

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Creek, S. D. 124
Tribe Sioux

Name of Student *Rebecca Firecloud* Home Address *Danielle F. Cloud, Crow*

Age at Entrance *17* Date of Entrance *9-26-'12* Shop _____

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

Patron *J. J. Phillips* Locality _____ Days in School _____

Address *Atglen, Pa.* R. R. Station _____ Conduct _____

Recommended by _____ Grade in School _____ Ability _____

Grade of Home _____ Church _____ Health _____

Date of Outing *4-10-'13* Date Returned *8-29-'13* Wages _____ Earnings _____

Miss Agnes Fox
Glenide, Pa.

Dr
8-29-'13 *4-9-'14*

124
DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

August 7th, 1914.
Crow Creek Agency,
Crow Creek, S.D., Aug. 4, 1914.

Supervisor O.H. Lipps,
In Charge Carlisle Indian School,
Carlisle, Pa.

Mr. W. C. Kohlenberg,
Superintendent, Crow Creek Agency,
Crow Creek, S. D.

Dear sir:

I herewith return two copies of the application of Rebecca
My dear Sir:

Fire Cloud for Sioux benefits, sent me with your letter of the 1st in-
stant, in order that you may sign the jurat on page 2 of each copy and
return them to me.

I am sending herewith two copies of the appli-
cation of Rebecca Fire Cloud for Sioux benefits, which
were returned to me to be completed with your letter of
August the 4th.

Very truly,
W. C. Kohlenberg
Superintendent.

Regretting the oversight, I remain,

Very truly yours,

HJB

Incls.

Encls.

HKM.

Supervisor in Charge.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Crow Creek Agency,
Crow Creek, S. D., Aug. 4, 1914.

Supervisor O. H. Lipps,
In Charge Carlisle Indian School,
Carlisle, Pa.

Dear sir:

I herewith return two copies of the application of Rebecca Fire Cloud for Sioux benefits, sent me with your letter of the 1st instant, in order that you may sign the jurat on page 2 of each copy and return them to me.

Very truly,

W. C. Kohlenberg
Superintendent.
(B)

HJB

Incls.

Department of the Interior.



The Superintendent

United States Indian School

Carlisle

Pennsylvania

6-3305

124

Crow Creek, S. D.

Jan 20, 1915.

Mr. O. H. Lippis.

Carlisle, Ind. Sch.

Carlisle, Pa.,

I arrived home safe
and well. The weather
is very cold here. I hope
that I may be able to
return again. My
best wishes to you all.

Yours truly,

Rebecca Fiedler

NAME Rebecca Faircloud Sex ^{Male.} Female.

Tribe ~~314~~ Sioux State South Dakota Sept 26, 1912

Age 17 years Respiration 18 Condition of Eyes O.K.

Height 5 ft. 3 1/2 ins. Mensuration { Insp. 34 Ears O.K.

Weight 131 lbs. { Exp. 30 Throat O.K.

Temperature 99.4 Vaccination yes Cervical glands O.K.

Pulse 72 Vision _____ Skin O.K.

Inspection Fairly well developed.

Palpation normal

Percussion normal

Auscultation normal

Heart normal

(Menstruation) regular

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	good		
Mother			yes	Dropsy 6 yrs ago
Brothers	2	1 good. 1 gland in neck	3	2 unknown / infancy
Sisters	1	rheumatism	3	unknown

Personal history none

Present condition good.

H. B. Fraley, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.
 Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.
 The reverse side is intended as a card-index case-record for use by all Service physicians.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Miss Agnes K. Fry*

Pupil's name *Rebecca Firewood Glenside Pa.*

General health of the pupil *Excellent*

Has pupil been ill the past two months? *No*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough? *No*

For how long has he had it?.....

Give the pupil's weight *133 lb.*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks:.....

Date *January 1, 1914*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address (Mrs) Agnes K. Foy
2/3 Millout Grove Turpike,
Pupil's name Rebecca Firecloud, Glenside, Pa.
General health of the pupil Excellent

Has pupil been ill the past two months? No.

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? No.

For how long has he had it?

