drowned</i>
SISTERS {	<i>1</i>	<i>good</i>	<i>2</i>	<i>1 Consumption 1 small pox</i>

PERSONAL HISTORY:

Haemoptoeis two years ago (here) and last winter in country. Lost 8 lbs. since Sept. Has slight cough at present. No expectoration.

(over)

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:	CONDITIONS:
June 10 - 09 April, 23, 1912.	Good O.K.

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 *A. Buist - Mounton*

Pupil's name *Rose Simpson*

General health of the pupil *Fair*

Has pupil been ill the past two months? *Yes*

Name of disease *- Malaria + Ear treated*

Name and address of the physician in attendance *Dr. H. H. H. H. H.*

Mounton - New Jersey

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *116*

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

Are the eyelids inflamed?

Remarks: *- Rose was ill one day with*

Malaria - she had a discharge from the ear when she came - it needed attention and she made several visits to the doctor for treatment. It is all right now

Date *July 2 - 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

Mr T. S. Grains Jenkins Iowa

Pupil's name

Rose Simpson

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

121 lbs.

Has the pupil any trouble with the eyes?

no

Are the eyelids inflamed?

no

Remarks:

Have not heard pupil complain in any way as to health since she has been with me.

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 *Mrs T. S. Waters Lenkinton Pa*

Pupil's name *Rose Simpson*

General health of the pupil *excellent*

Has pupil been ill the past two months? *nr*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *nr.*

For how long has he had it?

Give the pupil's weight *119 lbs.*

Has the pupil any trouble with the eyes? *nr*

Are the eyelids inflamed? *nr.*

Remarks:

POPULI'S HEALTH REPORT.

Wm. H. H. H.

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 *Anna S. Buist*

Pupil's name *Rose Simpson*

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

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks: *I have forgotten Rose*

Wright. She is in English

now.

A. S. Buist

Date *September 2 - 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.

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR

TRIBE

FULL. ONE

NAME *Rose Simpson*

AGE

DIAGNOSIS *Abcess of ear.*

ADMITTED *Mch. 25, 12.*

DISCHARGED *April 15, 12.*

RESULT *Good.*

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen.

H. B. Fralio.

REMARKS:

[illegible]

Patient _____ Carlisle, Pa., *April 8* 191 _____ Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
98.4	70	26							
					<i>April 8</i>				
8:00	98.6	80	28						
					<i>April 10</i>				
8:00	98.6	82	26						
4:00	102.4	72							
					<i>April 11</i>				
8:00	98.2	82	26						
					<i>April 11.</i>				
11:00	98.4	88	24						
					<i>April 12</i>				
8:00	98.6	82	26						
4:00	99.2	96	24						
					<i>April 12</i>				
					<i>April 13</i>				
8:00	98.2	80	24						
4:00	98.6	82	22						

Patient _____ Carlisle, Pa., *March 31* 191 _____ Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	74	34			6:30	<i>Free</i>	4:00	<i>not here</i>
8:00	98.6	68	24						
					<i>April 2</i>				
8:00	98.8	96	24						
					<i>April 3</i>			4:00	<i>not here</i>
8:00	99.2	76	17						
	<i>April 4</i>								
7:00	99.2	78	18						
					<i>April 4</i>			4:00	<i>not here.</i>
					<i>April 5</i>				
8:00	98.6	72	20						
4:00	98 ⁴	70	20						
					<i>April 6</i>				
8:00	98.6	72	22						
4:00	98 ⁴	70	20						
					<i>April 7</i>				
8:00	98.6	74	20						
4:00	99	80	24						

Patient _____ Carlisle, Pa., *March 26* 191 _____ Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
630	98.4	88				630	<i>Full</i>		
						1200	"		
						530	"		
					<i>March 27</i>				
645	98.4	80	36			630	<i>Full</i>		
3:00	98.6	76				1200	"		
						530	"		
					<i>March 28</i>				
645	98.4	88	36			630	<i>Full</i>		
3:00	98.6	98				1200	"		
						530	"		
					<i>March 29</i>				
7:00	98.4	88	36			630	<i>Full</i>		
						1200	"		
						530	"		
					<i>March 30</i>				
7:00	98.6	80	34			630	<i>Full</i>		
4:00	98.4	84	34			1200	"		
						530	"		

Patient Rose Simpson Carlisle, Pa., Mar. 21 1912 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98.4	100				6:30	Full		
						12:00	"		
						8:30	"		
	98.4	68		3:00					
					March 22				
7:00	98.4	80				6:30	Full		
						12:00	"		
						5:30	"		
					March 23				
7:00	98.4	80				6:30	Full.		
					March 24	6:30	Full.		
						12:00	Full.		
					in	5:30	Full		
					March 25				
6:30	98.4	88				6:30	Full		
3:00						12:00	"		
						5:30	"		

