

1136

## CARLISLE INDIAN SCHOOL

No. 4966 *plaid* NAME.

AGE.

TRIBE.

DEGREE  
OF  
INDIAN  
BLOOD.  
*Full*NAME OF AGENCY AND RESER-  
VATION, IF ENROLLED; IF NOT,  
POST OFFICE OF FAMILY.*Stephen Stands Back**18**Ponca**Ponca, Okla.*Months  
in  
school  
before  
enroll-  
ment  
here.IN WHAT GRADE  
OR ROOM.On  
entering  
here.At date  
of this  
report.Distance  
to nearest  
public  
school  
from  
pupil's  
home.

REMARKS.

(Temporarily absent, outing, deserters, on sick leave,  
special authorities for enrollment, etc.)

DATE ENTERED.

*Sep. 11, '13**108**Nov. 10**3 m.*

TO COUNTRY

*1-28-14*

FROM COUNTRY

*On Leave*

DATE DISCHARGED

*Feb. 28, '14**metho,*

Progress from \_\_\_\_\_, to \_\_\_\_\_,  
 (Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade.....								
Academic..... standing*								
Industrial..... standing* <small>(Department)</small>								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition.....								

Remarks: \_\_\_\_\_

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Jan. 20th, 1914.

Mr. Almond F. Miller,  
Superintendent, The Ponca Agency,  
Whiteagle, Okla.

My dear Sir:

Steele Stands Back, one of the young men who was enrolled here from your Agency in September, is afflicted with quite an advanced case of tuberculosis and our School Physician has recommended that he be sent to his home without delay. In view of the fact that Steele has been enrolled for but a very few months and that his condition must have been far from satisfactory when he was sent on to Carlisle it is my belief that funds for his transportation should be provided from his own account. Will you, therefore, please wire me without delay whether such action can be taken and just how soon I may expect the transportation for his use available?

Your co-operation in this case will be appreciated, as it will be best for Steele to go home as soon as possible.

Very truly yours,

Superintendent.

HKM.



NAME Steel, Stands Back

Sex { Male.  
Female.

Tribes { Full # } Ponca State Oklahoma 9-30, 1913

Age 18 years Respiration 20 Condition of, Eyes Suspicious Frach.

Height 5 ft. 7 1/2 ins. Mensuration { Insp. \_\_\_\_\_ Ears/Hearing Impaired Rt. Side

Weight 136 1/4 lbs. { Exp. \_\_\_\_\_ Throat OK

Temperature 98 2/10 Vaccination 9-30-13 Cervical glands OK

Pulse 76 Vision good. Skin OK.

Inspection OK. Jan 7th, 1914. D. Rindtuff

Palpation OK. Nothing definite. Increased moisture over

Percussion OK. dullness of note over apices

Auscultation OK. Marked bronchial breathing both apices,  
more marked over right.

Heart good no murmurs.

(Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>No</u>		<u>yes</u>	<u>?</u>
Mother	<u>No</u>		<u>yes</u>	<u>?</u>
Brothers <u>1 (Real)</u>		<u>Good.</u>	<u>two</u>	<u>?</u>
Sisters <u>1 (Real)</u>		<u>Good.</u>	<u>2.</u>	<u>unknown</u>

Personal history ?

Present condition Good

Edward H. Menges, 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.



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5-192a

BRIEF.

APPLICATION OF

*Nina S. B. Weak Bone*

FOR THE ENROLLMENT OF

*Steel Stands Black*

IN THE INDIAN SCHOOL AT

*Carlisle, Pa.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Ponca Agency, Okla.*

Date of enrollment, \_\_\_\_\_, 191

Term of enrollment, *Three* ( *3* ) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

\_\_\_\_\_

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 Stede Stands Black; M; age 19; date of birth Aug. 2, '94;  
(Name of child.) (Sex.)  
Ponca  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Stede Black</u>	<u>Dead</u>	<u>Ponca</u>		<u>1/4</u>
NAME OF MOTHER.				
<u>Lacks Hood</u>	<u>Dead</u>	<u>Ponca</u>		<u>1/4</u>

I, Nina S. B. Weak Bone, do hereby voluntarily consent and agree to his  
(Parent, guardian, or next of kin.)  
Step-mother  
 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>Ponca</u>	<u>1901</u>	<u>1908</u>	<u>Transferred</u>	<u>4th</u>
2. <u>Haskell</u>	<u>1908</u>	<u>1913</u>	<u>Term expd.</u>	
3.				
4.				

