CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT aroline Newet PARENTS LIVING OR DEAD 22 12-4-12 TO COUNTRY Months in school before Carliste. Grade entered at Carlisle, Bus Depe Grade at date of Discharge, Trade or Industry, Church. Cresby lewan

2918			C	ARLIS	LEINE	IAN SC	HOOL					
No. 2833 Carolin	NAME.	Hew	it	AGE. 22	Ser	TRIBE.		DEGREE OF INDIAN BLOOD.	VATI	ON, IF EX	NCY AND R WROLLED; II	F NOT,
DATE ENTERED.	Months in school before enroll- ment here.		At date of this report.	Distanto near public school from pupil' home	est c 1					erters, on	sick leave,	
	70			1 mi	i,	To COUNTI	RY	FROM	d Coun	NTRY	DATE DISC	HARGED
	•				6-11	1-13		On le	eave	/	Oct: 2	,15
						1					Pres.	
				1							~	1639~
Progres	ss from		(Date	2)	,-		, t	to		(Date		-,
Progres				e)	ост.	Nov.	, t		.	(Date		APR.
Class or grade Academic Industrial (Depi Musical: Band Vocal Orchestra.	ststststststststststststst	anding anding anding anding anding	* * * * * * * * * * * * * * * * * * * *	PT.			DEC	JAN		FEB,	e)	-,
Class or grade Academic Industrial (Dept. Musical: Band Vocal	ststststststststststststst	anding anding anding anding anding	* * * * * * * * * * * * * * * * * * * *	EPT.			DEC	JAN		FEB,	e)	-,
Class or grade Academic Industrial (Depi Musical: Band Vocal Orchestra Deportment	st startment)	anding anding anding anding anding anding anding	* * * * * * * * * * * * * * * * * * *	EPT.			DEC	JAN		FEB.	MAR.	APR.
Class or grade Academic Industrial (Depi Musical: Band Vocal Orchestra.	st s	anding anding anding anding anding anding	* * * * *	PT.			DEC	JAN		FEB,	MAR.	APR.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

January 23, 1914

Tribo

Tribe deneca

Present Address Indian Falle, M. y.

Former Address Alson M. (Address from which we heard from you last.)

Present Occupation Leaching

Remarks:

2812 Age Name Deg. Ind. blood Hewitt. Caroline Brant. N.Y Address Information from Date 8/30/13 1910 State Tribe Agency POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED. Asst. Matron, Round Valley, Calif.\$420.00 3. No recent tidings, Oct. 1913 Remarks: Teaching vistrict School, on Tonawanda Reservation Oct. 1913. N. York State

2818 det. 1, 1913. Mr. M. Friedman, Carlisle, Pa. 3 Dear Sir: Hours of Sept. 5th has just been forwarded to me. I am teaching in a districe reservation school on the Tonawanda reservation. et is one of the day under the supervision of the n.y. State) Education Department by which I am at present employed.

should you so derive. 12 wish you and The Carlisle school whe very best of success in your work for the Very Truly yours, Caroline Hewite.

or The Arrow and Red Man.

Many of the returned students of the Carlisle are engaged in teaching in and out of the Service. One of the bright young ladies who was educated here and who was a good musician, Caroline Hewitt, is now employed under the State of New York, teaching one of the district schools on the Tonawanda reservation in New York. In a letter just received she says:

"I am teaching in a district reservation school on the Tonawanda reservation. It is one of the day schools which is under the supervision of the N. Y. State.

"I wish you and the Carlisle school the very best of success in your work for the year."

461

August 16th, 1913.

Miss Caroline Hewitt.

Brant, New York.

My dear Friend:

As it will soon be time to arrange for your return to school I would be pleased to hear without delay on the card herewith whether you can make an effort to bring other students with you. If you can give such assistance school literature and application blanks will be sent you without delay. Such further instructions as are necessary will then be given you.

