

3427

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
4057	Alpha Moses	N.Y.	Seneca
BAND	INDIAN NAME	HOME ADDRESS	
(Father)		Mary Moses, Ind. Falls, N.Y.	
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT
	Full	19	5' 6 3/4"
FATHER, L	MOTHER, L	WEIGHT	FORCED INSP.
		142	
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Oct. 5, 1908.	Five Years	Jan. 23, 1911	Deserted
TO COUNTRY	PATRON'S NAME AND ADDRESS	FROM COUNTRY	
4-29-'10	Chas. Hulick, Robbinsville, N.J.	7-5-'10	

THE SHAW-WALKER CO., MUSKOGEE, N. 79104

Months in school before Carlisle. 4.8
 Tonawanda Res. 2 yrs. 3rd. Gr.
 Wakfield Pub. " " " "
 Grade entered at Carlisle, 3rd. 4
 Grade at date of Discharge,
 Trade or Industry,
 Church 2nd. Presbyterian
 miles to sch. 3

4088,

3427.

BRIEF.

Application of

Alpha Moses

FOR THE ENROLLMENT OF

Self

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Indian Falls, N. Y.

Date of enrollment, _____, 190_____

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

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, of alpha Seneca, of alpha Alfred Moses, m, I, alpha Alfred Moses of Indian Falls P. O., State of N. Y., do hereby voluntarily consent and agree to my enrollment in said school for a period of 5 years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Indian Falls on 1890; that the father, William Moses, is a full Indian of the Seneca Tribe located at N. Y. Agency; that he left the tribe about did not leave; that the mother, Mary Moses, is a full Indian of the Onondaga Tribe located at N. Y. Agency, and left the tribe about 1890 to go to Seneca; 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>Jonestown Reservation</u>		<u>1900</u>	<u>1902</u>	<u>other school</u>	<u>3</u>
<u>Oakfield Public School</u>		<u>1902</u>	<u>1902</u>	<u>to go home.</u>	<u>3</u>

This 9 day of July, 1909.

Two witnesses:

Wm. H. Miller

alpha Moses
(Parent, guardian, or next of kin.)

Emma K. Hettrick

P. O.,

(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, _____, 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

(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 state-
ments 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 state-
ments 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.

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NAME OF PUPIL Moses, Alpha DATE 17 1908

AGE 17 YEARS { NEW STUDENT. TRIBE Seneca STATE N.Y.

DEGREE OF INDIAN BLOOD

INSPECTION Well developed.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE
 { RESP. MURMUR Normal

HEART SOUNDS

MENSURATION { INSP. 39
 { EXP. 33 RESPIRATION 24 PULSE 72

TEMPERATURE 98.6 degs. HEIGHT 5 FT. 8 1/4 IN. WEIGHT 135 LBS.

VISION 10 / 110 VACCINATION good 11/23/08

FAMILY HISTORY:

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

PERSONAL HISTORY: Good health

REMARKS:

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Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

July 22.

1911.

NAME Alpha Moses

1. Are you married and if so to whom? no

2. What is your present address? Syracuse N.Y. R.F. D No. 5 Box 97

3. Did you attend or graduate from any other schools after leaving Carlisle? no Give names of schools and dates if possible

4. What is your present occupation? Farm labor.

5. Tell something of your present home

6. What property in the way of land, stock, buildings, or money do you have?

7. Have you been in the Indian Service? In what positions? How long in each?

8. What other positions have you held since leaving Carlisle?

Mason

Farming.

9. Tell me anything else of interest connected with your life:

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

3427

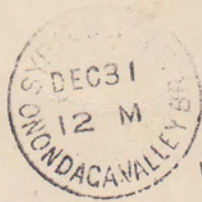
Texas City - Jan., 25 . 1917

Name Alpha Moses
(Please give name by which enrolled and also present or married name.)Tribe SenecaPresent Address Band 26th Inftry. Texas City - TexasFormer Address R.F.D. #5, Box 97. Syracuse, N. Y.
(Address from which we heard from you last.)Present Occupation Army Bandsman.

Remarks:

Very well satisfied.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

*60-688
9-3427*

Dec 29, 1912

Name: *Alpha Moses*

(Please give name by which enrolled and also present or married name.)

Tribe: *Seneca*

Present Address: *Syracuse N.Y.*

Former Address: *Syracuse N.Y.*
(Address from which we heard from you last.)

Present Occupation: *Farming*

Remarks:

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November 13, 1916.

Mr. Alpha Moses,
Band, 26th Infantry,
Texas City, Texas.

Dear Sir:

I am enclosing herewith a check for the amount of \$12.25, which is to balance your account on the books of this school. I shall appreciate it if you will immediately have this check cashed, in order to relieve us of any extra work in connection therewith.

I am enclosing herewith a franked envelope for reply, which requires no postage, and will thank you to give this matter your early attention.

Yours very truly,

CVP-RFH

Superintendent.

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NAME: *Alpha Moses Seneca*

PARENT OR GUARDIAN:

DATE ENROLLED: *Oct. 5, 1908.*

TERM: *Five Years*

AGE: *19*

HOME ADDRESS: *Mary Moses,
Ind. Falls, 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.	

<i>Jan. '09</i>				<i>Farm</i>	<i>Good</i>	<i>Et</i>	<i>210</i>	<i>Fair</i>	<i>Good</i>		
<i>July '09</i>	<i>4</i>	<i>Med.</i>	<i>U. Good</i>	<i>night</i>	<i>Ex</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>		
<i>Jan. '10</i>	<i>4</i>	<i>Good</i>	<i>U. Good</i>	<i>watch</i>	<i>Good</i>	<i>Good</i>	<i>227</i>	<i>Gd</i>	<i>Good</i>		
<i>July '10</i>	<i>4 1/2</i>	<i>G.</i>	<i>U. G.</i>					<i>Fair</i>	<i>V "</i>	<i>Gd</i>	<i>Gd</i>

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

n.y. 688

Name of Student *Alpha Moses.*

Home Address *Mary Moses, Ind. Falls, N.Y. Seneca Tribe*

Age at Entrance *19* Date of Entrance *10-5-'08* Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
------	------	------	------	-----	------	------	------	-------	------	------	------	------------------

Patron *Chas. Hulick.* Locality

Days in School

Address *Robbinsville, N.J.* R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing *4-29-'10.* Date Returned *Ran 7-3-'10* Wages

Earnings

July Aug. Sept. Oct. Nov. Dec. Jan Feb Mar Apr May June

g g
g g
g g
10. 14.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student		Home Address			Tribe												
Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron																	
Address			R. R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned	Wages		Earnings													

250-10-1

NAME AT CARLISLE

Alph Moses.

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1911	Self	RFD 15 - Box 97 Syracuse, N.Y.	Laborer		
1913	"	" " 26th Infantry Band	Farmer		
1914	"	Texas City, Texas	Army bandsman		

Moses, Alpha

3427

Ext-stu.

Parents correspondence

1374

Papers Executed

645-

Concerning Re-enrollment - Edna G. Foster

4902