Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

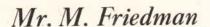
	Land 2 1911.
O	
NAME Jerome / logian	da d
1. Are you married and if so to whom?	
2. What is your present address?	Fillage, Mich.
3. Did you attend or graduate from any other schools	after leaving Carlisle? Give names of
schools and dates if possible	
serious and dates if possible	
4. What is your present occupation? The he	althis know by
	1 1 1
In alle to do the	
5. Tell something of your present home.	- Laineng af many
own hum here at one	is billage which
ather had given	and sail Land aga.
6. What property in the way of land, stock, buildings,	or money do you have?
of land they mile	* Specter Santa
house and lot	to an
7. Have you been in the Indian Service? In what pos	itions? How long in each?
	······································

	sov. for	tion, el	
9. Tell me anything else of interest connection of the Carlis	ected with your life	e: I onl	of receiv
our first littles.			
			10° 7

December 25-, 1912 Name name by which enrolled and also present or married name.) Tribe ross Village Mich Present Address Former Address Present Occupation Remarks:

1-567 a

Department of the Interior.



Supt. U. S. Indian School

Carlisle

Pennsylvania

V VQ ross Willings Mich. 12 Mich. 26, 1913. Dear Friend: yours of recent date will say that I had the greatest of pleasure in reading your letter, but I am hery sorry to say that I am usable to be present durning the commencement week has it will be very

interesting and its on account of my proshealth, it has been hard for me to take the proper care of myself ever since leaving school living alone with my Rather here; but I am please and glad to acknowled that all the training of received while at school has been of great binefit to me en many ways. Earliese teachings wishing your for your continued success. I am. yours truly flaging

Sturgeon, Bray, Mich. Jan. 15, 1911. Mr. Friedman Carlisle, Par. Dear Sir: your letter was received some time ago and read it with the greatest gratification. I just return from home about week ago I was visiting my friends and relatives there during the Christmas week and new years. But sorry to say my health is in poor condition if I had proper care here at home I might be able to attend School some may a lines I wish I was back to Carlisle and it

g'es me a great pleasure to read the arrow once a week, but since I can move around lette I am doing all I can for my people when ever they need my assistance and exercise my self little at the same tone Will close for this time with my best regards, and wish to be Carliele, I min. yours sincerely Jerome Kevyima

1202

Dec. 29 , 1913

3.1			
N	2	m	

(Please give name by which enrolled and also present or married name

Tribe

Present Address

Oross Village

Former Address

(Address from which we heard from you last.)

Present Occupation

Remarks: 0

from health.

1-567 a

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

1900 PHYSICAL RECORD,

NAME OF PUPIL.	Keogii	na Jeros	ne	DATE /// 19.1.0 STATE Mich
AGE O YEARS	NEW ST	TRIBE TRIBE	awa	STATE Mich
DEGREE OF INDIAN	BLOOD.	full		
INSPECTION Car	re devel	opment -	thu	i. Has sufor
Right lung	flattene	openy) on my	ht Rid	e about level y
PALEATION	2 1		10	1
PERCUSSIO WILL	ness all	oner righ	Alu	ug from 4 th
rep don	m K.	ung contra	eted.	+ retracted
AUSCULTATION -	ESP. MURMUR Su	ppressed one	top u	glet lung-abeen
HEART SOUNDS	act. Ex	Aquated one	left l	sing.
MENSURATION -		RESPIRATION	6	Pulse 9 2
The same of the sa	792		01/4	Pulse 9 2. Weight 3 3 lbs.
1 emperature /	/degs	s. HEIGHT. S. F.W.	IN	. WEIGHT LBS.
VISION/// FAMILY HISTORY:	<i>q</i>	Vaccination		
	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	Yes	Good		
MOTHER			yes	Cause of death.
(/	Good	1	= 1
BROTHERS			1.	
		9		pera area
SISTERS	/	wood	n	
(100	ome deal
PERSONAL HISTORY	I erup	yeuna 5-	ens.	ago- was
ALOK AL	-, 63-	man at it	h	ago-was
REMARKS:		nou, as co		
		***************************************		(*

