

3379

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6021	ENGLISH NAME Mike Gordon	AGENCY		NATION Chippewa				
BAND Red Cliff (Ath.) Bad River (mole.)	INDIAN NAME	HOME ADDRESS Eli Gordon, Hath. Bayfield, Wis.						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.	
Eli Gordon FATHER,	Angeline Gordon MOTHER,	1/2	19	5' 10 1/4	150	37	34	M.
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE				
Oct. 15, 1909	Three Years.	Feb. 8, 1911		Failed to return				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
4-15-10	On leave							

THE SHAW-WALKER CO., MUSKEGON, 79104

Months in school before Carlisle, .....

Sister's Sch., Bayfield, Wis.

Grade entered at Carlisle, ... 3rd ...

Grade at date of Discharge, .....

Trade or Industry, .....

Church, ... Catholic ...

Miles to sch.

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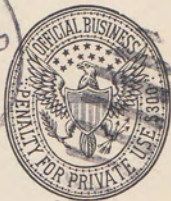
Camp Grant Ill.  
March 2, 1918.

Mr. John Francis Jr. Supt.  
Carlisle Pa Indian school.

Dear Sir: Your letter  
of Feb. 27<sup>th</sup> received,  
requesting my taking  
out of War Risk Insur-  
ance, In regards to this  
would beg to advise  
you, that I have not  
overlooked the chance  
of taking out this  
insurance, but took  
the full amount.

Hoping that it may  
never occur, for the  
government to pay me this  
back, I beg to remain  
as one of your school  
With regards to old Carlisle  
I am as ever Sgt. James M. Jody

Department of the Interior.



*Mr. M. Friedman*

*Supt. U. S. Indian School*

*Carlisle*

*Pennsylvania*

6-3305

✓  
3379

*Jan. 19<sup>th</sup>*, 1914

Name

*Mike Gordon James Michael Gordon*  
(Please give name by which enrolled and also present or married name.)

Tribe

*Chippewa*

Present Address

*Bayfield Wisconsin*

Former Address

" "

(Address from which we heard from you last.)

Present Occupation

*Automobile Repairer.*

Remarks:

*I would like to get into  
the Government Service in any  
kind of work.*

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January 26, 1917.

Sergeant James Michael Gordon  
Co. G. Reg. 341st Inf. National Army  
Camp Grant, Illinois.

Dear Sir:-

I enclose herewith a statement showing the dates of your enrolment and discharge from this school. Had you remained at Carlisle during the term for which you signed, we might have been able to give you more.

Very truly yours

Superintendent.

NRD

Inc.

January 26, 1918.

To Whom it May Concern:-

This is to certify that James Michael Gordon was a pupil of this school from October 15, 1909 to April 15, 1910.

The records show that while a pupil here his conduct varied from Good to Very Good and his scholarship was "Excellent".

Signed,- --Jehn-Francis,-Jr.,-----  
Superintendent.

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

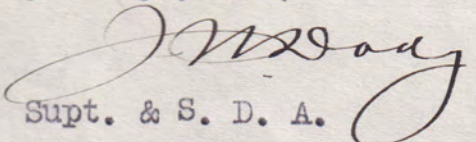
Red Cliff Agency,  
Bayfield, Wis.,  
Jan. 22, 1918.

Mr. John Francis Jr., Supt.,  
Carlsile Indian School,  
Carlisle, Pa.

Dear Mr. Francis:

Mr. James M. Gordon, a former student of Carlisle, writes me that he must have documentary evidence of his attendance at Carlisle school, in order to assist him in securing a commission in the aviation section of the Signal Corps. He is now a Sergeant in Co. G. Reg. 341st Inf., National Army, Camp Grant, Ill. Mike is ambitious to secure a commission, and I understand that the people at Camp Grant are favorably impressed with him and I think he may secure his commission. He will appreciate an immediate reply, and in order to save time I would suggest that you write him at the address given, instead of writing to me, although I will be pleased to have a record of your statement in order to put in his file in this office.

Very truly yours,

  
Supt. & S. D. A.

JWD/MAS

3379

5-192 a.

BRIEF.

APPLICATION OF

*Mike Gordon*

FOR THE ENROLLMENT OF

*Himself*

IN THE INDIAN SCHOOL AT

*Carlisle Pa.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*La Pointe Agency, Wis.*

Date of enrollment, *October 13<sup>th</sup>*, 190*9*

Term of enrollment, *Three* (*3*) 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 Carlisle, Pennsylvania

of Mike Gordon; male; date of birth Oct. 3, 1890;  
(Name of child.) (Sex.)  
Chippewa  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Eli Gordon</u>	<u>living</u>	<u>Chippewa</u>	<u>Red Cliff</u>	<u>one half</u>
NAME OF MOTHER.				
<u>Angeline Gordon</u>	<u>living</u>	<u>Chippewa</u>	<u>Bad River</u>	<u>one half</u>

I, Mike Gordon, do hereby voluntarily consent and agree to my  
(Parent, guardian, or next of kin.)  
 enrollment in said school for a period of three years, and also obligate myself to abide by  
(Not less than 3.)  
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Sisters School</u>			<u>Have attended no school for several years</u>	
2. <u>Bayfield, Wis</u>				
3.				
4.				

Mike Gordon  
(Parent, guardian, or next of kin.)

P. O. address: Bayfield  
Wis

Two witnesses:

F. H. LaBonte  
F. V. Holston



PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find *him* 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 *12<sup>th</sup>* day of *Oct*, 190*9*

*J. H. Bannum*

Physician at *Red Cliff Res.* Agency.