Give the pupil's weight 136 lbs

Has the pupil any trouble with the eyes? No

Are the eyelids inflamed? No

Remarks:

Date March 1, 1914

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Miss Agnes J. Fox
215 Willow Grove Turnpike*

Pupil's name *Rebecca Firecloud Glenside Pa*

General health of the pupil *Excellent*

Has pupil been ill the past two months? *No*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough? *No*

For how long has he had it?.....

Give the pupil's weight *134 lbs*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks:.....

.....

.....

.....

Date *November 1, 1913.*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address

Pupil's name

General health of the pupil

Has pupil been ill the past two months?

Name of disease

Name and address of physician in attendance

Does the pupil have a cough?

For how long has he had it?

Give the pupil's weight

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

Date

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

*Miss Agnes P. Fox
215 Willow Street, Swinsick, Glenside Pa.*

Rebecca Finckel

Excellent

*Not since arrival here on
August 30, 1913*

No

128 lbs.

No

No

September 1, 1913

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs. J. J. Philips*

Pupil's name *Rebecca Fineloud*

General health of the pupil *Good*

Has pupil been ill the past two months? *Slightly*

Name of disease *Nose-bleed*

Name and address of the physician in attendance *Dr. Howard*
Algen Pa.

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *6 lbs more than last time*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No.*

Remarks: *Rebecca's nose bled and*

she got sick + dizzy. I

was afraid of faint and sent

for doctor. she is all right

now - Mrs. J. J. P.

Date

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs. L. J. Phelps*

Pupil's name *Rebecca Friedland*

General health of the pupil *Good*

Has pupil been ill the past two months? *Slight indisposition*

Name of disease *Nose-bleeding*

Name and address of the physician in attendance *Dr. Howard*

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *135*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks: *Rebecca's health is good -*

Had nose-bleeding one day, and

felt like fainting. I called in doctor

otherwise her health has been

fine. She is all right now -

Date *July 2 - 1913*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *(Mrs.) L. J. Phelps, Alpha Pa.*

Pupil's name *Rebecca Friedland*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *133 pounds*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed?

Remarks:

Date *May*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

Grosse, S. D.

Feb 8th, 1916.

Supt. O. H. Lipps,
Carlisle, Ind. Sch
Penn.

Dear Sir:

Enclose you will find
Twenty five (^{\$}25). For which
send me - the "Carlisle Arrow."

Respectfully Yours,
Rebecca Firecloud.

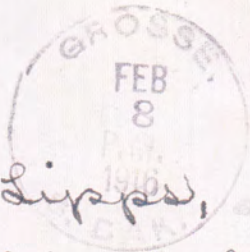
now

(address) Mrs. Redhale,
Grosse,
S. D.

Letter unsealed & the
25¢ not inclosed.

RF

Q. F. France



Supt. O. H. Lippes,
Carlisle, Ind. Sch.
Penn.,

3484

Febr. 11th, 1916.

Mrs. Rebecca Firecloud Redhale,

Grosse, So. Dak.

My dear Friend:

I must inform you that the letter you addressed to me on the 8th instant came to me this morning in an unsealed envelope and the amount of twenty-five cents you intended to enclose therewith was not in the envelope.

Please let me hear from you in regard to the matter so that it can be decided at once what further action must be taken.

Herewith I am having copies of this month's issues of our ARROW mailed to you.

Very truly yours,

Encls.

HKM.

Superintendent.

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REPRODUCED FOR USE
THROUGHOUT RESEARCH
COMPLEX

January 11th, 1915.

Mrs. Ewing:

Rebecca Firecloud is to leave for her at Crow Creek, South Dakota, on train at 5.40 on Wednesday evening, January the 13th.

You will please have her reported "dropped".

Kindly have a lunch prepared for her use, so that the small amount that can be given her for incidental expenses may be sufficient to pay for her meals after her first day away from Carlisle.

Very respectfully,

HKM.

Supervisor in Charge.

(Copy to Mr. Griffiths)

Mr. Griffiths:

Please have a conveyance sent to the Girls' Quarters in time on Wednesday evening of this week to take Rebecca Firecloud to the train that leaves at 5.40.

