

1677

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

NUMBER 2195		ENGLISH NAME <i>Ruth Lydine</i>			AGENCY			NATION <i>Chippewa, Minn.</i>		
BAND		INDIAN NAME			HOME ADDRESS <i>Mrs. Nellie Lydine, Cass Lake, Minn.</i>					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.		
FATHER <i>Living</i>		MOTHER <i>Living</i>		<i>47</i>	<i>13</i>	<i>5'-2$\frac{1}{2}$"</i>	<i>125$\frac{1}{2}$</i>	<i>33</i>	<i>30</i>	<i>F</i>
ARRIVED AT SCHOOL		FOR WHAT PERIOD			DATE DISCHARGED		CAUSE OF DISCHARGE			
<i>Sept. 23, 1906</i>		<i>Three 37 years</i>			<i>6-21-'09</i>		<i>Time out.</i>			
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		
<i>May 2 1907</i>		<i>Susanna Chambers, Foughkenawass Pa</i>						<i>7-24-07.</i>		

SHAW-WALKER MUSKOGON 5178

Months in school before Carlisle,

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

Grade at date of Discharge, ... *7th*

Trade or Industry, ... *General work*

Church, ... *Episcopalian*

Brought here by father

Readmitted

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3029	ENGLISH NAME Ruth Rydick	AGENCY Cass Lake, Minn.	NATION Chippewa
BAND	INDIAN NAME	HOME ADDRESS (Moth.) Mrs. Nellie Rydick, Cass Lake, Minn.	

PARENTS LIVING OR DEAD FATHER, <i>Geo. Rydick</i>	MOTHER, <i>R</i>	BLOOD <i>1/4</i>	AGE <i>17</i>	HEIGHT <i>5' 2"</i>	WEIGHT <i>128</i>	FORCED INSP. <i>33</i>	FORCED EPXR. <i>30</i>	SEX. <i>F</i>
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ARRIVED AT SCHOOL <i>Sept. 16, 1909.</i>	FOR WHAT PERIOD <i>Three years.</i>	DATE DISCHARGED <i>July 3, 1911</i>	CAUSE OF DISCHARGE <i>Failed to return</i>
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TO COUNTRY	PATRON'S NAME AND ADDRESS	FROM COUNTRY
<i>5-12-'10</i>	<i>On leave</i>	<i>9-30-'10</i>
<i>6-3-'11</i>	<i>" "</i>	

THE SHAW-WALKER CO., MURKIN, N. 79104

Months in school before
Pub. Sch. Cass Lake 1902-1906. 6th Gr.
Carlisle, Pa. 1906-1909. 8th Gr.
 Grade entered at Carlisle, *7th Gr. on Read.*

Grade at date of Discharge, *7th Gr.*

Trade or Industry,

Church, *Episcopalian*

Miles to sch.

Moth. is 1/2 blood

Fath. is white.

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BRIEF.

Application of

Ruth Lydick

FOR THE ENROLLMENT OF

3 years.

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Lead Lake Minn.

Date of enrollment, *Sept. 10*, 190*9*

Term of enrollment, ~~*Five*~~ (*3*) years

Three

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, Penn'a, of Ruth Sydik, I, Mrs. Nellie Sydik (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Cass Lake P. O., State of Minnesota, do hereby voluntarily consent and agree to her 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 Cross Rapids on Sept. 11, 1892 (Date.) that the father, George Sydik, a White Indian of the _____ Tribe located at _____ Agency; that he left the tribe about _____; that the mother, Mrs. Nellie Sydik, is a half Indian of the Chippewa Tribe located at Cass Lake 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 she 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>Public</u>	<u>Cass Lake Minn</u>	<u>1902</u>	<u>1906</u>	<u>-</u>	<u>Sept. 7</u>
<u>Government</u>	<u>Carlisle Pa.</u>	<u>1906</u>	<u>1909</u>	<u>Expiration</u>	<u>Eight</u>

This 10 day of September, 1909
 Two witnesses: Edith Colwell, Mrs. Nellie Sydik (Parent, guardian, or next of kin.)
Nora Colwell, P. O., Cass Lake.
 (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, Edith Colwell, do hereby swear that the statements made in the above application are true.

(Signature of applicant.) Mrs. Nellie Sydik (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 10 day of Sept., 1909

(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, William H. Smith, a practicing physician of Cass Lake, Minn., do hereby certify that I have carefully examined Ruth Lydick, the child named in this application, and find that she 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 10 day of September, 1909 William H. Smith, M. D.
Physician in Charge

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, _____, a _____ (Business, calling, or profession.), of _____, do hereby certify that I am personally acquainted with _____ who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____ (Name of Child.); that 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 _____ (Business, calling, or profession.) of _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____ (Name of child.); that 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.

