

3332

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2310	ENGLISH NAME Edna Dostater	AGENCY Cattaraugus	NATION Cayuga.
BAND (mother)	INDIAN NAME Josephine Dostater	HOME ADDRESS Orlando Dostater Versailles, N. Y.	
PARENTS LIVING OR DEAD	BLOOD Full	AGE 14	HEIGHT 5-2½
FATHER, L	MOTHER, L	WEIGHT 127	FORCED INSP. 35
ARRIVED AT SCHOOL Sept. 11-1908	FOR WHAT PERIOD 5 yrs.	DATE DISCHARGED Feb. 8, 1911	CAUSE OF DISCHARGE Failed to return
TO COUNTRY 6-21-'09	PATRONS NAME AND ADDRESS On leave		FROM COUNTRY

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle, 72
Common Sch. Cattaraugus Res.
Grade entered at Carlisle, 5th.
Grade at date of Discharge,
Trade or Industry,
Church, Methodist
miles to sch. 6

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER		ENGLISH NAME		AGENCY		NATION		
2310		Edna Duxtator		Cattaraugus		Cayuga		
BAND		INDIAN NAME		HOME ADDRESS				
		(Mother) Josephine Duxtator		Orlando Duxtator, Versailles, N. Y.				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXP.	SEX.
FATHER	MOTHER							
Living	Living	Full	14	5-2½	127	35	32½	F
ARRIVED AT SCHOOL		FOR WHAT PERIOD		DATE OF DISCHARGE		CAUSE OF DISCHARGE		
Sept, 11, 1908		5 years		Feb, 8, 1911		Failed to return		
MONTHS IN SCHOOL BEFORE CARLISLE		GRADE ENTERED	GRADE AT DATE OF DISCHARGE		TRADE OR INDUSTRY		CHURCH	MILES TO SCHOOL
72-Com.Sch.Cat.Res.		5th					Methodist	

[illegible]

5-192

BRIEF.

APPLICATION OF

Orlando Daxtader

FOR THE ENROLLMENT OF

Edna K. Daxtader

IN THE INDIAN SCHOOL AT

Carlisle Pa

POST OFFICE ADDRESS OF APPLICANT:

Versailles

Date of enrollment, _____, 190

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

NAME OF COLLECTING AGENT:

Position, _____

This is to certify that

Edna Doxtator,

^{and}

Morris Kouff,

have been pupils of
mine for seven years,
and they have always
been studious, and
prompt in their attendance

Nettie C. Pierce,

Versailles

Aug. 28. 1908.

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 Edna K Duxtader, female, I, Orlando Duxtader (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Versailles P. O., State of N.Y., do hereby voluntarily consent and agree to her 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 Brant N.Y. on Nov 5-1893 (Date.) that the father, Orlando Duxtader, is a full blood Indian of the Cayuga Tribe (Name of father.) (Is or was.) (Degree.) Tribe located at Cattaraugus Res Agency; that he left the tribe about _____; (Approximate date.) that the mother, Josephine Duxtader, is a full blood Indian of the Cayuga (Name.) (Is or was.) (Degree.) Tribe located at Cattaraugus Res Agency, and left the tribe about _____; that (Approximate date.) 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>Common School</u>	<u>Cattaraugus Res</u>				

This 26 day of August, 1908

Two witnesses:

Halla Wells.Orlando Duxtader
(Parent, guardian, or next of kin.)P. O., Versailles N.Y.

(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, Orlando Duxtader, do hereby swear that the statements made in the above application are true.

Orlando Duxtader
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 26th day of August, 1908

Ida L. Bunn

(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.)

CERTIFICATE OF PHYSICIAN.

I, P. D. Laxo, a practicing physician of Louwande, Ind,
do hereby certify that I have carefully examined Educa K Dostatee,
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 24 day of Aug, 190 8 P. D. Laxo M. D.,
Agency Physician

VOUCHER OF SOLICITOR FOR SCHOOL.

I hereby certify that I was present and witnessed the execution of the foregoing application
made by _____; that its contents were explained or interpreted to
(Parent, guardian, or next of kin.)
by _____; that I believe _____ understood the purport
(Name of interpreter.)
thereof; that I was present at the medical examination of the child named herein; that _____
resides with _____, in or near the town of _____;
(Name of person—parent, guardian, etc.)
that the child can not have adequate and proper educational facilities at home for the reason that _____

Dated at _____
this _____ day of _____, 190 _____
(Official title.)

(NOTE.—This voucher must be executed by the official representative of the nonreservation school to which application
is made. Pupils and Indian solicitors will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.

VOUCHER NO. 1.

I, _____, a _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with _____
_____ who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with _____; that
(Name of child.)
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 _____

This _____ day of _____, 190 _____

VOUCHER NO. 2.

I, _____, a _____ of
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with _____; that
(Name of child.)
he is known and recognized in the community in which he lives as an Indian; and that in my
opinion he can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190 _____

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful exami-
(As soon after arrival as possible.)
nation of the physical condition of _____, the child named in
the foregoing 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 special 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.

3332 **PHYSICAL RECORD,**

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Doytator Edna* DATE *Dec 19 08*AGE *16* YEARS { NEW { STUDENT. *Maynaga* STATE *N.Y.*

DEGREE OF INDIAN BLOOD

INSPECTION *Well developed.*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE
{ RESP. MURMUR *Normal*

HEART SOUNDS

MENSURATION { INSP. *33 1/2*
{ EXP. *31 1/2* RESPIRATION *18* PULSE *72*TEMPERATURE *98.6* degs. HEIGHT *5* FT. *2 1/2* IN. WEIGHT *129* LBS.VISION *10/10* VACCINATION *good. Rev. 12/08 + 12/09*MENSTRUATION *Irregular and painful at times.*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER	<i>yes</i>	<i>Consumption</i>		
BROTHERS {	<i>3</i>	<i>good</i>		
SISTERS {	<i>3</i>	<i>good</i>	<i>1</i>	<i>Consumption.</i>

PERSONAL HISTORY:

Cough for past 3 months - some expectoration.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

3332

NAME.

TRIBE.

PARENT OR GUARDIAN.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

Edna Doxtater

Cayuga

(Mother.) Josephine Doxtater

Sept. 11, 1908. Five Years 14

Orlando Doxtater
Versailles, N. Y.

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

7

Ex.

Ex.

For
family
House

Good

V. Good

2-4

Med.

V. Good

Home

NAME AT CARLISLE

PRESENT NAME

Edna Doytator
Mrs. Kennedy