

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3380

| | | | |
|--|-------------------------------------|---|---|
| NUMBER 5009 | ENGLISH NAME Walter Hamilton | AGENCY Omaha | NATION Omaha |
| BAND | INDIAN NAME Father Jas. Hamilton | HOME ADDRESS Minnie Hamilton, Walt Hill, Neb. | |
| PARENTS LIVING OR DEAD | BLOOD 1/2 | AGE Born 12-10-89 | HEIGHT 5' 8" |
| FATHER, <i>A</i> | MOTHER, <i>L</i> | WEIGHT 170 | FORCED INSP. 41 |
| ARRIVED AT SCHOOL <i>Dec. 21, 1908.</i> | FOR WHAT PERIOD <i>3 yrs.</i> | DATE DISCHARGED <i>Feb. 8, 1911</i> | CAUSE OF DISCHARGE <i>Failed to return</i> |
| TO COUNTRY | PATRONS NAME AND ADDRESS | FROM COUNTRY | |
| <i>6-23-'09</i> | <i>On Leave</i> | <i>10-24-'09</i> | |
| <i>10-25-'09</i> | " | | |

THE SHAW-WALKER CO., MUSKOGEE, 79/04

Months in school before Carlisle, *100*

Chamberlain, S. D. 1904-'08 Grad.

Dis. Walt Hill -

Grade entered at Carlisle, *8th gr.*

9

Grade at date of Discharge,

Trade or Industry,

Church, *2nd Presbyterian*

Miles to sch. 2 1/2

3380

BRIEF.

Application of

Walter Hamilton

FOR THE ENROLLMENT OF

Walter Hamilton

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

(Mother) Matt Hill, Neb.

Date of enrollment, *Jan. 8*, 190*9*

Term of enrollment, *Three* (*3*) years

AFFIDAVIT.

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 _____, of _____,

Walter Hamilton, M, I, Walter Hamilton
(Name of child.) (Sex.) (Parent, guardian, or next of kin.)
 of Halt Hill P. O., State of neb., do hereby voluntarily consent

and agree to my enrollment in said school for a period of 3 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 Quinton, neb. on Jan Dec 10, '89
(Date.)
 that the father, Jas. Hamilton, a Full Indian of the Omaha
(Name of father.) (Is or was.) (Degree.)
 Tribe located at Omaha Agency; that he left the tribe about _____;
(Approximate date.)
 that the mother, Minnie Hamilton, a White Indian of the _____
(Name.) (Is or was.) (Degree.)
 Tribe located at _____ 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>Chamberlain, S. D. District (Halt Hill)</u> | <u>Quinton, neb.</u> | <u>1904</u> | <u>1908</u> | <u>grad.</u> | <u>attended before Chamberlain</u> |

This 8 day of Jan., 1909
 Two witnesses:
Emma B. Hetrick
Will W. Miller

Walter Hamilton
(Parent, guardian, or next of kin.)
 P. O., Mrs. Halt Hill, neb.

(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, Walter Hamilton, do hereby swear that the statements made in the above application are true.

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

Sworn to and subscribed before me this _____ day of _____, 190

Walter Hamilton

(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, _____, a practicing physician of _____, do hereby certify that I have carefully examined _____, the child named in this application, and find that _____ 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 _____ day of _____, 190_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, _____, a _____ (Business, calling, or profession.), 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 _____ (Name of Child.); 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 _____

This _____ day of _____, 190_____

VOUCHER No. 2.

I, _____, a _____ (Business, calling, or profession.), 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 _____ (Name of child.); 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 _____

This _____ day of _____, 190_____



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 non-reservation 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.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

5380
 NAME OF PUPIL Hamilton, Walter DATE 17 1909

AGE 19 YEARS { NEW RETURNED } STUDENT. TRIBE Omaha STATE Nebr.

DEGREE OF INDIAN BLOOD.....

INSPECTION Development excellent

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
 RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 41 RESPIRATION 18 PULSE 68
 EXP. 36

TEMPERATURE 98 degs. HEIGHT 5 FT 8 1/2 IN. WEIGHT 170 LBS.

VISION 10/110 VACCINATION Jan. '05. Per. '28, '08

FAMILY HISTORY:

| | Living. | Condition of Health. | Dead. | Cause of death. |
|-------------|---------|----------------------|-------|--------------------|
| FATHER..... | | | yes | Consumption |
| MOTHER..... | yes | good | | |
| BROTHERS { | 1 | good | 2 | 1 ? 1 pneumonia |
| SISTERS { | | | | |

PERSONAL HISTORY:
Extensive scar from gun shot under left shoulder. Good health

REMARKS:

3380

NAME. *Walter Hamilton* TRIBE. *Omaha* PARENT OR GUARDIAN.
 DATE ENROLLED. *Dec. 21, 1908.* TERM. *Three Years* AGE. *20* HOME ADDRESS. *Minnie Hamilton,
 Salt Hill, Neb.*

| 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.'09</i> | | | | <i>carp</i> | <i>Good</i> | <i>Ex</i> | <i>209</i> | <i>V. Good</i> | <i>Good</i> | | | |
| <i>July'09</i> | <i>13</i> | <i>V. Good</i> | <i>V. Good</i> | <i>com.</i> | | | <i>"</i> | <i>Good</i> | <i>"</i> | | | <i>Expelled</i> |

Hamilton, Walter 3380 Ex-stew.

| | |
|------------------------------------|------|
| Agents' file | 634 |
| Transportation (C. B. & Q. R. Co.) | 2545 |
| Correspondence | 5534 |