Patient _____ Carlisle, Pa., March 16 191____ Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98.6	80				4:30	7 ull.		
						12:00	"		
						5:30	"		
					March 17.				
7:00	98.4	80				6:30	Full		
						12:00	"		
						5:30	"		
					March 18				
7:00	99	88				6:30	Full		
3:00	98	75			Mar 19	6:30	7 ull		
7:00						12:00	7 ull		
						5:30	7 ull		
					March 20				
6:45	98.4	80				6:30	Full		
						12:00	"		
						5:30	"		

Patient _____ Carlisle, Pa., *March 9*, 191____ Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8.00	98	70				6.30	Soft.		
						12.00	Soft.		
						5.30	Soft.		
March 10.									
8.00	100	90				6.30	Soft.		
						12.00	Soft.		
4.00	99 ⁸	108				5.30	Soft.		
March 11									
8.00	99	80		S		6.30	Soft.		
						12.00	Soft.		
						5.30	Soft.		
March 12.									
6.45	99	80				6.30	Soft.		
Mar 14									
				8.00	Cough mix				
				10.00	" "				
Mar 15									
4.00	100	90							

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Rose Simpson

AGE

DIAGNOSIS Abscess of Middle Ear.

ADMITTED March 4

DISCHARGED Mar. 11

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

Dr. A. Allen

Dr. Fraley

REMARKS:

Patient Carlisle, Pa., *March 4* 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
800	110	90				1200	<i>Liquor</i>		
						5.30	<i>Soft.</i>		
<i>March 5</i>									
800	99	80				6.30	<i>Soft.</i>		
						1200	<i>soft.</i>		
						5.30	<i>Soft.</i>		
<i>March 6</i>									
800	99	80				6.30	<i>Soft.</i>		
						1200	<i>"</i>		
						2.30	<i>"</i>		
<i>March 7.</i>									
800	99	90				6.30	<i>Soft.</i>		
						1200	<i>Soft.</i>		
						5.30	<i>Soft.</i>		
<i>March. 8</i>									
800	99	90				6.30	<i>Soft.</i>		
4.00	100 ²			3.00	$\frac{1}{4}$ gr mor.	1200	<i>Soft.</i>		
						5.00	<i>Soft.</i>		

Case No. _____

DIAGNOSIS

Revise *Acute of Middle ear.*

Notes of Case

Name *Roe Simpson* M.F.

Age _____ S.M.W.