Very respectfully,

HKM.

Supervisor in Charge.

(Copy to Mrs. Ewing)

124.
Jan. 11th, 1915.

Mr. W. C. Kohlenberg,
Superintendent, Crow Creek Agency,
Crow Creek, S. D.

My dear Sir:

I have had correspondence with the Office at Washington relative to the return home of Rebecca Firecloud on account of the apparently incurable condition of her father. I have now been authorized to send her home and arrangements are being completed to have her leave here on Wednesday evening of this week. Transportation for her passage to Chamberlain will be procured for her use and the balance of the amount to her credit in our school bank not required to pay for her incidental traveling expenses enroute home will be applied as part payment of the cost of her ticket. The part of the cost that will not be covered by her own funds will be paid for from government funds.

Hoping it will be convenient for you to notify me when Rebecca has arrived at home and that she can then cooperate with you in caring for her father, I am,

Very respectfully,

HKM.

Supervisor in Charge.

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DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

August 1st, 1914.
Crow Creek, S. D., July 29, 1914.

Miss Rebecca Firecloud,
Thru Sup't Carlisle School,
Carlisle, Pa.

Mr. W. C. Kohlenberg,
Superintendent, Crow Creek Agency,
Crow Creek, S. D.

My dear Miss Firecloud,

I am in receipt of your letter of the 22nd instant relative to Sioux benefits due you, and have to say that you have not yet made formal application for these benefits, and, therefore, you will not receive the same at the issue now being made. I am enclosing three copies of the application form to be signed by you and returned to me, and upon receipt of the same properly executed I shall be pleased to issue a check for the amount due you.

I return to you herewith Rebecca Firecloud's application in triplicate for Sioux Benefits, duly signed and otherwise executed as was requested by you in your favor to her on July the 29th.

Very respectfully,

Encls.

HKM.

Supervisor in Charge.

I have written the form of application for 2 mares, 2 cows, and the balance in cash, or ALL CASH, and the words not applicable should be stricken out before you sign the application.

As you are a young lady and could neither use nor care for the stock or implements I advise that you take ALL CASH and have it deposited to your credit here, under supervision, and have it to use in fitting up a home at the proper time. To take stock and implements, or stock and cash, would be almost sure to result in great loss to you; you have no person who would give the stock proper attention and care, nor would any of your relatives use the implements.

Ask your Superintendent to fill out and sign the certificate at the bottom of page 1 of the application, and return all to me.

Very truly,

W. C. Kohlenberg
Superintendent
D

NJB
Incls.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Crow Creek Agency,
Crow Creek, S. D., July 29, 1914.

Miss Rebecca Firecloud,
Thru Sup't Carlisle School,
Carlisle, Pa.

My dear Miss Firecloud:

I am in receipt of your letter of the 22nd instant relative to Sioux benefits due you, and have to say that you have not yet made formal application for these benefits, and, therefore, you will not receive the same at the issue now being made. I am enclosing three copies of a form of application to be signed by you and returned to me, and upon receipt of the same properly executed I shall be pleased to present the matter to the Commissioner.

The REGULAR Sioux benefits consist of 2 mares, 2 cows with calves, wagon, harness, plow, harrow, hoe, axe, pitchfork, and \$50 in cash to be used in finishing a house. Upon proper showing any portion of the benefits in kind and the balance in cash may be given, or ALL CASH may be paid or deposited to the credit of the applicant and supervised as Individual Indian Money. The cash payment, total, now amounts to \$556.39, but the amount varies from year to year.

I have written the form of application for 2 mares, 2 cows, and the balance in cash, or ALL CASH, and the words not applicable should be stricken out before you sign the application.

As you are a young lady and could neither use nor care for the stock or implements I advise that you take ALL CASH and have it deposited to your credit here, under supervision, and have it to use in fitting up a home at the proper time. To take stock and implements, or stock and cash, would be almost sure to result in great loss to you; you have no person who would give the stock proper attention and care, nor would any of your relatives use the implements.

