

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

2063

NUMBER 2684 283		ENGLISH NAME Ida King			AGENCY Oneida		NATION Oneida		
BAND		INDIAN NAME			HOME ADDRESS Celinda Honor Oneida, Wis.				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, D		MOTHER, L	Full	17	5-3 1/2	111	32	29 1/2	F.
ARRIVED AT SCHOOL Sept. 14, 1911		FOR WHAT PERIOD Five years			DATE DISCHARGED 5-17-15		CAUSE OF DISCHARGE Sickness		
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY	
4-10-'12		A. S. Haines, Bushington, W. J. R# 3						Iv.	
6-25-'12		Mrs. J. S. Gayley, 317 Hillside Ave., Jenkintown, Pa.						8-30-12.	

Months in school before Carlisle, 99.....

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church,

509

BRIEF.

Application of

Cellinda House

FOR THE ENROLLMENT OF

Ida King

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oneida

Date of enrollment, _____, 190_____

Term of enrollment, *five* (*5*) years

Handwritten marks

Application for Enrollment in a Non-reservation 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

of Ida King 1895 (R)
(Name of Child) ; (Sex) ; date of birth Jan 27. 1894
Oneida
(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Thomas King</u>	<u>a</u>	<u>Oneida</u>		<u>full Blood</u>
<small>NAME OF MOTHER</small> <u>Celinda House</u>	<u>living</u>	<u>Oneida</u>		

I,, do hereby voluntarily consent and agree to enrollment in said school for a period of five years, and also obligate myself to abide by all the rules and regulations for Indian Schools.
(Not less than 3)

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
1. <u>O. Government</u>	<u>7900</u>	<u>1911</u>	<u>Crime was up</u>	<u>Fiveth Grade</u>
2. <u>O. one l. Boarding School</u>				
3.				
4.				

Mrs. Celinda House
(Parent, guardian, or next of kin)

P. O. address: Oneida

Two Witnesses:

Electa A. Roberts
M. H. Roberts

W. S. C.

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 12 day of Sept, 1911.

J. W. Fowler M.D.
Physician at Quida Agency.

CERTIFICATE OF AGENT OR 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. Belinda House
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 12 day of Sept, 1911.

Joseph C. Hart
Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

INDORSEMENTS.

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 is living, and if neither of them is 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 is to be used only in transfers from reservations or Indian schools to nonreservation schools.



NAME Ida King Sex Male Female.
 Tribe Full Ojibwa State Wis Sept 26, 19 11
 Age 14 years Respiration _____ Condition of Eyes Trachoma
 Height 5 ft. 3 1/2 ins. Mensuration { Insp. 32
 Weight 111 lbs. { Exp. 29 1/2 Ears OK
 Temperature 98 Vaccination Sept 26 - 11 Throat OK
 Pulse 92 Vision _____ Cervical glands enlarged
 Inspection OK Skin OK
 Palpation OK
 Percussion OK

Auscultation Bronchial Breathing at both apices
 Heart OK
 (Menstruation) OK

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yrs</u>	<u>well</u>		
Mother	<u>n</u>	<u>~</u>		
Brothers	<u>1</u>	<u>~</u>		
Sisters	<u>1</u>	<u>~</u>		

Personal history neg.
 Present condition Fair

Elnor A. Hess, M. D.

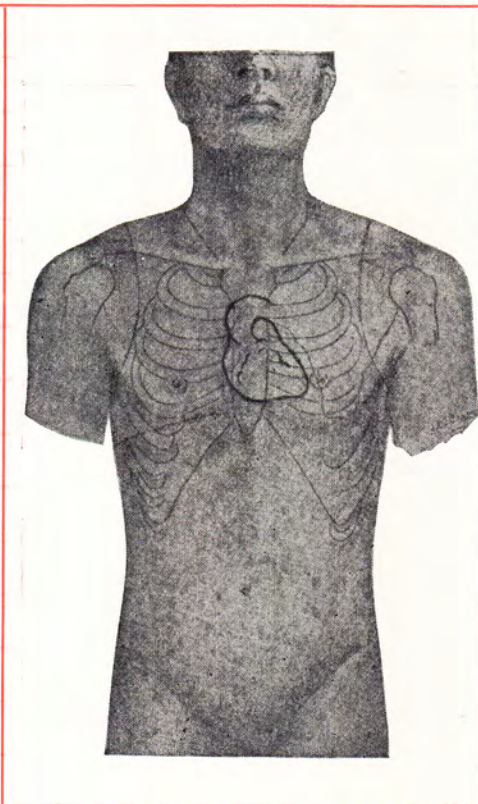
Adm King
UNITED STATES INDIAN SCHOOL
CARLISLE, PA.

