

968

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

NUMBER 2581	ENGLISH NAME Thomas Cornelius Oneida	AGENCY Oneida	NATION Oneida						
BAND	INDIAN NAME	HOME ADDRESS Chauncey Cornelius							
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, Living		MOTHER, Living	Full	15	5-1/2	100	31	27 1/2	M
ARRIVED AT SCHOOL Sept 8, 1900	FOR WHAT PERIOD 5 years		DATE DISCHARGED July 21 1905		CAUSE OF DISCHARGE Time out				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY			
Mar. 30-'01	A. J. Hendrickson, Lawrenceville, N.J.					In. Mar. 29-'02			
" 29-'02	B. Frank Bodine, Doylestown, Pa.					In.			
Mar. 31-'04	Samuel Dredbridge, Furlong, Pa.					"			
9-16-04	Jos. V. Carby, Halimerville, Pa.					April 1-'05			
Apr. 28-'05	M. W. White, Tullytown, "					May 16-'05			

SHAW-WALKER MUSKEGON 5478

Months in school before Carlisle, 70.....

Grade entered at Carlisle, 3rd.....

Grade at date of Discharge,.....

Trade or Industry,.....

Church, Methodist.....

Conduct _____

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Thomas Cornelius Indian name is
 Name of father Chauncey Cornelius
 Name of mother, _____ Tribe Oneida
 Reservation, Oneida Degree of Indian blood of child, _____
 Is either parent white, if so, which? _____ Are either or both allotted? _____
 On what reservation? _____ Age of child, 19 What
 reservation school attended? _____ How long? _____
 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.) Thomas Cornelius

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, _____, parent, guardian or next of kin of the
 above-named child, _____, do hereby consent to _____
 transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.
 Dated at _____ on the _____
 day of _____, 190...

(Signed.) _____

[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named _____
 _____, and have found _____ physically sound, and recommend
 the transfer so far as _____ health conditions are concerned. Dated at _____
 on the _____ day of _____, 190...

(Signed) _____

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

_____, 190...
 The statements concerning the above-named _____ are be-
 lieved by me to be correct, and I hereby recommend the transfer.

(Signed.) _____

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.

max here 7/25/06

2018 - The Public Health Service is providing assistance to the Bureau of Indian Affairs in the form of a grant to support the Indian Health Service's efforts to improve the health of Native Americans.

I hereby certify that I have personally examined the above-named
physician and recommend the transfer
of the health certificate to the Indian Health Service.

AGENT'S OR SUPERVISOR'S ENDORSEMENT

(Signed) _____
on the _____ day of _____ 190__

and have found the transfer as far as health conditions are concerned, to be physically sound and recommend

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named
(Signed) _____
on the _____ day of _____ 190__

transfer or enrollment for a period of five (5) years in the Indian school at _____ For
above-named child. I do hereby consent to

CONSENT BLANK

Witness as above

and for what reasons
discharged from a school where

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__

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Application for Enrollment in a Boarding School
Name of child
Name of mother
Residence
Is either parent white?
In what residence?
Registration school and age?
If ever enrolled in a boarding school, name school
Date of discharge
Cause of discharge
Date of enrollment
Date of discharge
Cause of discharge

Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

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February 17, 1911

NAME Thomas G. Cornelius

1. Are you married and if so to whom? Yes and to Elizabeth - Johnson

2. What is your present address? West De Pere Wisconsin

3. Did you attend or graduate from any other schools after leaving Carlisle? Attend Give names of schools and dates if possible I went to Chillico school in Oklahoma

4. What is your present occupation? Working on the farm.

5. Tell something of your present home. I like my home because I am living with my wife we have our own home and one child near two years old.

6. What property in the way of land, stock, buildings, or money do you have? I have land, some poultry two buildings and expect to get stock next summer.

7. Have you been in the Indian Service? In what positions? How long in each? I have not been in the Indian service. But I would like to be in the service if I could I did not try yet.

8. What other positions have you held since leaving Carlisle? I was in the masonry work and some carpenter work and build my own home all alone

9. Tell me anything else of interest connected with your life:

What would be some interest with our life if we get the Arrow from Carlisle We would ~~like~~ hear the news from Carlisle and would be glad to get that catalog it may give us some information

Yours Truly
Thomas G. Cornelius

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NAME AT CARLISLE

Thomas Cornelius

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1910		Onida, Wis.	Farmer -	married Elizabeth Johnson Fair	
1912	Hart	W. Depere, " ^{RFD #2}	"		