If it is not convenient for you to give the assistance desired, will you please suggest the name of some one else on the enclosed card?

Hoping the summer has been pleasant and profitable in every way, I remain,

Your friend,

September, 5, 1913.

Caroline Hewitt,
Brant, N. Y.
My dear Friend:

I have just received your card stating that you have accepted a position as teacher and that you will not return to carliae. I am sorry that we shall not have you here this year but I extend you best wishes for success in the new work you are undertaking. Please let me have full particulars about the position you have accepted so that the information can be placed on file here.

Very respectfully,

Superintendent.

HKM-GIL

Department of the Interior.



Mr. M. Friedman

Supt. U. S.Indian School

Carlisle

Pennsylvania Pennsylvania

Living Super. M. y. Super. 3, 1915.

Living Super.

Siring Super.

So return to Carline as 3

have saccepted a position as inacher. you may take my may take and so you may take my man to the school rose.

The saccepted so position as inacher. You may take acknown their some off the school rose.

Carrier Heins

461

BRIEF.

Application of

Caroline Hewitt

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, , 191

Term of enrollment, () years

Application for Enrollment in a Nonreservation School. (For a child not enrolled at an Agency.)

For and in consideration of the	he United States assuming t	the care, education,	and mainte	enance in
the United States Indian School at	t Carlisle	,	Pa,	, of
Caroline Heurica	female, I,	(Parent guard	ian or next of l	kin)
of Brant P.				
and agree to enrollment				
and bind myself to abide by all th	ne rules and regulations for	(Not less than 3.) Indian schools.		
I further say that the said chi	ild was born at 732	ant (on) 111. 4	1890
that the father, Quenching (Name of fath			(2000)	
Tribe located at Zuscaro	Agency; that he left th	ne tribe about	Approximate date	,
that the mother, Harrie (Name.)	Heuric , was (Is or was,)			
Tribe located at Cattarau	Agency, and left the tr	ribe about		; that
the said child was born and reared he has attended the following sch	d in the United States, and			
NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF DATE OF ENROLLMENT. DISCHARGE		GRADE.
Private	Hampin, Va.	1905		graduat
This // day of h				
Two witnesses: A James	enou (Caroline (Parent, guardian,	Henry	
m. 600				
(NOTE.—Every blank in this application mus	weepow	P. O., Bras		+ 4
by mark or otherwise, must be attested by two witn				
	AFFIDAVIT.			
I, Caroline H.	do hereby	swear that the sta	itements ma	ide in the
above application are true.	Car	oline &	lewi	7
		of applicant.) (Parent,	guardian, or nex	tok km)
Sworn to and subscribed befo	re me this / 3 day of	Wormon	111	, 191.2
(NOTE.—This application and affidavit must	be executed before some officer authoriza	ed to administer oaths by the	e parent with who	om the child is
living; if the parents are dead, by the guardian or n			Notes	ry Publi
			Kin	to my.

FOR NEW YORK PUPILS.

This blank is to be filled out and signed by a former teacher of the applicant, by a school trustee, a school superintendent, or by some other person conversant with the status of the applicant's school attendance.

This is to certify that Caroline Heavitt

has attended the Hampton Mormal Inst., School at

Hampton, New York, from Oct., 1906

to May 29, 1912.

Brant N. Y.

Now, 13, 1912.

FOR NEW YORK PUPILS.