DR. A. R. ALLEN,
VISITING PHYSICIAN
DR. H. B. FRALIC,
RESIDENT PHYSICIAN

3/26/13.

Physical examination	T.	R.	P.
General build	Nutrition		Skin
Station	Gait		Reflexes
Spine	Extremities		Vessels
Glands cervical	Axillary	Epitrochlear	Inguinal
Cyanosis	Jaundice	Pallor	Edema
Head. Eyes		Nose	
Gums	Teeth		Tongue
Pharynx		Tonsils	
Neck and Throat. Pulsations		Thyroid	
Depressions <i>wound</i>		Prominences	
Respirations		Expansion of Chest	<i>35" - 30 1/2"</i>

Heart.	
Apex beat	<i>wound</i>
Insp.	"
Palp.	"
Thrills	"
Outline	"
Upper	"
Left:	"
Right:	"



Ausc.	<i>wound</i>
Apex:	"
Pulm.	"
Aortic	"
Tricusp.	"
Special	"

Abdomen. Insp.	
Palp.	
Liver	Gall bladder
Stomach	Pylorus
Spleen	
Kidneys	
Intestine	Appendix, pelvic organs, etc.

Lungs

RT

Left

Inspect

well developed
no deformations

well developed
no deformations

Inspect.

Palp.

normal

normal

Palp.

Perc.

"

"

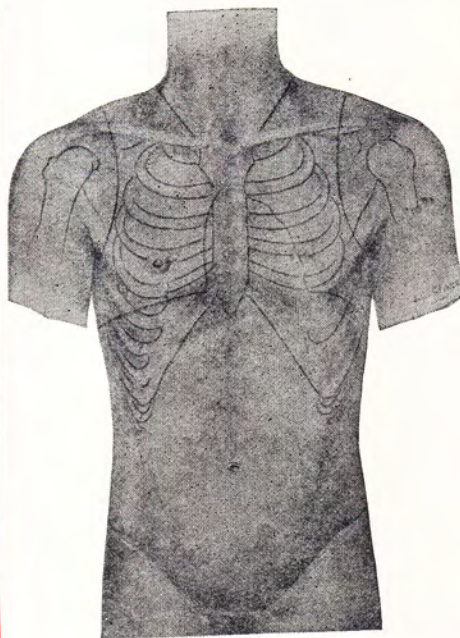
Perc.

Ausc.

"

"

Ausc.



Inspect

normal

normal

Inspect.

Palp.

"

"

Palp.

Perc.

"

"

Perc.

Ausc.

"

"

Ausc.



Laboratory Examinations

H. O. Fisher M. D.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs J. S. Gayley Fort Kent*

Pupil's name *Idea King*

General health of the pupil

Has pupil been ill the past two months?

Name of disease *Had abscess under arm*

Name and address of the physician in attendance *Dr. Quinn
Fort Kent*

Does the pupil have a cough? *No*

For how long has he had it? *-*

Give the pupil's weight *-*

Has the pupil any trouble with the eyes? *Yes had trouble*

Are the eyelids inflamed? *Very slightly*

Remarks: *Idea does very well
concerning how young she
is. She wishes to stay on
this holiday & go to school here*

Date

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mr L. H. Gasley, Fort Kent, Me*

Pupil's name *Ida King*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease *— — —*

Name and address of the physician in attendance

Does the pupil have a cough? *No*

For how long has he had it? *—*

Give the pupil's weight *126 lbs*

Has the pupil any trouble with the eyes? *Dr Eric Connell*

Are the eyelids inflamed? *closed from eye. no trouble. no*

Remarks: *Ida does fairly well, is very slow, but - I think will improve by exercise.*

Date

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

May,

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs. Albert S. Haines.*

Pupil's name *I da. King.*

General health of the pupil *Good.*

Has pupil been ill the past two months? *No.*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *No.*

For how long has he had it?

Give the pupil's weight *124*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No.*

Remarks:

Date *May 31 1912.*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mr. A. S. Haines Burlington*

Pupil's name *Ida King.*

General health of the pupil *Good.*

Has pupil been ill the past two months? *No.*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough? *No.*

For how long has he had it?.....

Give the pupil's weight *126.*

Has the pupil any trouble with the eyes? *No.*

Are the eyelids inflamed? *No.*

Remarks:.....

