

BRIEF.

APPLICATION OF

Sarah J. Gordon

FOR THE ENROLLMENT OF

Sarah J. Gordon

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

LaPointe Agency

Date of enrollment, Sept. 27, 1910, 190

Term of enrollment, (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 Carlisle, Pa.

of Sarah J. Gordon ; female ; date of birth July 25, 1888
(Name of child.) (Sex.)
Chippewa
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>John Gordon</u>	<u>living</u>	<u>Chippewa</u>	<u>Red Cliff</u>	<u>three-fourths</u>
NAME OF MOTHER.				
<u>Sarah Ward Gordon</u>	<u>dead</u>	<u>Chippewa</u>	<u>Red Cliff</u>	<u>same</u>

I, Sarah J. Gordon, do hereby voluntarily consent and agree to my
(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.
1. <u>Bayfield Sisters School</u>				
2. <u>Bayfield, Wis.</u> <u>and</u>				
3. <u>St. Francis Academy</u> <u>Joliet, Ill.</u>				
4.	<u>4 yrs old at 16</u>		<u>Completed course</u>	<u>8th</u>

Sarah J. Gordon
(Parent, guardian, or next of kin.)

P. O. address: Red Cliff

Two witnesses:

F. V. Holston

Emma Ross

Wis.

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 27 day of Sept, 1960

Henry H. Bannum

Physician at Red Cliff 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 Sarah J. Gordon was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 29 day of September, 1960

H. W. Campbell
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 _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190

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.

NAME *Sarah J. Gordon* Sex Male Female
 Tribe Full 1/2 *Powder Mill* State *Wis* *Sept 27*, 19*20*
 Age *23* years Respiration *normal* Condition of, Eyes *Normal*
 Height *5* ft. *3 1/2* ins. Mensuration { Insp. *36 1/2* Ears " "
 Weight *128* lbs. { Exp. *33* Throat " "
 Temperature *98 7/8* Vaccination *no* Cervical glands " "
 Pulse *74* Vision *good* Skin " "
 Inspection *normal*
 Palpation " "
 Percussion " "
 Auscultation " "
 Heart " "
 (Menstruation) " "

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father <i>about</i>	<i>60</i>	<i>good</i>		
Mother		<i>about</i>	<i>45</i>	<i>consumption</i>
Brothers	<i>27</i>		<i>20</i>	<i>consumption</i>
Sisters <i>1</i>			<i>24</i>	<i>consumption</i>

Personal history *no illness fr note*

Present condition *good health except that she has hemorrhoids*

Henry O. Stannum, 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.

Readmitted

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3297 2698	ENGLISH NAME Jennie Sarah Jane Gordon	AGENCY La Pointe	NATION Chippewa
BAND	INDIAN NAME	HOME ADDRESS John Gordon Red Cliff, Wis.	
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 23	HEIGHT 5-2 1/2
FATHER, L	MOTHER, D	WEIGHT 126	FORCED INSP. 36
ARRIVED AT SCHOOL Oct. 13, 1911	FOR WHAT PERIOD Incomplete term of enrollment. See 1st card.	DATE DISCHARGED 4-17-12	FORCED EXPR. 33
SEX F.	CAUSE OF DISCHARGE Position	TO COUNTRY	PATRONS NAME AND ADDRESS
			FROM COUNTRY

THE SHAW-WALKER CO., MUSKOGEE 121071

Months in school before Carlisle,

Grade entered at Carlisle, *Bus. Dept.*

Grade at date of Discharge,

Trade or Industry,

Church, *Catholic*

*Ed. Sch. 69548-1910
C/S*

1077?

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3156	ENGLISH NAME Sarah Gordon	AGENCY	NATION Chippewa	
BAND Red Cliff	INDIAN NAME	HOME ADDRESS John Gordon Red Cliff, Wis.		
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 22	HEIGHT	WEIGHT
FATHER, <i>D</i>	MOTHER, <i>D</i>	FORCED INSP.	FORCED EPXR.	SEX. <i>M</i>
ARRIVED AT SCHOOL 10-3-1910	FOR WHAT PERIOD Three years	DATE DISCHARGED July 25, 1911	CAUSE OF DISCHARGE Sailed to return	
TO COUNTRY 6-22-11	PATRONS NAME AND ADDRESS On leave			FROM COUNTRY

THE SHAW-WALKER CO., MUSKOGEE, 79/04

Months in school before Carlisle, *108*

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, *Catholic*

miles to school

69548-1910

C.H.S.

177

5-192 a.

BRIEF.

APPLICATION OF

Sarah J. Goodson

FOR THE ENROLLMENT OF

Luridy

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

LaPacite Agency, Wis.

Date of enrollment, *Sept. 7th*, 190*9*

Term of enrollment, *three* () 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 Carlisle, Pa.

of Sarah J. Gordon; Female; date of birth July 25th 1888;
(Name of child.) (Sex.)
Chippewa
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>J. Gordon</u>	<u>living</u>	<u>Chippewa</u>	<u>Red Cliff</u>	<u>3/4</u>
<u>Sarah M. Gordon</u>	<u>dead</u>	<u>Chippewa</u>	<u>Red Cliff</u>	<u>3/4</u>

I, Sarah J. Gordon, do hereby voluntarily consent and agree to my
(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>Sisters at</u>	<u>from the time my mother</u>			
<u>Bayfield, Wis. and</u>	<u>died when I was six years</u>			
<u>Joliet, Ills.</u>	<u>old until I was fifteen</u>			
<u>and completed their course</u>				

Sarah J. Gordon
(Parent, guardian, or next of kin.)