This blank is to be filled out and signed by a former teacher of the applicant, by a school trustee, a school superintendent, or by some other person conversant with the status of the applicant's school attendance.
This is to certify that Caroline Hewitt
This is to certify that
has attended the Hampton Normal Inst., School at
Hampton, Now York, from Oct., 1, 1905
to May 29. 1912
to May 29, 19 12. Brant N. Y.
Nov., 13, 1912.
Miss E. F. Jamerson
(Sign here.)
This 13 day of Nov. 1912
1. F. Jamerow,
Voucher No. 2.
I, Miss E. F. Jamerson, a House Keeper of
(Business, calling, or profession.)
19 rant , 1. , do hereby certify that I am personally acquainted with
Caroline Heuritt, who makes the foregoing application; that I believe his state-
nents therein are true; that I am acquainted with Caroline Hewitt; that
the is known and recognized in the community in which She lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that she is
not financially able to defray her own
school expenses.
This 13 th day of Nov., , 1912
y : 0: Tr 1

Certificate of Physician.
I, J. Dake, a practicing physician of Lowands, H
, do hereby certify that I have carefully examined Oar o Live Hero; Ct
, do hereby certify that I have carefully examined
the child named in this application, and find that 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.
7. 1912
This / day of / Lovember, 1997 P. D. Lake, M. D.
Vouchers of Disinterested Persons. agency Physician
Vouchers of Disinterested Persons. / Voucher No. 1.
I, 1. + Januareon , a Farmer of
13 (Business, calling, or profession.) 73 (Business, calling, or profession.) 74 (Business, calling, or profession.)
do hereby certify that I am personally acquainted with
Caroline Fuith who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Caroline / Feurli ; that (Name of Child.) The is known and recognized in the community in which the lives as an Indian; that in my opinion
s he can not receive proper and adequate schooling at home for the reason that the has
no means whereby she might to able to de-
pay her own expuses for schooling.
This 13th day of 2000, 1912
J. Januresa,
Voucher No. 2.
I, Miss E. F. Jamerson, a House Keeper of
(Business, calling, or profession.)
19 rant, 11, do hereby certify that I am personally acquainted with
Caroline Heurtt, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Caroline Hewitt; that (Name of child.)
She is known and recognized in the community in which She lives as an Indian; and that in my opinion
She cannot receive proper and adequate schooling at home for the reason that she is
not financially able to defray her own school expenses.
school expenses.
This 13 th day of Nov., , 1912
Mise & J. Jamerson

(/

Certificate of School Physician.

I hereby certify that on		, I made a careful examination
	(As soon after arrival as possibl	
of the physical condition of		, the child named in the fore-
going application, and found	to be	
I therefore recommend that the	e said child be	enrolled in this school.
Thisday of	, 191	

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.

line Heriot



				new	
0	46	1			
NAME Ca	vline /xe	with,			Sex Male. Female.
Tribe (Tull)	Denica	State 72	-4.	Die	-17,19/2
Age	2-2 years	Respiration /8	- c	Condition of, Eyes	1/4
Height 5	ft. 3 ins.	Mensuration Insp.	2	Ears	OK,
Weight	103 lbs.	. Mensuration Exp. 2	-8	Throat	O/K,
Temperature	98.4	Vaccination 718		Cervical glands	014
Pulse	72	Vision		Skin	OK.
Inspection	well d	eveloped			
		al.			
Percussion	no d	ullness			

Auscultation	no,	rales			
Heart	no mu	mes bus a	aprid	good.	rolum
(Menstruation)	riqu	ear 20	metin	- pai	***************************************
		FAMILY HISTOR	RY.		
	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF	DEATH.
Father	LIVING.			CAUSE OF	DEATH.
Father	LIVING.			CAUSE OF	DEATH.
Mother	LIVING.			cause of	DEATH.
	LIVING.			CAUSE OF	DEATH.
MotherBrothers	LIVING.			CAUSE OF	DEATH.
Mother	LIVING.			CAUSE OF	DEATH.
Mother Brothers	non	CONDITION OF HEALTH.	DEAD. 2 yes 2 yes	prum	DEATH.
Mother Brothers	non	CONDITION OF HEALTH.	DEAD. 2 yes 2 yes	prum	DEATH.
Mother Brothers	non		DEAD. 2 yes 2 yes	prum	DEATH.
Mother Brothers Sisters Personal history	Sure	condition of HEALTH.	DEAD. 2 yes 2 yes 2 yes	pnum	ai g bonnes,
Mother Brothers Sisters Personal history	Sure	CONDITION OF HEALTH.	DEAD. 2 yes 2 yes 2 yes	pnum	ai g bonnes,
Mother Brothers Sisters Personal history	Sure	condition of HEALTH.	DEAD. 2 pro	pnum	a alore