Nina S. B. Weak Bone  
(Parent, guardian, or next of kin.)  
Step-mother mark

P. O. address: \_\_\_\_\_

Two witnesses:

Roy Hinman  
H. G. Jewersson

WHITEAGLE, OKLA.

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 ..... day of August, 1913

WAT Robertson

Physician at Ponca 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 Mrs. S. B. Weak Bone was voluntary. (Parent, guardian, or next of kin.)  
step mother.

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

About 2 1/2 miles to the nearest public school.

Applicant is an orphan.

I recommend the transfer of the said child.

This 22 day of August, 1913.

Abraham R. Miller

Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on ....., I made a careful examination of the physical condition of ..... (As soon after arrival as possible.) 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 ....., 191 .....

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 reservation school records. The reservation superintendent should 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.

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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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4966	ENGLISH NAME Stephen Stands Back	AGENCY Pouca	NATION Pouca	
BAND	INDIAN NAME Step mother	HOME ADDRESS Mina & B. Weak Bone White Eagle, Okla.		
PARENTS LIVING OR DEAD		BLOOD	AGE 18	HEIGHT 5-7 1/2
FATHER, NO	MOTHER, NO		WEIGHT 136 1/4	FORCED INSP. 38
ARRIVED AT SCHOOL Sept. 11, 1913		FOR WHAT PERIOD Three years		DATE DISCHARGED Feb. 28-14
				CAUSE OF DISCHARGE Termination of lease
TO COUNTRY 1-28-14	PATRONS NAME AND ADDRESS On leave			FROM COUNTRY

Months in school before Carlisle.

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church. Methodist

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

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Ponca Indian Agency,  
Whiteagle, Oklahoma,  
Feb. 9, 1914.

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

Dear Sir:-

In reply to your request of Jan. 27th, I am pleased to advise you that Steele Stands Black arrived at his home on time,

Arrangements will be made, if possible, to have him treated for Tuberculosis at some good sanatorium.

Very respectfully,



HGJ-MN

Supt. and Spl. Disb. Agent.





DEPARTMENT OF THE INTERIOR  
**UNITED STATES INDIAN SCHOOL**  
CARLISLE, PA.

Jan. 27th., 1914.

Supt. Friedman: I understand that Steele Standsback is about to be sent away from school in accordance with my recommendation. The boy should have close medical attention and I therefore advise that he be placed in a sanatorium for the treatment of tuberculosis.

Respectfully,

*Walter Rindtorff M.D.*

Mr. Almond F. Miller, Superintendent.

Jan. 27th, 1914.

The treatment of tuberculosis.

Mr. Almond F. Miller,  
Superintendent, Ponca Indian Agency, to notify  
Whiteagle, Okla.

My dear Sir:

Very truly yours,

This is to acknowledge receipt of your letter of January the 24th, with which you transmitted a check for \$75.00 for Steele Stands Black's use in paying his return expenses from Carlisle. The amount has been properly credited and will be used as requested by you.

Steele desires to make several purchases before he leaves, but it has been arranged for him to start tomorrow evening. You will be notified by wire when he may be expected to reach his home.

When the request contained in your letter was referred to our School Physician he issued a statement as follows:

"I understand that Steele Stands Black is about to be sent away from school in accordance with my recommendation. The boy should have close medical attention and I therefore advise that he be placed in a sanatorium for

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

Ponca Indian Agency,  
Whiteagle, Oklahoma,  
Jan. 24, 1914.