Nativity *Student*

Occupation _____

Residence *Carlisle Penna*

Date of admission *March 4: 12*

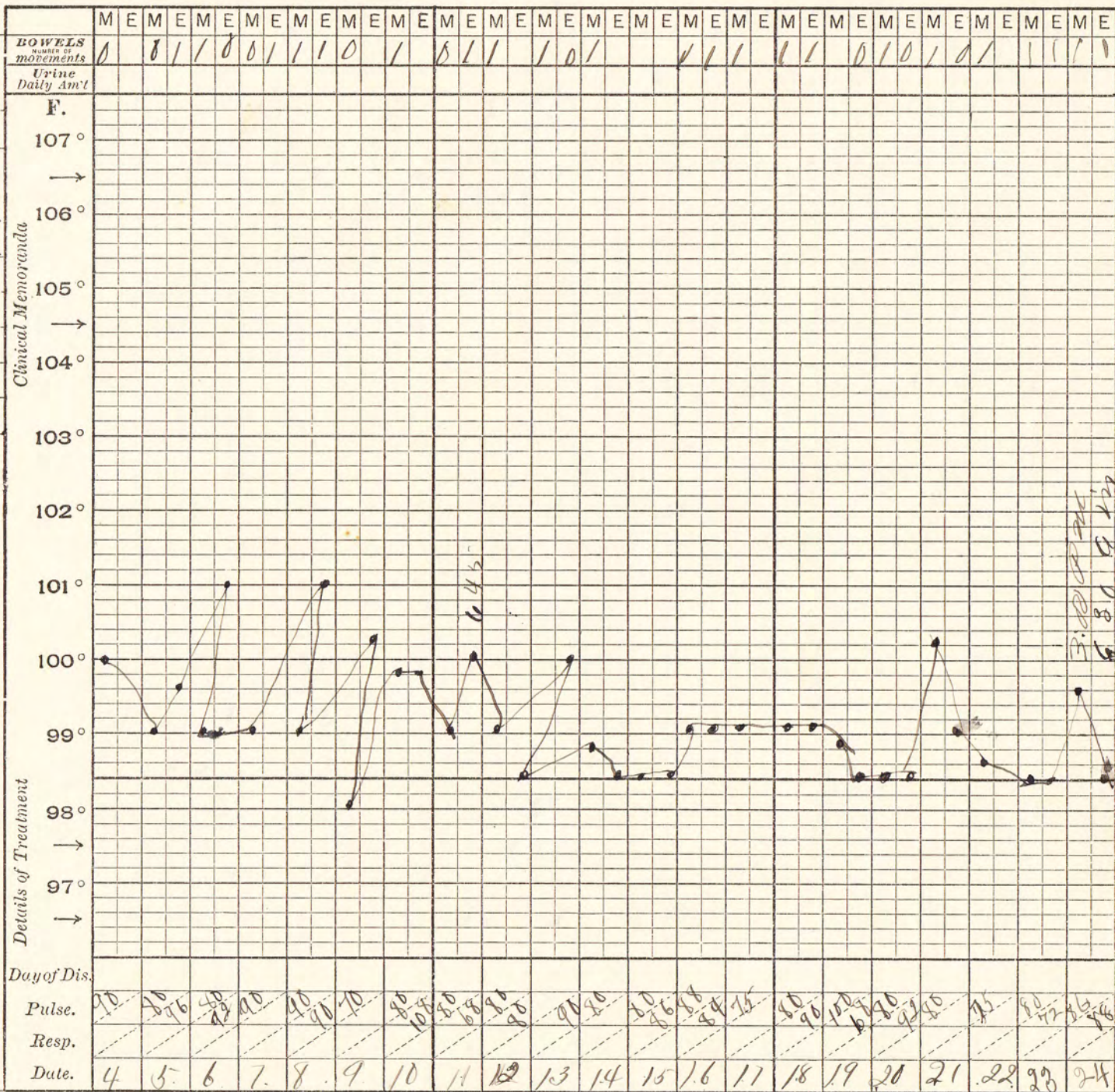
Diet

Full.

Treatment

*Carache drop's
hot water bottle
to ear.*

Result _____



DIAGNOSIS

Notes of Case

Age _____ S.M.W.

Nativity.....

Occupation_____

Residence-----

Date of admission March 4

Diet

Treatment

~~Stomach. Tab.~~

Ear ache. drops.
hot water bag to
ear.

Result.....

[illegible]

Case No.

DIAGNOSIS

Revise

Notes of Case

Name Rose Simpson M.F.

Age _____ S.M.W.

Nativity. Student.....

Occupation Carliole

Residence Lenna

Date of admission March 25

Diet

Full,

Treatment

Lancet drops
Hot water bottle
to ear.

Result

[illegible]

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1913

TRIBE

FULL. ONE

NAME Rose Simpson

AGE

DIAGNOSIS Incipient tooth abscess,

ADMITTED May 27

DISCHARGED May 28,

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

Case No.

DIAGNOSIS

Revise _____

Notes of Case

Name Rose Simpson M.F.

Age _____ S.M.W.

Nativity.....

Occupation.....

Residence.....

Date of admission May-27-12

Diet J. 30-4 M.

Free

Treatment

Result _____

[illegible]

C.
[42ⁿ

-41°

40°

-39°

-38°

-37°C

—36°

 $\angle 35^\circ$

Patient Rose Simpson Carlisle, Pa. May-27 1913 Physician Allen and Fralix
Address _____ Nurse _____

[illegible]

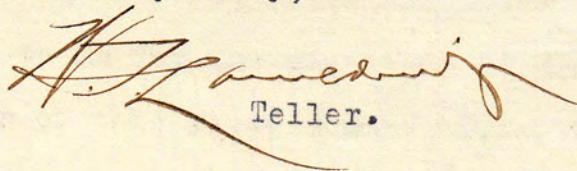
Mr. Theo. Sharp, Supt.,

Lapwai, Idaho.

Dear Sir: --

We beg to enclose herewith check #3178
Farmers Trust Co., Carlisle, Pa. \$159.09 as you will
note on looking at the check that the same has not been
signed.

Yours very truly,


Teller.

DEPARTMENT OF THE INTERIOR

Check
Rose
Simpson.

UNITED STATES INDIAN SERVICE

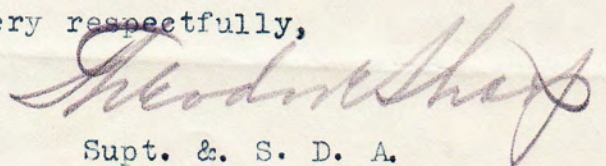
Lapwai, Idaho June 18, 1913

Supt. Moses Friedman,
Carlisle, Pa.

