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3319

Jan. 22nd, 1914

Name *Miss Lillian Muehler, Mrs. Jos. King.*
(Please give name by which enrolled and also present or married name.)

Tribe *Chippawan*

Present Address *Spring Brook, Wis.*

Former Address " " "
(Address from which we heard from you last.)

Present Occupation *House-keeping*

Remarks: *Am married and getting along nicely.*

1-567 a

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

3319

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2337 1/2	ENGLISH NAME Lillian Mishler	AGENCY La Pointe	NATION Chippewa				
BAND	INDIAN NAME	HOME ADDRESS Mrs. Mishler Spr. Brook, Wis.					
PARENTS LIVING OR DEAD	BLOOD 3/8	AGE Born 3-17-92	HEIGHT 5-1 1/2	WEIGHT 113	FORCED INSP. 32	FORCED EPXR. 30	SEX. F
FATHER, Louise	MOTHER Mishler	ARRIVED AT SCHOOL Sept. 30, 1908.		FOR WHAT PERIOD 5 yrs.	DATE DISCHARGED Jan. 23, 1911	CAUSE OF DISCHARGE Deserted	
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
4-9-'09	Deborah Downing, Whitford, Pa.					Tr. 4-30-'09	
Tr. 4-30-'09	A. C. J. McClellan, Cochranville, Pa.					8-27-'09	
9-11-'09	M. W. Satterthwaite, Moorestown, N. J.					Tr. 10-21-'09	
Tr. 10-21-'09	Mrs. Kelch Smith, Jenkintown, Pa.						
11-15-'09	Ran from country.						

THE SHAW-WALKER CO., MUSKEGON, 79104

Months in school before Carlisle,
 Pub. Sch., Spr. Brook, Wis. - 5th Gr.

Grade entered at Carlisle, 4th Gr.

Grade at date of Discharge,

Trade or Industry,

Church, Presbyterian

Miles to Sch.

3319

NAME.

Lillian Mishler

TRIBE.

Chippewa

PARENT OR GUARDIAN.

Jno. Mishler,
Spring Brook, Wis.

DATE ENROLLED.

Sept. 30, 1908.

TERM.

Five Years 17

AGE.

HOME ADDRESS

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. '09
July '09
Jan. '10

6

ex

ex

Sew. Fair
Sew. Work V. Good

Fair
V. Good

Good
V. "

3-36
"

V. Good
Med

Ex
V. Good

Fair
Good

Good
"

Deserter

3319

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Mishler, Lillian DATE 12/10 1908

AGE 16 YEARS } NEW RETURNED } STUDENT. TRIBE Shippewa STATE Wis.

DEGREE OF INDIAN BLOOD.....

INSPECTION Good development. Slightly hollow near clavicles. Thyroid slightly enlarged.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 32 3/4
EXP. 29 RESPIRATION 18 PULSE 74

TEMPERATURE 98.6 degs. HEIGHT 5 FT 2 1/2 IN. WEIGHT 12 1/2 LBS.

VISION 10/20 VACCINATION good Rev. 7/27/08

MENSTRUATION Normal

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>7</u>	<u>good</u>		
SISTERS {	<u>6</u>	<u>good</u>		

PERSONAL HISTORY: Good health

REMARKS:

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

3-9-09
Sept. 7, 1909.

Good
Good.

NAME AT CARLISLE

Lillian Mishler,

PRESENT NAME

Mrs. Joseph King

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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1914	Self	Springbrook, Wis.	Housewife		
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OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

203

Name of Student *Lilian Mishler* Home Address *Wis. Mrs. Mishler, Springbrook Tribe Chippewa*

Age at Entrance *17* Date of Entrance *Sept - 30 - 1908* Shop

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron <i>N.P.J. McClellan</i> Address <i>Cochranville, Pa.</i> Recommended by													
Locality <i>Farm</i> R. R. Station Grade in School													
Days in School													
Conduct							<i>Gd. G.</i>						
Ability							<i>Fair G.</i>						
Health							<i>Gd. G.</i>						
Earnings							<i>\$6 b.</i>						

M. W. Satterthwaite Town *Moorestown, N. J.*

									<i>14</i>	<i>9</i>			
									<i>G.</i>	<i>G.</i>			
									<i>G.</i>	<i>G.</i>			
									<i>G.</i>	<i>G.</i>			

9-11-09. Jr.
Mrs Hutch. Smith
Jerintown, Pa.

										<i>G.</i>	<i>G.</i>		
										<i>G.</i>	<i>G.</i>		
										<i>G.</i>	<i>Ex</i>		
										<i>2.20</i>	<i>2.</i>		

Jr.
10-21-09 *Nov. 11-09*

~~203.~~

3319

BRIEF.

Application of

John Mishler

FOR THE ENROLLMENT OF

Lillian Mishler

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Spring Brook Wis.

Date of enrollment, _____, 190

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



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 Pa, of Lillian Mishler, female, I, John Mishler (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Spring Brook P. O., State of Wisconsin, do hereby voluntarily consent and agree to enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Spring Brook Wis on March 17, 1892 that the father, John Mishler, is a 1/2 Indian of the Chippewa (Name of father.) (Is or was.) (Degree.) Tribe located at Sepant Agency; that he left the tribe about 1869; (Approximate date.) that the mother, Louise Mishler, is a 1/4 Indian of the Chippewa (Name.) (Is or was.) (Degree.) Tribe located at Sepant Agency, and left the tribe about 1875; (Approximate date.) that the said child was born and reared in the United States, and now actually resides therein; and that he 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>Spring Brook Wis</u>	<u>6 years</u>			<u>5th</u>

This 15 day of Sept, 1908

Two witnesses:

Boff Neumann

John Mishler
(Parent, guardian, or next of kin.)

Thos. H. Fielhing

P. O. Spring Brook Wis

(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, John Mishler, do hereby swear that the statements made in the above application are true.

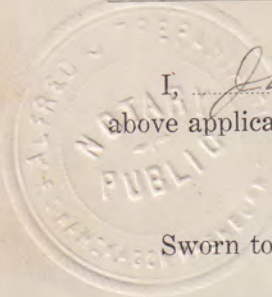
John Mishler
(Signature of applicant.)
Louise Mishler
(Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 15 day of Sept, 1908

Alfred J. Trepiano

(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.)

my commission Expires Sept 5- 1909



Certificate of Physician.

I, *J. P. Bay*, a practicing physician of *Spencer Vt*, do hereby certify that I have carefully examined *Lillian Muehler*,

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 *15th* day of *September*, 190*8* *J. P. Bay*, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, *Robt Newman*, a *Town Clerk* of *Spring Brook, Vt*, do hereby certify that I am personally acquainted with *John Muehler* who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Lillian Muehler*; 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 *he has a large family and is unable to give her an education and support*

This *15th* day of *Sept*, 190*8* *Robt Newman*

VOUCHER No. 2.

I, *Thos H Fielding*, a *General Merchant* of *Troy, Vt*, do hereby certify that I am personally acquainted with *John Muehler*, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Lillian Muehler*; 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 *he has a large family and is unable to give her an education & support*

This *15th* day of *Sept*, 190*8* *Thos. H. Fielding*



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.