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

Dear Sir:-

As you were advised by telegraph today, I  
am enclosing herewith check No. 6532, payable to the  
order of Steele Stands Black for \$75.00, in accordance  
with your request of the 20th just received, for the  
payment of his return expenses from Carlisle.

Kindly give me the opinion of your physician  
as to the advisability of sending this boy to some  
sanitarium for treatment.

Very respectfully,

*Alvin R. Miller*

Supt. and Spl. Disb. Agent.

HGJ-MN  
Encl.



Confirmation of Telegram.

Whiteagle, Okla., Jan. 24, 1914.

Friedman, Supt.,

Carlisle, Pa.

Your letter twentieth. Check mailed today for Steele

Stands Black.

Gov't paid.

Miller, Supt.

To W.U. by 'phone  
9:40 A.M.--J.

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Confirmation of telegram.

Ponca Agency, Oklahoma.,

Jan. 23, 1914.

Friedman, Supt.,

Carlisle, PA.

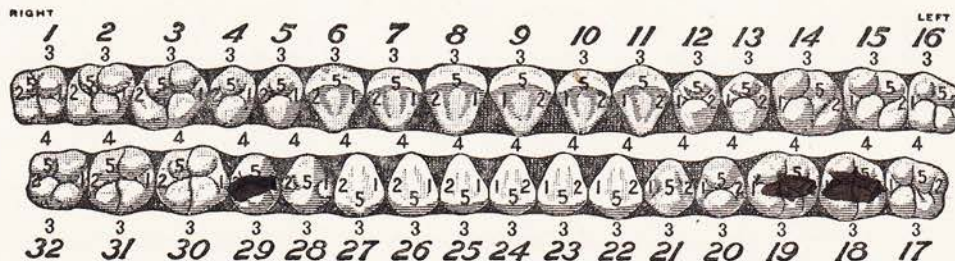
Steele Stands Black reported seriously sick. Parents  
request information.

Miller, Supt.

Gov't paid.  
To W.U. by 'phone  
8:37 A.M.---J.

PUPIL'S DENTAL RECORD.

Name *Stual Stand Black* Age *16* Sex *M*  
 School *Carlisle Indian Training*  
 Date of examination *November 28<sup>th</sup> 1913.*, 191



NO.	SUB. NO.	CONDITION OF TEETH, AND WORK REQUIRED.	WORK ACTUALLY DONE.	DATE, 191
<i>19</i>	<i>5</i>	<i>Good Filling</i>	<i>Amalgam</i>	<i>11/28/13</i>
		<i>Cleaning</i>	<i>Cleaning</i>	<i>11/28/13</i>
<i>29</i>	<i>5</i>	<i>Tooth to be refilled</i>	<i>Amalgam</i>	<i>11/29/13</i>
<i>18</i>	<i>5</i>	<i>Filling</i>	<i>Amalgam</i>	<i>11/29/13</i>



Patient Stiel Stands Back Carlisle, Pa. Jan. 7<sup>th</sup> 1914 Physician Dr. Rudolph  
 Address \_\_\_\_\_ Nurse Mamie Sniel

