

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3062 NUMBER 2371	ENGLISH NAME Elizabeth Hall		(Full.) AGENCY Shoshone	NATION Shoshone					
BAND		INDIAN NAME		HOME ADDRESS Jennie Full Owyhee, Nev.					
PARENTS LIVING OR DEAD FATHER, <i>D</i>		MOTHER, <i>D</i>	BLOOD Full	AGE 20	HEIGHT 5'2" ¹ / ₈	WEIGHT 128	FORCED INSP. 34	FORCED EPXR. 32	SEX. F
ARRIVED AT SCHOOL Nov. 20, 1908.		FOR WHAT PERIOD 5 years.		DATE DISCHARGED 3-23-'09		CAUSE OF DISCHARGE Tuberculous			
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY		

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle,

Owyhee
CarsonGrade entered at Carlisle, 6thGrade at date of Discharge, 6th

Trade or Industry, Sewing room

Church, Presbyterian

Dr. S. says sub
crepitant rales in
upper part of lungs.

3062

BRIEF.

Application of

FOR THE ENROLLMENT OF

Elizabeth Hall

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, 190.....

Term of enrollment, *Five* (*5*) 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 Parliske, Pa

of Elizabeth Hall ; date of birth '89 ;
(Name of child.) (Sex.)

(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	Living or Dead.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
	<i>dead</i>	<i>Shoshone</i>		<i>Full</i>
NAME OF MOTHER.	<i>dead</i>	<i>Shoshone</i>		<i>Full</i>

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. <i>Owyhee</i>				
2. <i>Carson</i>				
3.				
4.				

(Parent, guardian, or next of kin.)

P. O. address: Elizabeth Hall,

Two witnesses: ant Jemie Hall Owyhee, Nev.
Mr. Hawk

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 6th day of Nov, 1908

Wm. L. Hawk
Physician at Stewart Agency.
Nov

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_____

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.

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



PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Gull, Elizabeth DATE 12/8 1908

AGE 20 YEARS | NEW | STUDENT. | TRIBE Shoshone STATE Nevada

DEGREE OF INDIAN BLOOD None

INSPECTION Well developed. Slight scar on neck.

PALPATION Ronchial fremitus.

PERCUSSION About normal. Slight variations in tone over both lungs.

AUSCULTATION { RESONANCE
RESP. MURMUR Numerous ribrilant rales in both apices. Expiratory sounds prolonged.
HEART SOUNDS

MENSURATION { INSP. 34 RESPIRATION 18 PULSE 70
EXP. 3 1/4

TEMPERATURE 98.6 degs. HEIGHT 5 FT. 3 IN. WEIGHT 130 LBS.

VISION 10/10 VACCINATION good. Rec. 12/1/08 + 12/20/09.

MENSTRUATION Not menstruating until about one week
FAMILY HISTORY: or so after time.

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	drowned
MOTHER			yes	pneumonia
BROTHERS {	<u>2</u>	<u>good</u>		
SISTERS {	<u>1</u>	<u>good</u>		

PERSONAL HISTORY:
Has had cough all summer, occasionally haemoptysis. Gained 3 lbs. in last 3 weeks. Coughs at night.

REMARKS:
Wetle Reaction - Good.

3062 Elizabeth Hull, who has been employed at the Indian School at Choy-
hee, Nevada, has been transferred
to Arizona

Miss Elizabeth Hull arrived the first of
the week from Stewart, Nevada, and at
present is assistant at the hospital. Eliza-
beth is a graduate of the Carson school and
later attended Carlisle.

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