

3332

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2310	ENGLISH NAME Edna Doxtater	AGENCY Cattaraugas	NATION Cayuga.					
BAND (mother) Josephine Doxtater	INDIAN NAME	HOME ADDRESS Orlando Doxtater Versailles, N. Y.						
PARENTS LIVING OR DEAD FATHER, L MOTHER, L		BLOOD Frell	AGE 14	HEIGHT 5-2 1/2	WEIGHT 127	FORCED INSP. 35	FORCED EXPR. 32 1/2	SEX. F
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., MUSKEGON-CHICAGO 33877								

Months in school before Carlisle, 72
Common Sch. Cattaraugas Res.

Grade entered at Carlisle, 5th.
5th

Grade at date of Discharge,

Trade or Industry,

Church, Methodist
miles to sch. 6

CARLISLE INDIAN INDUSTRIAL SCHOOL

3332

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

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 ^{and} Doptator,

Morris Kauff.

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

Kathie Q. 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 Verailles 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 (Not less than 3.) and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Brent 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 _____; 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 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., Verailles 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, 1908Ida L. Burn

notary public

(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, C. P. Ladd, a practicing physician of Towanda, N.Y.

do hereby certify that I have carefully examined *Edua A. Doxstader*,
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, 1908,

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

This _____ day of _____, 190_____
6-871

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 statements 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 examination 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

Dixtator, Edna DATE Dec 1908

AGE 16 YEARS

{ NEW RETURNED }

STUDENT.

TRIBE Cayuga STATE N.Y.

DEGREE OF INDIAN BLOOD.

INSPECTION

Well developed.

PALPATION

Normal

PERCUSSION

Normal

AUSCULTATION

{ RESONANCE

{ RESP. MURMUR

Normal

HEART SOUNDS

MENSURATION

{ INSPI.

33 $\frac{1}{2}$

{ EXP.

31 $\frac{1}{2}$

RESPIRATION

18

PULSE

72

TEMPERATURE

98 $\frac{1}{2}$

degs.

HEIGHT

5

FT.

2 $\frac{1}{2}$

IN.

129

LBS.

VISION

1 $\frac{1}{2}$ /10

VACCINATION

good. Rev. 1 $\frac{1}{2}$ /08 + 1 $\frac{1}{2}$ /09

MENSTRUATION

Irregular and painful at times.

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	Yes	good		
MOTHER	Yes	Consumption		
BROTHERS	3	good	1	Consumption.
SISTERS	3	good		

PERSONAL HISTORY:

Cough for past 3 months - some expectoration.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

3332

NAME.

Edna Doxtater

TRIBE.

Seneca

PARENT OR GUARDIAN.

Mother, Josephine Doxtater

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

Orlando Doxtater
Versailles, N. Y.

Sept. 11, 1908. Five Years 14

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.
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Jan. '09
July '09

7	Ex.	Ex.	Good for family	Good	Very Good	2-4	Med.	Very Good		
			House	"	"	"	Good	"		

Home

3332. REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

Edna Doytator
Mrs. Kennedy.

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1911		Versailles, N.Y.	Housewife	Married. Carlisle ^{Ex} Student. Kennedy - Mar. 1911.	