

1884

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2387	ENGLISH NAME Ella Medicinetop	AGENCY Tongue River	NATION Cheyenne
BAND Scabby	INDIAN NAME	HOME ADDRESS James Medicinetop (Father.) Lame Deer, Mont.	
PARENTS LIVING OR DEAD	BLOOD Full	AGE 21	HEIGHT 5-4 1/2
FATHER L	MOTHER D	WEIGHT 141	FORCED INSP. 33 1/2
ARRIVED AT SCHOOL Jan 4, 1909	FOR WHAT PERIOD Three Years	DATE DISCHARGED June 24, 1912	CAUSE OF DISCHARGE Time out
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, .....

Grade entered at Carlisle, 1st .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, Presbyterian .....

Brot by J. R. Eddy  
of Tongue River, Mont.  
miles to sch.

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Medicine Top, Ella DATE 1/14 1909

AGE 30 YEARS  NEW  RETURNED } STUDENT. TRIBE Cheyenne STATE Mont.

DEGREE OF INDIAN BLOOD Full

INSPECTION Normal

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 33 1/2 RESPIRATION 20 PULSE 82  
EXP. 30 1/2

TEMPERATURE 98 degs. HEIGHT 5 FT. 4 1/2 IN. WEIGHT 141 LBS.

VISION \_\_\_\_\_ VACCINATION 1/14/09

MENSTRUATION \_\_\_\_\_

**FAMILY HISTORY:**

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER		<u>Good</u>		
MOTHER			<u>Yes</u>	<u>?</u>
BROTHERS {	<u>1</u>	<u>Good</u>		
SISTERS {				

PERSONAL HISTORY:  
Always been in fairly good health.  
Subject to sore eyes.

REMARKS: \_\_\_\_\_



Duplicate

199

BRIEF.

APPLICATION OF

Ella Medicinestep

FOR THE ENROLLMENT OF

Ella Medicinestep

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Tongue River Agency, Lame Deer, Mont.

Date of enrollment, \_\_\_\_\_, 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 Ella Medicinestop; Female; date of birth 1888;

Name of child. Sex.

Northern Cheyenne  
Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD
<u>James Medicinestop</u>	<u>Living</u>	<u>Northern Chey.</u>	<u>Scabby</u>	<u>Full</u>
<u>Ma-ha-you-mah-ho-ja-se</u> <small>NAME OF MOTHER.</small>				
<u>Medicinestop</u>	<u>Dead</u>	"	"	"
<u>Ish-sha-wah</u>				

I, Ella Medicinestop, do hereby voluntarily consent and agree to my  
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.
1. <u>Carlisle</u>				
2.				
3.				
4.				

Ella Medicinestop ~~her~~  
Parent, guardian, or next of kin

P. O. address: Lamedeer, ~~mark~~

Two witnesses:

E E McKeen  
Elmore Little Chief

Montana

Original

BRIEF.

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APPLICATION OF

Ella Medicinetop

FOR THE ENROLLMENT OF

Ella Medicinetop

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

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NAME OF AGENCY FROM WHICH PUPIL CAME:

Tongue River Agency, Lamedeer, Mont.

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

Term of enrollment, Three ( 3 ) years.

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NAME OF COLLECTING AGENT:

Position, \_\_\_\_\_

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<u>James Medicinetop</u>	<u>Living</u>	<u>Northern Chey.</u>	<u>Scabby</u>	<u>Full</u>
<u>Ma-ha-you-mah-he-ja-se</u> <small>NAME OF MOTHER.</small>				
<u>Medicinetop</u>	<u>Dead</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Ish-sha-wah</u>				

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Parent, guardian, or next of kin. ~~X~~

P. O. address: Lamedeer, mark

Two witnesses:

E E M

Elmore Little Chief

Montana



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 30<sup>th</sup> day of Dec., 1905

Arthur T. Blackly

Physician at Omqua River 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 \_\_\_\_\_  
Parent, guardian, or next of kin.  
was voluntary, and I recommend the transfer of said child.

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

J. P. Reddy  
Agent or Superintendent.

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.



## 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.)

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.

This form to be used only in transfers from reservations or Indian schools to nonreservation schools.

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# Carlisle Indian School Hospital.

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Name

*Ella Medicine Top*

Age \_\_\_\_\_

Sec. \_\_\_\_\_

Diagnosis

*M. B.*

Admitted

Discharged

*Aug 25-11*

*Oct. 30*

Days in Infirmary

Result

*Imp*

*Her Tiebley*  
Resident Physician.

(OVER)





1884

NAME: *Olla Medicinetofo* TRIBE: *Cheyenne* PARENT OR GUARDIAN: *James Medicinetofo*  
 DATE ENROLLED: *Jan. 4, 1909.* TERM: *Three Years.* AGE: *21* HOME ADDRESS: *(Father.) Same Decs, Mont.*

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>Nov.</i>	<i>Good</i>	<i>Good</i>	<i>Leu work</i>	<i>Med.</i>	<i>E</i>	<i>3-25</i>	<i>Med</i>	<i>E</i>			
<i>Jan. '10</i>	<i>1</i>	<i>Good.</i>	<i>EX</i>	<i>D.R.</i>	<i>V.G.</i>	<i>"</i>	<i>31</i>	<i>V.G.</i>	<i>E</i>			
<i>July '10</i>	<i>Nov.</i>	<i>M.</i>	<i>EX.</i>	<i>Leu work</i>	<i>Good</i>	<i>E</i>		<i>E</i>	<i>V.G.</i>			
<i>Jan. '11</i>				<i>L.</i>	<i>"</i>	<i>Good</i>		<i>G.</i>	<i>Med</i>			
<i>July '11</i>	<i>1</i>	<i>Good.</i>	<i>V.G.</i>									
<i>Dec. '11</i>				<i>L.</i>	<i>V.G.</i>	<i>E.</i>		<i>V.G.</i>	<i>E</i>			

