

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

1544

NUMBER 4086	ENGLISH NAME Oliver Armstrong	AGENCY Catt. Res. N.Y.	NATION Seneca				
BAND	INDIAN NAME	HOME ADDRESS Mrs. Sara Armstrong Brant, N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.
FATHER, <i>D</i>	MOTHER, <i>R</i>	<i>3/4</i>	<i>Born 7-1-89</i>	<i>5' 8"</i>	<i>103 1/2</i>	<i>37</i>	<i>32 1/2 M</i>
ARRIVED AT SCHOOL <i>Nov. 5, 1908.</i>	FOR WHAT PERIOD <i>3 years</i>	DATE DISCHARGED <i>Jan. 23, 1911</i>	CAUSE OF DISCHARGE <i>Deserter</i>				
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY				
<i>4-29-'09</i>	<i>Harry Buckman, Wrightstown, Pa.</i>		<i>8-28-'09</i>				
<i>5-16-'10</i>	<i>St. D. Morgan, Williams town, Pa.</i>		<i>Ran 5-28-'10</i>				

THE SHAW-WALKER CO., MUSKEGON. 79104

Months in school before Carlisle, .....

*Howarda High - '06-'07 - 7th gr.*

Grade entered at Carlisle, .... *6th gr.*

Grade at date of Discharge, .....

Trade or Industry, .....

Church, .... *2nd Presbyterian*

*miles to sch.*

1544

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

NUMBER 2561	ENGLISH NAME Elmer Armstrong	AGENCY	NATION Seneca				
BAND	INDIAN NAME	HOME ADDRESS Sara Armstrong, Trenton, N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: Dead	MOTHER: Living	Full	11	4-7	75	27 1/2	25 1/2 m
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE			
June 29 1900	5 years	Aug 6 - 1901		Undesirable Troublesome			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

SHAW-WALKER MUSKOGON 5178

Months in school before Carlisle,.....

Grade entered at Carlisle,..... *Fourth*

Grade at date of Discharge,..... *Fourth*

Trade or Industry,..... *General Work*

Church,.....

1544

X

**BRIEF.**

**Application of**

*Sara Armstrong*

FOR THE ENROLLMENT OF

*Elmer Armstrong*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST OFFICE ADDRESS OF APPLICANT:

*Howanda, N. Y.*

Date of enrollment, \_\_\_\_\_, 190\_\_\_\_\_

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

TO WHOM IT MAY CONCERN:

This is to certify that Elmer Armstrong  
has attended the Gowanda Union School at  
Gowanda, N. Y., from Sept. 1906  
to June 1907.

Gowanda N. Y. \*

October 6, 1908.

Josephine A. Moll  
Teacher.

Tribe located at Cattaraugus Res. Agency; that he left the tribe about.....;

# Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa, of Elmer Armstrong, male, I, Sara Armstrong of Brant P. O., State of New York, do hereby voluntarily consent and agree to his enrollment in said school for a period of Three years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Brant N. Y. on July 1, 1889 that the father, Amis Armstrong, was half-blood Indian of the Cayuga Tribe located at Cattaraugus Res. Agency; that he left the tribe about \_\_\_\_\_; that the mother, Sara Armstrong, is full-blood Indian of the Seneca Tribe located at Cattaraugus Res. Agency, and left the tribe about \_\_\_\_\_; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Gowanda High School</u>	<u>Gowanda N. Y.</u>	<u>1906</u>	<u>June 1907</u>		<u>7th</u>

This 5th day of Oct, 1908

Two witnesses:

Halla Wells

Mrs Sara Armstrong  
(Parent, guardian, or next of kin.)

Mrs Agnes Williams

P. O., \_\_\_\_\_

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

## AFFIDAVIT.

I, Mrs Sara Armstrong, do hereby swear that the statements made in the above application are true.

Mrs Sara Armstrong  
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 5th day of October, 1908

Ida L Beum *notary public*

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

**Certificate of Physician.**

I, A. D. Lake, a practicing physician of Grovauch, Ill.  
do hereby certify that I have carefully examined Elmer Arushong  
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 5 day of Oct, 1908 A. D. Lake, M. D.

