Name Lott, Harrison

Address Myrtle, Idaho

Information from Carlisle,

Date June 6. 1910

State Idaho Agency Nez Perce Tribe Nez Perce

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

1. Farmer

2. Gardener

Remarks: Supt says very dissipated + generally worthless since his return home

No recent data, June, 1914

Latteris sile. Leonespondurce-money sent-

## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

| Full name of child Harrison Loth, Indian name is   |
|--|
| Name of father Samuel doth   |
| Name of mother, Laura Loth Tribe Mez Perce   |
| Reservation, Nes Perces Degree of Indian blood of child, full  |
| Is either parent white, if so, which? To Are either or both allotted?  |
| ()n what reservation? My Ores Age of child, 14 What  |
| reservation school attended? Mapurai How long? 5 years   |
| If ever enrolled in a nonreservation school, name of school,   |
| If ever enrolled in a nonreservation school, name of school,   |
| When? How long? If ever  |
| dismissed from a school, where, ? ; when, ; when,  |
| and for what reason?   |
| (Signed.). Harrison John.  |
| 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, Samuel Loth, parent, guardian or next of kin of the   |
| above-named child, Farrison Loth, do hereby consent to his   |
| transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.  |
| Dated at Lakwai Lacko, on the 6 th   |
| day of Froy , 1905   |
| (Signed.) [Parent, Guardian or next of kin.]   |
| PHYSICIAN'S CERTIFICATE.   |
| Thereby certify that I have personally examined the above-named Harrisow   |
| and have found which physically sound, and recommend   |
| the transfer so far as health conditions are concerned. Dated at Lapurai the   |
| day of January 1906  |
| on the 31 ch day of January, 1906 (Signed) John 76. Alley.   |
|  |
| AGENT'S OR SUPERINTENDENT'S INDORSEMENT.   |
| Froy 6, 190 5  |
| The statements concerning the above-named Farrison Loth are be-  |
| liound by me to be correct, and I hereby recommend the transfer.   |
| (Signed.) of J. mathon   |
| -U.S. Indian Agentor Superintendent  |

NOTE—Age limits, twelve to twenty years. preferably fourteen to eighteen. Students must be at least oneourth Indian. preferably full Indian

## CONSENT OF

| Samuel Lath                                    |     |
|--|-----|
| OOR THE ENROLLMENT OF                          |     |
| Horrison Lath                                  |     |
| IN THE INDIAN SCHOOL AT                        |     |
| Carlisla Cay                                   | 196 |
| For the term of 5 years                        |     |
| Name of agency or place from which pupil came: |     |
| neg Gerer aguey Lda.                           |     |
| Date of enrollment,                            |     |
| Date of discharge, 190                         | 7   |
| Cause of discharge, 190                        |     |

CARLISLE INDIAN INDUSTRIAL SCHOOL Rolf Galbraitle Outwille, Par. 7-21-09 THE SHAW-WALKER CO., MUSTEGON-CHICAGO 3387 Months in school before Carlisle..... Frade entered at Carlisle, 3 Grade at date of Discharge,...... Trade or Industry, ..... Church Chiscopal Brought here by Miss m.a. Cogan, Lapuai. Idaho.

# Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

| mustle Idaho (1911.  |
|--|
| NAME Harrison foll   |
| 1. Are you married and if so to whom?  |
| 2. What is your present address? Mystle Jolah (C, Brey)                                    |
| 3. Did you attend or graduate from any other schools after leaving Carlisle? Give names of |
| schools and dates if possible  |
|  |
|  |
| 4. What is your present occupation? Ball player,   |
| 5. Tell something of your present home   |
|  |
| 6. What property in the way of land, stock, buildings, or money do you have? # anamag      |
| briggy places cottle hogs wagens   |
| 7. Have you been in the Indian Service? In what positions? How long in each?               |
| haven't in any since I left Corlise school.  |
| (Over)   |

| 8. What other positions have you held since leaving Carlisle?           |
|---|
| the very serces an Interpreting for                                     |
| 9. Tell me anything else of interest connected with your life:          |
| I am on my way to Corolland augm  |
| to play Ball.   |
| for have got aley Perel Indian learn                                    |
| we have got oney Perce Indian tearns and we are going to play down that |
| Big I mellan soutor.  |
| crop is very necely this year.  |
| I have get some fæll græn,  |
|   |
| Despt Hamism Pott   |
|   |
|   |
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" Y AND E ROCH.

