

SHAW-WALKER MUSKEGON 5478

66

2

6 th

Sewing

Episcopal

Miles to sch. 3

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

[illegible]

Months in school before Carlisle, 126

Grade entered at Carlisle, 7

Grade at date of Discharge,

Trade or Industry,

Church, Episcopal

Miles to school

1099

Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

Dec 25

1911.

NAME Elizabeth Lilas

1. Are you married and if so to whom? I am unmarried girl.
2. What is your present address? West Depue Wis Route #2
3. Did you attend or graduate from any other schools after leaving Carlisle? No Give names of schools and dates if possible
4. What is your present occupation? House keeper.
5. Tell something of your present home. My home is situated on the farm
6. What property in the way of land, stock, buildings, or money do you have? Nothing at present.
7. Have you been in the Indian Service? In what positions? How long in each? I have not been in the Indian Service yet.

8. What other positions have you held since leaving Carlisle? *Have not had any positions since leaving Carlisle, Did the house keeping for my brother & sister, since our dear mother died.*

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

That is just what I would like to receive the answers. you I am very interested about Carlisle. I thank you for the offer very much.

My dear friend. 289

I arrived home
safely on 22th day. I was so glad
to see my people I forgot to
mail this card the minute
I arrived. All the Wisconsin
Oncidas got home safely &
seem happy as can't be. Miss
Carlisle, although am very glad
to see my people. I thank Carlisle

for all it has ~~trade~~
trained me.
Yours truly
Cliff with Lilas
Green Bay
Wis.

THE SPACE BELOW MAY BE USED FOR CORRESPONDENCE.

POSTAL CARD

THE SPACE BELOW IS FOR THE ADDRESS ONLY.

SUPT. M. FRIEDMAN,

U. S. Indian School,

CARLISLE, PA.



1099

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Silas Elizabeth* DATE *Dec* 19 *08*AGE *17* YEARS { NEW RETURNED } STUDENT. TRIBE *Oneida* STATE *N.Y.*

DEGREE OF INDIAN BLOOD.....

INSPECTION *Well developed.*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE
RESP. MURMUR *Normal*

HEART SOUNDS.....

MENSURATION { INSP. *53 3/4*
EXP. *30* RESPIRATION *18* PULSE *72*TEMPERATURE *98 1/2* degs. HEIGHT *5* FT *2* IN. WEIGHT *115* LBS.VISION *10/10* VACCINATION *good Rec 12/2 + 12/21/08*MENSTRUATION *Normal*

FAMILY HISTORY:

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

PERSONAL HISTORY: *Good health*

REMARKS:

(over)

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

April 20, 1909

CONDITIONS:

good

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Silas Elizabeth* DATE *10/3* 19 *10*

AGE *18* YEARS NEW RETURNED *1/4* STUDENT. TRIBE *Ojibwa* STATE *Wis*

DEGREE OF INDIAN BLOOD *1/4*

INSPECTION *Well developed.*

PALPATION *Normal*

PERCUSSION *Normal*

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

HEART SOUNDS

MENSURATION { INSP. *35*
EXP. *33 1/2* RESPIRATION *20* PULSE *80*

TEMPERATURE *98* degs. HEIGHT *5* FT. *9 1/4* IN. WEIGHT *114* LBS.

VISION *20* VACCINATION *Good scar*

MENSTRUATION *Normal*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>Good</i>		
MOTHER	<i>yes</i>	<i>Good</i>		
BROTHERS {	<i>2</i>	<i>Good</i>		
SISTERS {	<i>2</i>	<i>Good</i>	<i>1</i>	<i>? in infancy</i>

PERSONAL HISTORY:

*Measles chicken pox scarlet fever
mumps*

REMARKS:

1099

BRIEF.

APPLICATION OF

Joshua Silas

FOR THE ENROLLMENT OF

Elizabeth Silas

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oneida, Wis.

Date of enrollment, Sept. 1910, 190

Term of enrollment, Three 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 Elizabeth Silas; F; date of birth 7/19, 1892;
 Oneida (Name of child.) (Sex.)
 (Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Joshua Silas	L	Oneida		full
NAME OF MOTHER.				
Celicia Silas	L	"		1/2

I, Joshua Silas, do hereby voluntarily consent and agree to her
 (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.
Day school	1896	1897		
2. Oneida Bdg.	1897	1905	transfer	
3. Carlisle	1905	1910	exp time	7th
4.				

Joshua Silas
 (Parent, guardian, or next of kin.)
 Oneida, Wis.

P. O. address: _____

Two witnesses: _____

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 28 day of Sept, 1910

J. A. Bowless M.D.
Physician at Queida Wis 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 Joshua Silas
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of the said child.

This 28 day of Sept, 19010

Joseph C. Hart
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 _____

(As soon after arrival as possible.)

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.

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Elizabeth Silas Indian name is _____
Name of Father Joshua Silas
Name of mother Celie Silas Tribe Ojibwa
Reservation Ojibwa, Wis. Degree of Indian blood of child Full
Is either parent white, if so, which? None Are either or both allotted? Yes
On what reservation? Ojibwa, Wis. Age of child 15 yrs. What reservation school attended? _____ How long? _____
If ever enrolled in a nonreservation school, name of school, U
When? _____ How long? _____ If ever dismissed from a school, where _____; when _____ and for what reason? _____

(Signed.) Elizabeth Silas

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, Mr. & Mrs. Joshua Silas, parent, guardian or next of kin of the above-name child, Elizabeth Silas, do hereby consent to have her transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Ojibwa Wisconsin on the 30th day of August, 1905

(Signed.) Mr. & Mrs. Joshua Silas Their
(Parent, Guardian or next of kin.) Mark

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Elizabeth Silas, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Ojibwa Wis. on the 30th day of Aug, 1905

(Signed.) J. A. Bowler

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statments concerning the above-named Elizabeth Silas are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) Joseph C. Board
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. Special cases beyond the age limit can be given consideration.

Card made 11/21/25

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

X

ROUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

287

Name of Student

Elizabeth Silas

Home Address

Joshua Silas, W. De Pere Wis. Tribe Oneida

Age at Entrance

15

Date of Entrance

9-4-05

Shop

JAN.

FEB.

MAR.

APR.

MAY

JUNE

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

TOTAL OR AVERAGE

Patron

U. G. Barnitz

Locality

Farm

Days in School

Address

Barnitz, Pa.

R. R. Station

Conduct

Fair G.

Recommended by

Grade in School

Ability

Gd Gd.

Grade of Home

Church

Episcopal

Health

G. G.

Date of Outing

4-30-09.

Date Returned

8-27-09.

Wages

Earnings

6 6.

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Elizabeth Silas, an ex-student, is
now enjoying life at Tomah, Wis-
consin. She sends her best wishes
to friends at Carlisle. 1099

Elizabeth Silas sends word that she is well and therefore happy. She also mentions the fine skating and sleighing they are having in that part of the country.

1099

NAME AT CARLISLE

Elizabeth Silas

PRESENT NAME