Dear Sir:

I am returning herewith check No. 20645 drawn to my order and sent to me for the signature of Rose Simpson as a transfer of this young womans funds. I have received a letter from Rose dated Winnebago, Nebraska stating that she has married a Winnebago boy, and is now residing in Nebraska. For her convenience, I suggest that the check be made payable to the Superintendent of the Winnebago Reservation and forwarded to him, to be disbursed for the benefit of Rose.

Very respectfully,



Supt. & S. D. A.

TS-FH
Enc. ck.

July 7th, 1913.

Mr. John S. Spear.

Supt. Winnebago Agency, Neb.,

Dear Sir,

I have your favor of the 28th, enclosing check for \$159.09 transfer of funds of Rose Simpson made payable in error to Mr. Kneale. A new check in your favor for the same amount is enclosed herewith.

Respectfully,

W.H.M.

Superintendent,

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Winnebago Agency, Nebr.,

June 28, 1913.

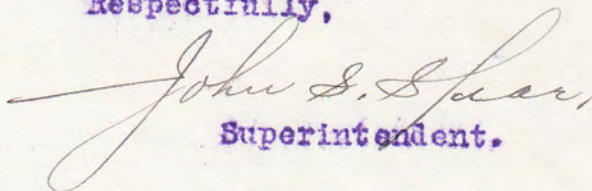
Mr. M. Friedman,
Supt., Carlisle Indian School,
Carlisle, Pa.

Dear Sir:

I am returning check of Rose Simpson with request that it be made payable to my order. When it is returned to me I will comply with request made in your letter of the 25th.

I would send it to Mr. Kneale for his endorsement, but I am not certain where he is or where it would find him.

Respectfully,


Superintendent.

Enc.
JSS/FG

746

Carlisle, Pa. September 13th, 1913

Rose Simpson,

Winnebago, Neb.

Dear madam:

There is herewith enclosed check for \$3.21
closing your account. Please sign the face of check before
presenting to bank.

Your friend,

S/N

Superintendent.

746 67

June 9th, 1913.

Mr. Theodore Sharp,
Superintendent,
Nez Perce Agency,
Fort Lapwai, Idaho.

Sir,

There is enclosed herewith check for 159.09 in your favor closing the account of Rose Simpson. This amount should be treated as transfer of funds and disbursed under your direction.

Respectfully.

W.H.M.

Superintendent,

776 62

Winnebago Neb.

June 30. 1913.

Dear friend.

I am writing these few lines
to thank you for your kindness
which was shown us by Mrs
Friedman and yourself.

We had a very pleasant journey
and arrived safely.

I like the country here and
the people are all very kind
to me.

With best regards to you and
Mrs Friedman I remain

Mrs John Bigfire

July 2nd 1910.

Miss Rose Simpson,

#700.Gregory St.,

Pensacola, Florida.

Dear Rose,

I have your card telling of your arrival and requesting \$25.00 from your account. Check for this amount is enclosed herewith. Remember to sign the check before presenting for payment.

Sincerely your friend,

W.H.M.

Superintendent,

Dear Mr. -

Will ask you to excuse me for not
writing sooner. Arrived safely enjoyed the
trip. Will you please have a check for
\$25.00 sent to me as I left my money
there.

I remain yours Truly
Rose Simpson

700 Gregory St.
Pensacola Florida.

746

Linney Pa.

Aug. 4, 1909

My dear Mr. Friedman

Will it be possible
for me to keep Rose Simpson
until my Father and I
leave here about the twenty
first of September? I shall
need her more the last
few weeks than any other
time, and she is quite
willing to stay.

Since she is not-

one of the advanced pupils
I have hoped that it-
could be arranged,
especially as I shall be
glad to help her with
any necessary school work
if you wish it; - since
I am a teacher.

It would scarcely
have been possible for
Rose to be more satisfactory
for our purpose this
summer. Her thoughtful

consideration alone of my
Father's comfort - puts her
above any girl we have
had.

Very truly yours
Edw. B. West

August 8, 1909.

Miss Edith Wertz
Quincy, Pa.
Dear friend:-

I have your letter asking if Rose Simpson may remain with you until the 20th of September when you leave your home for the winter. Since Rose is to remain out this winter with Mrs. Barnitz, this arrangement will be satisfactory to me.

Will you tell Rose for me that I am very much pleased with her report for the summer and that I hope she will make her winter report just as good.

Very truly yours,

Superintendent.

NRD