

3423

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <b>3796</b>		ENGLISH NAME <i>Wallis Medicine Bull Tongue River</i>			AGENCY <i>Tongue River</i>		NATION <i>Cheyenne</i>		
BAND <i>Northern</i>		INDIAN NAME		HOME ADDRESS <i>4 father: Medicine Bull, Lame Deer, Mont</i>					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, <i>Living</i>		MOTHER, <i>Living</i>	<i>Full</i>	<i>2.0</i>	<i>5-5<sup>3</sup>/<sub>4</sub></i>	<i>143</i>	<i>36</i>	<i>33</i>	<i>M</i>
ARRIVED AT SCHOOL <b>FEB 28 1907</b>		FOR WHAT PERIOD <i>5 years</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>8/17/07</i>		<i>Ran</i>						<i>Retud</i>	
<i>14-4-'08</i>		<i>W. H. Ackers, Pennington, N. J.</i>						<i>8/27/07</i>	
<i>5-1-'08</i>		<i>Sara Schoch, Martins Creek, Pa.</i>						<i>8-29-'08</i>	
<i>1-27-'09</i>		<i>Home on leave</i>							

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle, .....

Grade entered at Carlisle, *1st.* .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, .....  
*miles to sch.*

*Brought by Supt Eddy.*

*Small Goiter*  
*F. S.*

3423

Name Willis Medicine Bull Tribe Cheyenne Age 20

Entered Feb. 27, 1907 Address Blusby Mont.

Trade Blacksmith Size of allotment no. 1 Father has

Nature of allotment F. arm

How much under cultivation? Don't know How much can be cultivated? Don't know

When you leave Carlisle do you expect to return home? Yes

What do you expect to do for your livelihood? F. arm

Have you previously worked at farming? Yes

Where? Father's farm How long? 1 yr.

Have you worked at a trade? no. What trade? —

Where? — How long? —

Remarks —

—

Date Mar. 12, 1907

3423

22

NAME.

Medicine, Willis.

TRIBE.

Cheyenne.

PARENT OR GUARDIAN.

Medicine Bull (Father).

DATE ENROLLED.

Feb. 28, 1907.

TERM.

5 Years.

AGE.

20

HOME ADDRESS.

Lamedeer, Mont.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room No.

Neatness

Conduct

Ability.

Conduct.

Apr. 08  
Jan 09

1 Good V. Good  
1 Good V. Good

Farm Good Ex

320 Fair Good

Good Good  
Fair Good

Home on leave

3423

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Medicine Bull Willis DATE 12/5 1908

AGE 21 YEARS { NEW RETURNED } STUDENT. TRIBE Cherokee STATE Mont.

DEGREE OF INDIAN BLOOD .....

INSPECTION well developed. Slightly round shouldered.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE .....  
RESP. MURMUR Normal

HEART SOUNDS .....

MENSURATION { INSP. 37 ..... RESPIRATION 22 PULSE 62  
EXP. 32 .....

TEMPERATURE 101/10 degs. HEIGHT 5 FT 5 1/2 IN. WEIGHT 153 1/2 LBS.

VISION ..... VACCINATION good. Ren 12/23/08

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER .....	<u>yes</u>	<u>poor</u>		
MOTHER .....	<u>yes</u>	<u>good</u>		
BROTHERS { .....	<u>1</u>	<u>good</u>		
SISTERS { .....	<u>1</u>	<u>good</u>		

PERSONAL HISTORY: negative

REMARKS: .....



669. 3423.

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION INDIAN SCHOOL.