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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APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child *Ruth Lydick* Indian name is
none
 Name of Father *George Lydick*
 Name of Mother *Nellie Lydick* Tribe *Chippewa*
 Reservation *Leech Lake* Degree of Indian blood of child *(1/4) quartered*
 Is either parent white, if so, which? *father* Are either or both allotted? *yes mother*
 On what reservation? *Leech Lake* Age of child *13 yrs* What
 reservation school attended? *Leech Lake* How long? *3 months*
 If ever enrolled in a non-reservation school, name of school, *no*
 When? _____ How long? _____ If ever
 dismissed from a school, where? _____; when? _____
 and for what reason? _____

(Signed) *Nellie Lydick*

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, *Nellie Lydick* parent, guardian or next of kin of the
 above-named child, *Ruth Lydick*, do hereby consent to *her*
 transfer or enrollment for a period of five ³/₇ years in the Indian School at Carlisle, Pa.
 Dated at *Cass Lake* on the *19th*
 day of *Sept*, 190*6*.
 (Signed) *Nellie Lydick*
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named *Ruth Lydick*
 _____, and have found *her* physically sound, and recommend
 the transfer so far as *her* health conditions are concerned. Dated at *Cass Lake*
 on the *19* day of *Sept*, 190*6*.
 (Signed) *Thomas G. Rodwell*
Agency Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

_____ 190*6*....
 The statements concerning the above-named _____ are be-
 lieved by me to be correct, and I hereby recommend the transfer.
 (Signed) _____
 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.

Care made Brought here by father
S.M.

1677

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Lydick Ruth DATE 10/7 1909

AGE 17 YEARS NEW RETURNED 1/4 STUDENT. TRIBE Chippewa STATE Minn.

DEGREE OF INDIAN BLOOD _____

INSPECTION Good development.

PALPATION normal.

PERCUSSION normal.

AUSCULTATION { RESONANCE normal
RESP. MURMUR normal

HEART SOUNDS Normal.

MENSURATION { INSP. 33 RESPIRATION 24 PULSE 84
EXP. 31

TEMPERATURE 98.6 degs. HEIGHT 5 FT 2 1/4 IN. WEIGHT 128 LBS.

VISION _____ VACCINATION Good scar.

MENSTRUATION _____

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Good</u>		
MOTHER	<u>yes</u>	<u>Good</u>		
BROTHERS {	<u>3</u>	<u>Good</u>		
SISTERS {				

PERSONAL HISTORY: always in good health

REMARKS: _____

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

1677
 NAME OF PUPIL Lydell, Ruth DATE 17 1908

AGE 16 YEARS | NEW | STUDENT. | TRIBE Chippewa STATE Minn.

DEGREE OF INDIAN BLOOD.....

INSPECTION Well developed

PALPATION Normal

PERCUSSION Normal

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

HEART SOUNDS.....

MENSURATION { INSP. 32 1/2
 { EXP. 29 1/2 RESPIRATION 22 PULSE 86

TEMPERATURE 98.8 degs. HEIGHT 5 FT. 5 1/2 IN. WEIGHT 124 LBS.

VISION 10% with glasses VACCINATION good. Rec. 12/2/08

MENSTRUATION Normal

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Diabetes</u>		
MOTHER	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>3</u>	<u>good</u>		
SISTERS {				

PERSONAL HISTORY: Good health

REMARKS:

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

1677

Dec 23, 1912

Name Ruth Lydick

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

Tribes Chippewa

Present Address Cass Lake Minn

Former Address _____

(Address from which we heard from you last.)

Present Occupation House Keeping

Remarks: I was married the

4th of Sept; my name is

Mrs Leo LaFontaine, send arrow in my mail

Ruth Lydick from her home at Cass
Lake, Minn., writes an interesting
letter, in which she says that she is
helping her father in the store. 677

NAME. Lydick Ruth.	TRIBE. Chippewa, Minn.	PARENT OR GUARDIAN. Mrs. Nellie Lydick.
DATE ENROLLED. Sept 23, 1906.	TERM. 3 Years	AGE. 13.
HOME ADDRESS. Cass Lake, Minn.		

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>Apr. '07</i>	<i>9</i>	<i>Medium</i>	<i>Ex.</i>							<i>Fair</i>	<i>Good.</i>	
<i>Apr. '08</i>	<i>9</i>	<i>Poor</i>	<i>Good.</i>									
<i>Jan. '09</i>	<i>9</i>	<i>V. Good</i>	<i>V. Good</i>	<i>house girl.</i>	<i>V. Good.</i>	<i>Ex.</i>	<i>2-10</i>	<i>Ex.</i>	<i>Ex.</i>			
<i>July '09</i>	<i>10</i>	<i>Good</i>	<i>V. Good</i>	<i>Gen work</i>	<i>"</i>	<i>V. Good</i>	<i>"</i>	<i>V. Good</i>	<i>V. Good</i>			
<i>Jan. '10</i>				<i>clothes office</i>	<i>V. G</i>	<i>Ex</i>	<i>37</i>	<i>Ex</i>	<i>Ex</i>			

Readmitted, 1677

NAME.

Ruth Rydick

TRIBE.

Chippewa

PARENT OR GUARDIAN.

DATE ENROLLED.

Sept. 16, 1909.

TERM.

3 yrs.

AGE.

17

HOME ADDRESS

Mrs. Nellie Rydick
Moth. Cass Lake, Minn.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room No.

Neatness

Conduct.

Ability.

Conduct

Jan. '10
July '10
Jan. '11
July '11

10
10
10
10

good.
M.
Board
Home

ex
ex
ex
ex

clothes
Office

U.G.
" "
" "

37

ex
ex

ex
ex

1677

REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

Ruth Lydrick

PRESENT NAME

Mrs. Leo LaFontaine

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1913	Self	Cass Lake, Minn.	Housewife		