P. O. address: Red Cliff,
Wisconsin.

Two witnesses:

G. V. Holston
Georgiana Vassell

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 1st day of Sept, 1909

Henry Hammond

Physician at Red Cliff 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 Sarah J. Gordon was voluntary, and I recommend the transfer of the said child.
(Parent, Guardian, or next of kin.)

This 7 day of September, 1909

J. W. Campbell
S. AND SPECIAL DISB. AGT. Agent or Superintendent.

SPECIAL NOTE.

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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.)

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

177
 NAME OF PUPIL Gordon Sarah DATE 10/4 1910

AGE 22 YEARS NEW RETURNED STUDENT. TRIBE Chippewa STATE Wis

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Well developed

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
 RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 35
 EXP. 33 RESPIRATION 21 PULSE 72

TEMPERATURE 98.6 degs. HEIGHT 5 FT 2 3/4 IN. WEIGHT 122 1/2 LBS.

VISION 10/15 VACCINATION Oct 4, 1910

MENSTRUATION
 FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER			<u>yes</u>	<u>Tuberculosis</u>
BROTHERS { <u>2</u>	<u>1</u>	<u>?</u>	<u>1</u>	<u>Tuberculosis</u>
SISTERS { <u>1</u>			<u>1</u>	<u>"</u>

PERSONAL HISTORY:
Whooping cough, no coughs nor colds no loss of wght.

REMARKS:

Education-
Employees
7849-1912
H V B

DEPARTMENT OF THE INTERIOR

Office of Indian Affairs,
Washington.

Assistant Clerk.

Feb. 1, 1912.

Miss Sarah J. Gordon,
Through Superintendent Carlisle School,
Carlisle, Pa.

Madam:-

Having obtained an eligible rating in the noncompetitive examination recently given you, you are hereby appointed to the position of Assistant Clerk at \$720 a year at the Sisseton Agency, S. D., to take effect when you subscribe to the oath of office and enter on duty which you are directed to do at the earliest practicable date.

The route to the Sisseton Agency is as follows:

Railroad station: Peever, S. D., on Chicago, Milwaukee and St. Paul Rwy.: thence hired team, 5 miles. Or Sisseton, S. D.: thence hired team 10 miles.

Respectfully,

F. H. Abbott,

Acting Commissioner

NAME *Sarah J Gordon* Sex Male Female.
 Tribe Full Part *Chippewa* State *Wisconsin* Date *October 23 1911*
 Age *23* years Respiration _____ Condition of, Eyes *Ok*
 Height *5' 2 1/2* ins. Mensuration { Insp. *36* Ears *Ok*
 Weight *126* lbs. { Exp. *33* Throat *Ok*
 Temperature *98 6/10* Vaccination *Good scar* Cervical glands *Not palpable*
 Pulse *72* Vision *Near sighted* Skin *Clear*
 Inspection *Well developed*
 Palpation *Normal*
 Percussion *"*

Auscultation *Nothing abnormal elicited*
 Heart *Full Regular and strong*
 (Menstruation) *menorrhagia*
 FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>Yes</i>	<i>well</i>		
Mother			<i>Yes</i>	<i>Tuberculosis</i>
Brothers	<i>One</i>	<i>Weak lungs</i>	<i>One</i>	<i>Tuberculosis</i>
Sisters			<i>One</i>	<i>Tuberculosis</i>

Personal history *never been seriously ill. Can recall no illness except Grippe*

Present condition *The girl is robust, the picture of health. Note however family history.*
Q. C. Tribble, M. D.

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TRADE RECORD, CARLISLE.

1077

PUPIL *Joseph Gordon.*

TRADE *Alfina work.*

ABILITY *Splendid.*

CONDUCT *Excellent.*

REMARKS *Fast, industrious worker.*

INSTRUCTOR *E. H. Miller.*

Position 1. *Asst. Clerk \$900. 1077*

Other positions for which suited, and in order named. 2.

3. 4.

Name *Gordon, Sarah* Age Deg. Ind. Blood *1/2*

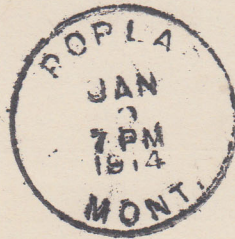
Address *Ft. Peck School, Montana*

Tribe *Chippewa* Agency State

Information from Date *Jan. 14, 1914*

As Agency Asst. Clerk.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

Jan 9, 1914

Name E. Jean Gordon
(Please give name by which enrolled and also present or married name.)

Tribe Chippewa,

Present Address Fort Peck Agency, Poplar, Mont.

Former Address Sisseton, S. Dak. (at position)
(Address from which we heard from you last.)

Present Occupation Stenographer

Remarks: Salary raised from \$720- to \$900 per annum.