441037 3M-4-09

NAME AT CARLISLE

899 REPORT AFTER LEAVING CARLISLE

PRESENT NAME

| Thes  | ENI NAME               |                |            |                   |       |
|-------|------------------------|----------------|------------|-------------------|-------|
| DATE  | INFORMATION<br>THROUGH | ADDRESS        | OCCUPATION | ITEMS OF INTEREST | GRADE |
| 1911. |                        | myrtte, Idaho. | Ballplage  | r -               |       |
|       |                        | Myrtte, Idaho. | 10         |                   |       |
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|       |                        |                |            |                   |       |
|       |                        |                |            |                   |       |

Name of Student Home Address Samil Latt, Mystle, Jda, Tribe Mag Perce.

Age at Entrance 14 Date of Entrance 3-3-05 Shop

Age Age at Entrance 3-3-05 Shop

JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR AVERAGE Age at Entrance /# Date of Entrance 3-3-05 Shop

Patron

Address

Address

R. R. Station

Grade in School Days in School Conduct Ability Grade of Home Church Health Date of 7-1-09. Date Returned 7-14-09 Wages Earnings 1

441037 3M. 4-00

YAWMAN & ERBE MFG. CO., ROCHESTER, N. Y.

| Jerry Ma Witt                    |                     | OUTII  | NG RECORD -        | CARLISLE          | INDU | STRI | ALS  | СНОС | )L  |      |      |      |       |      |      |        |                     |
|----------------------------------|---------------------|--------|--------------------|-------------------|------|------|------|------|-----|------|------|------|-------|------|------|--------|---------------------|
| Name of Student                  |                     |        |                    | Home Address      |      |      |      |      |     |      |      |      | Т     | ribe |      |        |                     |
| Age at<br>Entrance               | Date of<br>Entrance | Shop   |                    |                   | JAN. | FEB. | MAR. | APR. | MAY | JUNE | JULY | AUG. | SEPT. | ост. | NOV. | DEC.   | TOTAL OR<br>AVERAGE |
| Patron                           |                     | .1     | Locality           | Days in<br>School |      |      |      |      |     |      |      |      |       |      |      |        |                     |
| Address                          |                     | R. F   | R. Station         | Conduct           |      |      |      |      |     |      |      |      |       |      |      |        |                     |
| Recommended by                   |                     |        | Grade in<br>School | Ability           |      |      |      |      |     |      |      |      |       |      |      |        |                     |
| Grade of Home                    |                     | Church |                    | Health            |      |      |      |      |     |      |      |      |       |      |      |        |                     |
| Date of<br>Outing                | Date<br>Returned    | Wage   | es                 | E∍rnings          |      |      |      |      |     |      |      |      |       |      |      |        |                     |
|                                  |                     |        |                    |                   |      |      |      |      |     |      |      |      |       |      |      |        |                     |
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|                                  |                     |        |                    |                   |      |      |      |      |     |      |      |      |       |      |      |        |                     |
| YAWMAN & ERBE MFG. CO., ROCHESTI | ER, N. Y.           |        |                    |                   |      | 4    |      |      |     |      |      |      |       |      |      | 441037 | 3M. 4·00            |