(over)

Н	OSPITAL RECORD			

99				
172				
	3			
	EXAMINATION FOR OUTING:			
		Computation		
	DATES:	CONDITION:		
	DATES:	CONDITION:		

CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT	
NUMBER ENGLISH NAME AGENCY NATION	
	wal.
BAND INDIAN NAME I HOME ADDRESS Lucy and	mid
PARENTS LIVING OR DEAD BLOOD AGE HEIGHT WEIGHT FORCED INSP. FORCE	CED EPXR. SEX.
FATHER, & MOTHER, D J. 20 5 104 133	
Dec. 7, 1909. Five years 4-12-10 Sice	HARGE
TO COUNTRY PATRONS NAME AND ADDRESS	FROM COUNTRY
THE SMM-HALKER CO., MUSKEGIN. 79104	
Months in school before Carlisle. 96 mog. mission Sch. Harbor Sprs. 1889-1892-5ttig. Gov. Genoa, neb 1904-1909- The gr.	
Gov. Genoa, neb 1904-1909- 1 8th. gr.	
Grade entered at Carlisle, 6th.	
Grade at date of Discharge, 6 th	
Trade or Industry, Hospital Patient.	
Church, Catholic	
VIII VIII	

BRIEF.

Application of

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

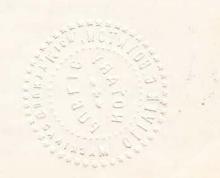
POST OFFICE ADDRESS OF APPLICANT:

Date of enrollment,

190

Term of enrollment, five

, -



Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

			t'an on	d maintens	ince in
For and in consideration of the I	United States assuming the	care, edu	cation, and	u mameene	e c
to 1 Gtates Indian School at	Carlisle		, UA	J	, 01
the United States Indian	na, Male, I, I,	//rs	Suca	of As	ing
(Name of child.)	(Sex.)	/ (Pare	horoby ve	limtarily (consent
of Shagnace P.O.	, State of Milang	an 00	nereby vo	7 1	1.1:
and agree to Man enrollment	t in said school for a period	of full	years,	and also o	onigate
1:1:1 all tho	rules and regulations for Ir	idian scho	015.		
blide bi id abild	was horn at	1. Ducharled U	011	(Date.)	2
to both	A Herginsa (Is or was.)	a full In	dian of th	e St	taria
that the father, (Name of father.	(Is or was.)	(Degree.)			
Tribe located at	Agency; that he left the	e tribe abo	(Ap)	proximate date.)	
111.	H was	a full Ir	dian of th	ne atta	envec
that the mother, Sofikia (Name.)	(Is or was,)	(Degree.)			. that
- II 1 stad of	Agency, and left the tr	be about	(Appro	kimate date.)	
the said child was born and reared	in the United States, and	now actua	ally reside	s therein;	and that
the said child was born and reared	nools:				
he has attended the following sch		DATE OF	DATE OF	CAUSE OF	GRADE.
NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT-	ENROLLMENT.	DISCHARGE.	DISCHARGE.	
. 010	Harbor Springs	1889	1892	expiral	, 5-Un.
Myssim School	Genoa, Nebe	1904	1409	completio	, got.
Government.	Lenoa, Masa.		.ft ×+		
					,
This 3 M day of A	, 190 9	0	ker	n .	
Timb		Lucy	, X U	uel	
Two witnesses: C y Berr	uetl "	(Pave)	MUM C	next of kin.)	
. 4		6	49	.,,	While
1) al Burne	7 ,	P. O.	dwriting if po	ssible. The sign	ature, whether
(Note.—Every blank in this application mu by mark or otherwise, must be attested by two wit	st be properly filled out by the applicant, nesses.)	in his own han			
0	AFFIDAVIT.				
Lucy Jone	, do hereb	y swear th	7	atements m	nade in the
above application are true.		7	MX	Cene	_
	(Signature	e of applicant.)	Parent	Guardian, or n	next of kin.)
	ore me this and day of	De	2	,,1	.909
Sworn to and subscribed bef	ore me this day of		. 1	5(1)	intera
10 = 1			war. C	0 11	whom the child is
Note. This application and affidavit mu	st be executed before some officer author	rized to admin	Cary (he parent with	Thire
living: if the parents are dead, by the guardian of	r next of Kill.)	27	Comm	MIL CIA	618-1911