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
11 am	99 $\frac{6}{10}$	85					General diet		Bathed.
2 P.M.	103	116	26	1 P.M.	Cod Liver Oil 3 $\frac{5}{8}$ ss.				Put to bed.
5 P.M.	112	87	20	4 P.M.	" " "				
8 P.M.	108 $\frac{2}{5}$	94	20	7 P.M.	" " "				
Jan. 8 - 14.									
8.45 A.M.	98 $\frac{3}{5}$	78	20	8.45 A.M.	Cod liver Oil 3 $\frac{5}{8}$ ss.		Gen. diet		In Bed.
11 A.M.	98 $\frac{4}{5}$	72	24	11 A.M.	" " "				
2 P.M.	99 $\frac{4}{5}$	86	25	4 P.M.	" " "				
4 P.M.	108 $\frac{2}{5}$	72	24	5 P.M.	" " "				
8 P.M.	99 $\frac{4}{5}$	80	24	8 P.M.	" " "				
Jan. 9 - 14.									
8.45 A.M.	99 $\frac{1}{5}$	84	24	8.45 A.M.	Cod liver Oil 3 $\frac{5}{8}$ ss.		Gen. diet		In bed.
11 A.M.	99 $\frac{3}{5}$	84	22	D. i. d. - 8-12-48.					
2 P.M.	100 $\frac{3}{5}$	84	22						
5 P.M.	100 $\frac{1}{5}$	78	26						
8 P.M.	100 $\frac{3}{5}$	102	28						
Jan. 10 - 14.									
8 A.M.	97 $\frac{3}{5}$	78	24				Gen diet		In bed.
11 A.M.	98 $\frac{1}{5}$	80	24	8.9 A.M.	Cod liver oil				
2 P.M.	99 $\frac{3}{5}$	82	27	3 $\frac{5}{8}$ D. i. d. - 8-12-48.					
5 P.M.	98 $\frac{1}{5}$	84	22						
8 P.M.	99	94	22						



Patient Stiel Standel Carlisle, Pa. Jan. 11th 1914 Physician Dr. Rindtroy  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	98 $\frac{1}{5}$	81	24		Jan. 11th 1914		Gen. Diet		In Bed.
11:00	98	80	28		Cod liver oil 355 T.S.D.				(this is not necessary only when first admitted)
4:00	98 $\frac{1}{5}$	92	24		P.C. and bed time.				and first out of bed -
8:00	98 $\frac{2}{5}$	100	24		gt. 11. Flowers etc. P.C. T.S.D. & bed time. Jan. 12, 1914		Gen. Diet		In Bed.
11:00	99	80	24		Cod Liver oil 355				
2:00	99 $\frac{1}{5}$	88	26		T.S.D. P.C. & bed time.				
11:00	98	76	18		Jan 13, 1914		Gen. diet		In Bed.
4:00	98 $\frac{2}{5}$	72	24		" " "		"		"
8:00	98	72	18		Jan 14, 1914		gen diet		In Bed.
11:00	98 $\frac{2}{5}$	72	18		" " "		"		"
4:30	99 $\frac{2}{5}$	82	24		Jan 15, 1914		" "		"
8:00	98 $\frac{2}{5}$	72	30		Jan 16, 1914.		Gen. diet.		
4:00	98 $\frac{2}{5}$	88	32		" " 1914		" "		
8:00	99	102	24		Jan. 19, 1914		" "		
4:00	99	86	26		" " 1914		Gen. diet		
8:00	98 $\frac{1}{5}$	96	20		Jan. 20-1914		" "		
					Jan 21-1914		" "		
8:00	99 $\frac{1}{5}$	80	24		Jan 22		Gen diet		
4PM	98 $\frac{3}{5}$	82	18						







NO. ....

# United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 1914

TRIBE .....

FULL. ONE .....

NAME Stiehl Stands Back:

AGE .....

DIAGNOSIS Pulmonary Tuberculosis

ADMITTED Jan. 7, '14.

DISCHARGED Jan. 28 - 1914

RESULT Sent home

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

REMARKS:

Walter Prudtorff, M.D.

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October 6th, 1913.

Superintendent,

Ponca Agency,

Whiteagle, Okla.

Sir,

I have your favor of the 2nd enclosing checks of 10.01 and 3.33 for the signature of Steele Stands Black. The checks are returned herewith signed as desired.

Respectfully,

W.H.M.

Superintendent,

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

Ponca Agency, Whiteagle, Okla.,

Oct. 2, 1913.

Supt. M. Friedman,  
Carlisle, Pa.

Dear Sir:-

Herewith find two checks to be signed by Steele  
Stands Black and returned. Check No. 6212 is to  
pay costs in guardianship cases and No. 6256 is  
Steele's share of fee exacted by the Government for  
the determination of heirs in the Carl Packwood  
estate.

Very respectfully,

*Abner R. Miller*

MN  
Encls.

Supt. and Spl. Disb. Agent.