Full name of child Willis Medicine Bull Indian name is \_\_\_\_\_  
name of mother \_\_\_\_\_, name of father Robt. Medicine Bull; name  
of mother \_\_\_\_\_; Tribe N. Cheyenne; Reser-  
vation Tongue River Mont; Degree of Indian blood of child full  
Is either parent white, if so, which \_\_\_\_\_; Are  
either or both allotted No; On what reservation \_\_\_\_\_  
Age of child 20; what reservation school attended \_\_\_\_\_  
Tongue River How long 1 year if ever enrolled in non-  
reservation school, how long 765; Name of school \_\_\_\_\_  
: When \_\_\_\_\_; if ever dis-  
missed from school, where \_\_\_\_\_; when \_\_\_\_\_, and  
for what reason \_\_\_\_\_

Signed Willis Medicine Bull

CONSENT BLANK.

Tongue River Mont  
Feb 22, 1897

The undersigned parent or guardian of \_\_\_\_\_  
hereby consents freely and without compulsion to the transfer of Willis Medicine Bull  
from Tongue River Mont school  
to the school at Carlisle Pa

Witness Elmore Little Chief Willis Medicine Bull  
2743blm

Montana, on the 23 day of Feb, 1907.  
B. B. Kelly, M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

The statements concerning the above named Willis Medicine Bull  
are believed by me to be correct, and I hereby recommend the  
transfer.  
Dated at Tongue River Agency W. Eddy Supt & S.D.A.  
Feb 23, 1907, 1907.

669. 3423.  
APPLICATION FOR ENROLLMENT IN A NON-RESERVATION INDIAN SCHOOL.

Full name of child Willis Medicine Bull Indian name is \_\_\_\_\_  
name of father Robt. Medicinebull; name of mother \_\_\_\_\_;  
Tribe Cheyenne; Reservation Tongue River Mont; Degree of Indian blood of child full  
Is either parent white, if so, which none; Are either or both allotted No; On what reservation \_\_\_\_\_  
Age of child 20; what reservation school attended Tongue River  
How long 1 year If ever enrolled in non-reservation school, how long not; Name of school \_\_\_\_\_  
When \_\_\_\_\_; If ever dismissed from school, where & \_\_\_\_\_; when \_\_\_\_\_, and for what reason \_\_\_\_\_

Signed Willis Medicine Bull

CONSENT BLANK.

I Willis Medicine parent, ~~xxx~~ guardian or next of kin to the above-mentioned child Willis Medicine Bull do hereby consent to \_\_\_\_\_ transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
dated at \_\_\_\_\_ Agency \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 1907.  
Signed) \_\_\_\_\_

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above mentioned child Willis Medicine Bull and have found him physically sound, and recommend the transfer so far as his or her health conditions are concerned. Dated at Busby, Montana, on the 23 day of Feb, 1907.

B. B. Kelly, M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

The statements concerning the above named Willis Medicinebull are believed by me to be correct, and I hereby recommend the transfer.  
Dated at Tongue River Agency, Feb 23, 1907, 1907. J. Eddy Supt & S.D.A.

-----oOo-----

845

APPLICATION FOR MEMBERSHIP IN A NON-EXERCISING OF INDIA

Full name of child \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Is child of Indian origin? \_\_\_\_\_  
 If yes, state the date of acquisition \_\_\_\_\_  
 Name of school \_\_\_\_\_  
 Date of admission \_\_\_\_\_  
 Name of school \_\_\_\_\_  
 Date of admission \_\_\_\_\_

COMMITTEE REPORT

I have carefully read the application and the report of the committee and find that the child is of Indian origin and is eligible for membership in the school. I recommend that the child be admitted to the school from the date of admission.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

PRINCIPAL'S CERTIFICATE

I hereby certify that I have personally examined the child mentioned above and find that he is of Indian origin and is eligible for admission to the school. I recommend that the child be admitted to the school from the date of admission.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

STATEMENT OF THE BOARD OF MANAGEMENT

The statement submitted by the applicant is correct and is believed to be true and correct. I hereby recommend that the child be admitted to the school from the date of admission.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_





Medicine-bull, Willis <sup>3423</sup> Ex-stu.

Leave of absence

870

Correspondence

2302

Agents file - money returned -

280