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 *Mike Gordon* was voluntary, and I recommend the transfer of the said child.  
(Parent, guardian, or next of kin.)

This *13<sup>th</sup>* day of *October*, 190*9*

*J. W. Hoanupbell*  
Supt. & G. P. Dist. Agent or Superintendent.

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 \_\_\_\_\_

(As soon after arrival as possible.)

I therefore recommend that the said child be \_\_\_\_\_ enrolled in this school.

This \_\_\_\_\_ day of \_\_\_\_\_, 190

School Physician.

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.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

## INDORSEMENTS.

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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; but in all cases where the parents are living they should first be consulted.

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

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

3379  
 NAME OF PUPIL Gordon, Mike DATE 10/19 1909

AGE 19 YEARS { NEW RETURNED } STUDENT. TRIBE Chippewa STATE Wis

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Fair development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
 RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 37 RESPIRATION 16 PULSE 64  
 EXP. 34

TEMPERATURE 98° degs. HEIGHT 5 FT 10 1/4 IN. WEIGHT 150 LBS.

VISION 10/110 VACCINATION Oct. 19/09

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	yes.	Good		
MOTHER	yes.	Good		
BROTHERS			1	
SISTERS	1	Not good		

PERSONAL HISTORY:

Had typhoid fever at 8 yrs. of age  
Had measles six years ago

REMARKS:



# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Gordon, Mike DATE 12/9 1909

AGE 19 YEARS { NEW STUDENT. TRIBE Chippewa STATE Wis.  
 { RETURNED }

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Fair development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
 { RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 37 RESPIRATION 16 PULSE 64  
 { EXP. 34

TEMPERATURE 98.6 degs. HEIGHT 5' FT 10 1/4 IN. WEIGHT 150 LBS.

VISION 12/10 VACCINATION Oct, 19/09

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Good</u>		
MOTHER	<u>"</u>	<u>Good</u>		
BROTHERS {			<u>1</u>	
SISTERS {	<u>1</u>	<u>Not good</u>		

PERSONAL HISTORY:

Had typhoid fever at 8 yrs of age  
Had measles six years ago

REMARKS:

**Property Committee**

C. M. LIGGETT  
S. M. GOODYEAR

**Books and Supplies  
Committee**

S. M. GOODYEAR  
L. R. BRENNEMAN

**Finance and Audit  
Committee**

L. R. BRENNEMAN  
T. GROVE TRITT

**School District**  
of the  
**Borough of Carlisle, Pennsylvania**

**MILLARD F. THOMPSON, President**

**S. M. GOODYEAR, Secretary**

**A. M. GHER, Treas.**

**JOHN C. WAGNER, Superintendent**

**Grading and Transfer  
Committee**

**MONTGOMERY P. SELLERS**  
A. M. GHER

**Discipline Committee**

A. M. GHER  
C. M. LIGGETT

**Teachers' Committee**

T. GROVE TRITT  
MONTGOMERY P. SELLERS

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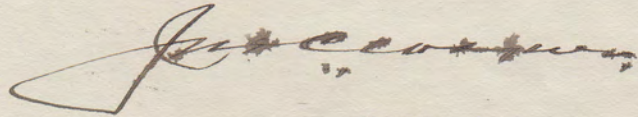
Sept. 29, 1913.

Supt. M. Friedman  
Carlisle Indian School.

Dear Mr. Friedman:

The inclosed papers came to me probably by mistake. I understand that Gordon was one of your boys.

Very truly yours,



Supt.

W/C.

In re. Mike Gordon

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

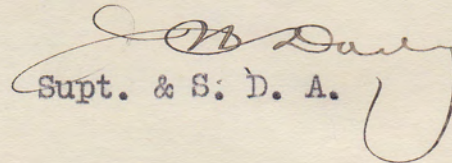
Red Cliff Agency,  
Bayfield, Wis.,  
Feb. 18, 1918.

Mr. John Francis, Jr., Supt.,  
Carlisle Indian School,  
Carlisle, Pa.

Dear Mr. Francis:

Enclosed find card addressed to Mike E. Gordon,  
Carlisle, Pa., which was forwarded to this office, then to  
Odanah, Wis, and back here again. Wish to advise that we  
have been unable to locate this party either here or at Odanah.

Very respectfully,

  
Supt. & S. D. A.

JWD/MAS

# TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL *Walter Gordon*

TRADE *Printing -*

ABILITY *Fair - Did not "stick."*

CONDUCT *Good. (Chgd detail Feb'y - 71.)*

REMARKS *Was ill quite a bit.*

INSTRUCTOR *E. H. Miller*



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NAME: *Mike Gordon* TRIBE: *Chippewa* PARENT OR GUARDIAN: *Mother*  
 DATE ENROLLED: *Oct. 15, 1909.* TERM: *Three Years.* AGE: *19* HOME ADDRESS: *Angeline Gordon, Bayfield, Wis.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	
<i>Jan. '10</i>	<i>4</i>	<i>Ex.</i>	<i>V.G.</i>	<i>Print</i>	<i>Good</i>	<i>Good</i>	<i>118</i>	<i>Good</i>	<i>Good</i>			
<i>July '10</i>	<i>6</i>	<i>Ex.</i>	<i>V.G.</i>	<i>"</i>	<i>Fair</i>	<i>F.</i>		<i>"</i>	<i>"</i>			