Date *April. 30. 1912*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Wis. 509
Oneida Tribe Oneida

Name of Student *Ida (Ada) King*
Age at Entrance *17*
Date of Entrance *9-14-'11*

Home Address *Celinda House, Oneida, Tribe*

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

Patron *A. J. Haines*
Address *Burlington, N. J.*
Recommended by

Shop
Locality
Days in School
Conduct
Ability

Grade of Home
Church
Date of Outing *4-10-'12*
Date Returned *th*
Wages

R. R. Station
Grade in School
Health
Earnings

g. g. g.
g. f. g.
g. g. g.
3. 4. 3.

Mr. J. S. Gayley
Jenkintown, Pa.

g
g
g

8-30-'12

579 Visit made Nov. 25-1912

REPORT OF Duga King pupil of Carlisle Indian School, who went Sept. 12-12 to live with Mrs. Q. F. Mitchell of 257 W. Main St. Moorestown, New Jersey, Moorestown Railroad Station

Conduct Very good.
Health Good.
Ability Very good.
Cleanliness Very neat and clean.
Economy Quite careful.
Situation of Room 3^d floor; 2 windows.
Condition of Room Rather untidy.
Condition of Clothing Good.
Wages \$6 per mo. when not attending school.
Are careful accounts kept by patron? Yes.
Are careful accounts kept by pupil?
Number of days at school Began Oct. 28
Distance to school 2 squares.
Grade or quality of school Graded Town.
Name and address of teacher Miss Hanson, Moorestown, N. J.
Qualifications of teacher West Chester normal Grad.
In what grade was pupil at Carlisle? Sixth - Room 7
In what grade is pupil at present? Sixth.
Attends what church and Sunday school? Episcopal; Family Baptist.
Distance to church 1 square
Is there a Catholic church in locality? Yes

Who compose patron's family? Mr. + Mrs. Mitchell, Mr. Mitchell's mother - 2 daughters.
What other help is employed? Washing sent out
Locality of home Town
Home life and environments Apparently very good.
Trade at school
Nature of work Quilt helper.
Pupil's age 17 Experience Considerable.

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REPORT OF Ida King pupil of Carlisle Indian School, who went 6-27-12 (Date) to live with Mrs. Gayley (Patron) of Jerkins town (Post Office), Montgomery (County), Pa. (State), Jerkins town Railroad Station

Conduct See letter accompanying report.

Health - Eyes in very bad condition.

Ability

Cleanliness

Economy

Situation of Room 3^d floor. - 3 windows.

Condition of Room Fair.

Condition of Clothing Good.

Wages Patron not at home; had called twice.

Are careful accounts kept by patron?

Are careful accounts kept by pupil? yes.

Number of days at school

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle? Room 6

In what grade is pupil at present?

Attends what church and Sunday school? Baptist

Distance to church About 2 squares.

Is there a Catholic church in locality? yes.

Who compose patron's family? Mrs + Mrs. Gayley - daughter 21 - son - 17

What other help is employed? Washing and ironing done by colored woman.

Locality of home Town.

Home life and environments

Trade at school

Nature of work Quil Housework.

Pupil's age 14 Experience since April 1912.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

Ida's eyes look as if they were in a very bad condition.

Ida says she is frequently left alone both at night and day time.

She would like to stay out for the winter in another home.

589

Sept. 22nd, 1913.

Miss Ida King,

Oneida, Wisconsin.

My dear Friend:

I have just received your letter of September the 19th, in which you ask for permission to return to Carlisle for the work of this school year. I have also made inquiry about the condition of your health at the time you were sent to your home, and for the reason that transportation was then furnished you at Government expense I would not be justified in again expending Government funds for your return until I can be assured that your improvement in health is permanent in so far as the weakened condition of your lungs is concerned.

Regretting that such a reply has to be conveyed to you, I am,

Very truly yours,

HKM.

Superintendent.

Copy to Superintendent Hart.

Oneida Wis.

Sept. 19, 1913.

Mr. Friedman.

Carlisle, Indian School.

Dear Sir:-

I should like very much to know, if I may be given permission to return to Carlisle this fall. I was sent home in May on account of my being sick of the hemorrhage. But I have not been sick and I have gained in weight since I have been home.

I feel very much better
and as I said before I
have not been sick.

If I should be given
permission to return I
wish you would please
sent me applications
blanks for three (3) years
I am your Friend.
Ida King.