Certificate of Physician.
I, H. Shark, a practicing physician of St. Tynoce mich, do hereby certify that I have carefully examined farome Kevagu
I, , a practicing physician of
Mich , do hereby certify that I have carefully examined farome league
the child named in this application, and find that he is in proper physical condition to attend
school, and is not afflicted with tuberculosis or other disease which would be a menace to the health
of other pupils.
This H day of Dicember, 190 4 Sherk, M. D.
Vouchers of Disinterested Persons.
Voucher No. 1.
I. C. Demell , a Jumpennan , of (Business, calling, or profession.)
I, by Bennett , a Lumperman , of (Business, calling, or profession.) It Dance , Mich , do hereby certify that I am personally acquainted with
who makes the foregoing application; that I believe his state-
who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements therein are true; that I am acquainted with his statements the statements the statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; that I am acquainted with his statements are true; the true is a statement are true is a stat
ments therein are true; that I am acquainted with (Name of Child.)
he is known and recognized in the community in which he lives as an Indian; that in my opinion
he is known and recognized in the head he is the head head he is the head head he is the head head he is the head he is the head head head head he is the head head head head head head he is the head head head head head head head he
to work for a living
to work for a living logsement
This 3 day of See 190 4
This day of 190.7
Voucher No. 2.
Il me hi tack
I, // " Hullott , a (Business, calling, or profession.)
VOUCHER No. 2. I, M. M. M. Chattael (, a of (Business, calling, or profession.) A Stynaes. Muleyae, do hereby certify that I am personally acquainted with
who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with from [Coquics; that (Name of child.)
he is known and recognized in the community in which he lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that he must
he cannot receive proper and adequate schooling as white
Support him self.
This 3 rd day of Del , 190 f



M.A. Mi Seitock.

Certificate of School Physician.

I hereby certify that on	(As soon after arrival as possible.)	, I made a careful examination
of the physical condition of		, the child named in the fore-
going application, and found	to be	
I therefore recommend that t	he said child be	enrolled in this school.
Thisday of		
	*	School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation 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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

Kergima Jerome 1202 Correshondence 2524 Physical Condition 45 Guardianis file Physical exam. before enrolling 3281 3282

DATE ENROLLED.

ACADEMIC BEPARTMENT. | INDUSTRIAL DEPARTMENT. | INDUSTR PARENT OR GUARDIAN. HOME ADDRESS Lucy ance, mich. DORMITORY. OUTING DATE OF RECORD ROOM Scholarship Conduct. Shop. Ability. Conduct. Room Neatness Conduct. Ability. Conduct

Shop. Ability. Conduct. Room Neatness Conduct. Ability. Conduct

Shop. Ability. Conduct

Ability. Conduct

Shop. Jailor Food 9000 144 9000 9000 Home - May 1910.

Age

Deg. Ind. blood

Name Address

Sturgeon Bay, Mich.

Information from

Date

191

State

Agency

Tribe

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

Nothing recent, Nov. 1923.

Remarks:

Y AND E' ROCH. REPORT AFTER LEAVING CARLISLE 441037 3M-4-09 NAME AT CARLISLE PRESENT NAME INFORMATION THROUGH DATE ADDRESS OCCUPATION ITEMS OF INTEREST GRADE