| 7              | 29          | 9           |          |                |             |          |     |         | - And                     | -     |          |  |
|----------------|-------------|-------------|----------|----------------|-------------|----------|-----|---------|---------------------------|-------|----------|--|
| NAME.          | - 1         | /           |          | TRI            |             |          |     | PA      | RENT OR GU                |       |          |  |
| Lott,H         | arr         | ison.       |          | 1              | Nez Pe      |          |     |         |                           | uel L | ott.     |  |
| DATE ENROLLED. |             |             | TERM.    |                |             |          | GE. |         | ME ADDRES                 |       | ,        |  |
| March          | 3,19        | 905,        |          | 5 3            | lears,      |          | 14  |         | Myrtl                     | e 1da | •        |  |
|                |             | DEMIC DEPA  | RTMENT.  | INDUS          | STRIAL DEPA | RTMENT.  |     | DORMITO | RY.                       | our   | TING     | SPECIAL REMARKS.   |
| DATE OF RECORD | ROOM<br>NO. | Scholarship | Conduct. | Shop.          | Ability.    | Conduct. |     |         | Conduct                   |       | Conduct. |  |
| aprios.        | 8           | V. Good     | Ex.      |                | -           |          |     |         |                           | Good  | Good.    | Name of the last o |
| Jan. 09        | 10          | V. Good     | CK       | Horist         | V. Yvoo     | Ex       | 317 | V. Fro  | d V. Good                 | Good  | Good     |  |
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## PHYSICAL RECORD,

| · .   | CARL               | ISLE INDIAN SCHOOL              | UL.         |                                  |
|---|--------------------|---------------------------------|-------------|----------------------------------|
| 4   | -                  | 1.                              |             | 127                              |
| NAME OF PUPIE.  | all,               | Varies                          | ?           | DATE 74 1908                     |
| Age/7 YEARS RET   | NEW STUD           | ENT. TRIBE                      | erce        | STATE Idaho                      |
| DEGREE OF INDIAN BLO  | 00D                |                                 |             |                                  |
| Inspection Wel  | l den              | elaped                          |             |                                  |
|   |                    |                                 |             |                                  |
| PALPATATION NO  | mal                | )                               |             |                                  |
| PERCUSSION NO   | rnal               | )                               |             |                                  |
|   | ****************** |                                 | *********** |                                  |
| AUSCULTATION RESP.  | MURMUR M           | omal                            |             |                                  |
| HEART SOUNDS  | n-11               | ******************************* |             |                                  |
| $ \text{Mensuration} \begin{cases} \text{Insp.} \\ \\ \text{Exp.} \end{cases} $ | 37/2               | Respiration                     | 18          | Pulse 8 Y                        |
| VISION /0/10  | degs.              | HEIGHT FT                       | 5 Yyın.     | WEIGHT 1 76 LBS.<br>Rev. 1723/08 |
| FAMILY HISTORY:   | Y todaya           | Condition of Health.            | Dead.       | Cause of death.                  |
|   | Living.            | Condition of Health.            | Dead.       | Cause of death.                  |
| FATHER  | yes                | good                            |             |                                  |
|   | des                | good                            |             |                                  |
| MOTHER  |                    |                                 | **********  |                                  |
| -   | V 2                | ,                               |             |                                  |
| REOTHERS  | 3                  | good                            |             | 2                                |
| BROTHERS  | 3                  | good                            | ,           | ?                                |
| BROTHERS  | 3                  | good                            | ,           | ?                                |
| Brothers Sisters  | <sup>3</sup> 3     | good                            | ,           | ?                                |
| (   | 3<br>2<br>9        | good                            | ,           | ?                                |
| Sisters   | 3<br>2<br>Yood     | good<br>good<br>Leslih          | ,           | ?                                |
| Sisters   | 3<br>2<br>Yood     | good<br>good<br>health          | ,           | ?                                |
| Sisters   | 3<br>2<br>Yood     | good<br>good<br>health          | ,           | ?                                |
| SISTERS   | 3<br>2<br>Yood     | good<br>good<br>Leslih          | ,           | ?                                |
| SISTERS   | 3<br>2<br>Yood     | good<br>good<br>health          | ,           | ?                                |

(over)

| HOSPITAL RECORD |   |
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| EXAMINATION     |   |
| DAAMINA 110     | Y FOR OUTING:                           |
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| DATES:          | Conditions:                             |
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| Dates:          | Conditions:                             |