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

CASE RECORD, 5-	-3	54.
-----------------	----	-----

	Name	 		
le.	C (Full)			

Age	Sex { Male. Female.	Tribe { Full //	}	Residence	
(On,	19)				

DATE.				SYMPTOMS.	TREATMENT	DIAGNOSIS.	REMARKS.
19	T.	P.	R.			* 100	History, progress, and termination of the disease.
		-					
		-					
		-					
	-						
		-					
		-					
		-					
	-						
	-						
							,
	-	-					6—1955

	7(/		new.		
0	1. 28	10			
NAME Car	oline	/ Servill			Sex Male. Female.
Tribe (Senua	_ State 2.	4	bee	17 , 19 12
Age 4	22 yes	ars Respiration 18	Co	ondition of, Eyes	OK
Height 5	ft. 3	ns. Insp.	322	Ears	1 /
	03	28	8	Throat	1 /
Temperature	98.4	Vaccination 200		Cervical glands	
Pulse	72	Vision		Skin	211
Inspection 7	well de				
Palpation	morna				
Percussion	no de	ellurs			
Auscultation	200 12	alue			
Heart W	mantana	as but rapid be	el and	ml	
(Menstruation)	regu	lar someti	ins b	ani	
(mensu dallon)					
			/		
		FAMILY HISTORY	/		
	LIVING.		/	CAUSE OF	DEATH.
Father	/	FAMILY HISTORY	·. /	CAUSE OF	DEATH.
	/	FAMILY HISTORY	DEAD.	CAUSE OF	DEATH.
Father	/	FAMILY HISTORY	DEAD.	CAUSE OF	DEATH.
Father	/	FAMILY HISTORY	DEAD.	CAUSE OF	DEATH.
Father Mother Brothers	LIVING.	FAMILY HISTORY	DEAD.	Drum	DEATH.
Father Mother Brothers Sisters	LIVING.	CONDITION OF HEALTH.	DEAD. Just Just more	pnum Viiglana	ting I have
Father Mother Brothers Sisters	LIVING.	CONDITION OF HEALTH.	DEAD. Just Just more	pnum Viiglana	ting I have
Father Mother Brothers Sisters	LIVING.	CONDITION OF HEALTH.	DEAD. Just Just more	pnum Viiglana	ting I have
Father Mother Brothers Sisters	LIVING.	CONDITION OF HEALTH.	DEAD. Just Just more	pnum Viiglana	ting I have
Father	LIVING. none None Scarle	CONDITION OF HEALTH.	DEAD. Just Just More More	pnum lingland	Turis-
Father	LIVING. none None Scarle	CONDITION OF HEALTH.	DEAD. Just Just More More	pnum lingland	Turis-
Father	LIVING. none None Scarle	CONDITION OF HEALTH. I forer Hy except hears	DEAD. Just June more more bust as	· diplote	ting Ime
Father	LIVING. none None Scarle	CONDITION OF HEALTH. I forer Hy except hears	DEAD. Just June more more bust as	pnum lingland	ting Ime

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should

accompany the pupils' transfer blanks.

Age	Sex { Mal	e. Tribe	Full }	Residence .		
(On,	19)					

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
19	T.	P.	R.				History, progress, and termination of the disease.
				·			
							6—195

'Y AND E'' ROCH.

REPORT AFTER LEAVING CARLISLE

563757 3**M-2-11**

NAME AT CARLISLE

Caroline Hewitt

PRESENT NAME

PRESENT NAME										
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE					
1914	Seef	Indian Falls 7. 4.	Zeachino							
	8		1							
			-							