**Vouchers of Disinterested Persons.**

**VOUCHER No. 1.**

I, \_\_\_\_\_, a \_\_\_\_\_, of  
(Business, calling, or profession.)  
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 \_\_\_\_\_; that  
(Name of Child.)  
he is known and recognized in the community in which he lives as an Indian; that in my opinion  
he can not receive proper and adequate schooling at home for the reason that \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

**VOUCHER No. 2.**

I, \_\_\_\_\_, a \_\_\_\_\_, of  
(Business, calling, or profession.)  
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 \_\_\_\_\_; 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 \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

## Certificate of School Physician.

I hereby certify that on \_\_\_\_\_, I made a careful examination  
(As soon after arrival as possible.)  
of the physical condition of \_\_\_\_\_, the child named in the fore-  
going application, and found \_\_\_\_\_ to be \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

\_\_\_\_\_  
*School Physician.*

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### 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 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.

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.

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# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

1544

NAME OF PUPIL *Armstrong, Elmer* DATE *12/7* 19*08*

AGE *19* YEARS } NEW } STUDENT. TRIBE *Seneca* STATE *Ny*  
 RETURNED }

DEGREE OF INDIAN BLOOD.....

INSPECTION *A good development - Extensive  
 Scar on neck and chin*

PALPATION *Normal*

PERCUSSION *Normal*

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

HEART SOUNDS *Normal*

MENSURATION { INSP. *37*.....  
 EXP. *32 1/2*..... RESPIRATION *20* PULSE *80*

TEMPERATURE *98.6* degs. HEIGHT *5* FT *8* IN. WEIGHT *153 1/2* LBS.

VISION *10/10* VACCINATION *good Rec 17/2/08*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....			<i>Yes</i>	<i>Consumption</i>
MOTHER.....	<i>yes</i>	<i>good</i>		
BROTHERS {				
SISTERS {				

PERSONAL HISTORY: *Good health*

REMARKS:



HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

*April 20 1909*

CONDITIONS:

*good*

1544

NAME. *Elmer Armstrong* TRIBE. *Seneca* PARENT OR GUARDIAN. *Mrs. Sara Armstrong, Brant, N. Y.*

DATE ENROLLED. *Nov. 5, 1908.* TERM. *Three years.* AGE. *20*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct	Ability.	Conduct.	
<i>July '09</i>	<i>9</i>	<i>V. Good</i>	<i>Ex.</i>	<i>mason</i>	<i>Fair</i>	<i>Good.</i>	<i>113</i>	<i>V. Good</i>	<i>V. Good</i>	<i>Good</i>	<i>Fair</i>	
<i>Jan: '10</i>	<i>9.</i>	<i>V. G.</i>	<i>Ex.</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>218</i>	<i>Good</i>	<i>Good</i>			
<i>July '10</i>	<i>10</i>	<i>Good</i>	<i>Ex.</i>	<i>"</i>	<i>V. Gd</i>	<i>V. Gd</i>	<i>V "</i>	<i>"</i>	<i>"</i>			

# TRADE RECORD, CARLISLE.

Jan. 1, 19...<sup>10</sup> to June 30, 19...<sup>10</sup>.

PUPIL *E. Limer Armstrong*

TRADE *mason.*

ABILITY *Very Good.*

CONDUCT *Very Good.*

REMARKS

INSTRUCTOR *H. B. Lamason.*

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

309.

Name of Student

Elmer Armstrong

Home Address

Sara Armstrong, Brant, N. Y.

Tribe

Seneca

Age at Entrance

20

Date of Entrance

Nov-5-1908

Shop

JAN.

FEB.

MAR.

APR.

MAY

JUNE

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

TOTAL OR AVERAGE

Patron

Harry Buckman

Locality

Days in School

Address

Wrightstown, Pa.

R. R. Station

Newtown, Pa.

Conduct

Recommended by

Grade in School

Ability

Gd Gd

Gd F

Grade of Home

Church

Presbyterian

Health

Gd. Gd.

Date of Outing

Apr-29-1909

Date Returned

AUG 28 1909

Wages

Earnings

\$ 15 15

W. D. Morgan

Williamstown, Pa.

Raw 5-28-10

5-17-10.



Armstrong, Elmer. 1544 Ex-stu.

Home letters - Mrs Chas. Kennedy. 795

Mother's file 1506

Agent's file 901

Correspondence - money sent 5447