Ask your Superintendent to fill out and sign the certificate at the bottom of page 1 of the application, and return all to me.

Very truly,

W. C. Johnson
Superintendent.
(D)

HJB
Incls.

124

Crow Creek Agency, S. Dak.

Oct. 8th, 1913

Mr. H. Burt,

My dear Sir:

Mr. H. Burt,

Crow Creek Agency, S. D.

My dear Sir:

Your letter of Sept 30th to Daniel

Firecloud, he received today, and he asks me to write you for him. He is decidedly worried about his

The contents of your favor of October the 3rd have had my careful consideration, but I have learned upon inquiry at our Outing office that Rebecca Firecloud has not made any complaint to us here regarding the home where she is now located. Under the circumstances an investigation will have to be made by a representative from this school, so that it can then be decided what action may be advisable.

For the reason that our Girls' Outing Agent is now absent from the school this matter cannot be given attention immediately. However, I will write you again just as soon as additional information has been secured.

Very truly yours,

HKM. City visited Rebecca & remain Superintendent. the

Crow Creek Agcy. S. Dak.,
Oct 2 1913

Mr. M. Friedman, Sept.

My dear Sir:-

Your letter of Sept 30th to Daniel
Firecloud, he received today, and he asks me to write
you for him. He is decidedly worried about his
daughter Rebecca. The same mail that brought your
letter, brought another one from her. Daniel says
he has confidence in his daughter and he feels
that something must be wrong. She certainly
is very unhappy where she is. As compared with
her former outing place at Glendale - for she
used to write very nicely about that place and
the people she lived with. She says she has to
get up at four o'clock & does not get to bed
till ten - & has to work very hard. Daniel wishes
me to let you of this, and asks that you will look
closely into the matter. He says Mr. House the Superintendent
at Rapid City wanted Rebecca to remain there and go to the
High School - but she wished to go east, so he, Daniel,

Encouraged her going - he himself having been
sent to school at Hampton years ago -

Rebecca, in her letter received today, says if she is
to remain out during the winter, she wishes that she
may be placed with some other family -

As for myself dear sis, I know you are doing
the best you can for all under your care, and I
trust you will be able to make Rebecca more happy
and contented. I am with respect,

Very truly yours

A. Burt

Missionary

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A series of horizontal dotted lines for writing, with a small brown stain in the center.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Crow Creek Indian Agency,
Crow Creek, S.D., Jan. 20, 1915.

Mr. O. H. Lipps,
Supervisor in Charge,
Carlisle Indian School,
Carlisle, Penna.

Dear Mr. Lipps:

I have to advise you that Rebecca Fire Cloud arrived home safely and is now with her father. Her father is in poor condition and it is questionable if he will recover his health, of that he will live long.

Very truly yours,

[Handwritten Signature]
Supt. & Spl. Disb. Agent.

WCK

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3484

NUMBER 2777	ENGLISH NAME Rebecca Fire Cloud	AGENCY Crow Creek	NATION Sioux				
BAND Conce Yankton	INDIAN NAME	HOME ADDRESS Daniel Fire Cloud, Crow Creek, Dak.					
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 17	HEIGHT 5'2"	WEIGHT 124	FORCED INSP. 31	FORCED EXPR. 27	SEX. F.
FATHER, L	MOTHER, D	ARRIVED AT SCHOOL Sept. 26, 1912.		FOR WHAT PERIOD Five years	DATE DISCHARGED Jan. 13, 1915	CAUSE OF DISCHARGE Request of Office	
TO COUNTRY 4-10-13 8-29-13	PATRONS NAME AND ADDRESS T. J. Phillips Atglen Pa. Miss Agnes Fox, Plover, Pa.					FROM COUNTRY Pa. 4-9-14	

THE SHAW-WALKER CO., MINNEAPOLIS - 121031

Months in school before Carlisle,.....

Trade entered at Carlisle,

Trade at date of Discharge,.....

Trade or Industry,.....

Church, Episcopal

Miles to school - 60.

124

5-192 a

APPLICATION OF

Daniel Fire Cloud.

FOR THE ENROLLMENT OF

Rebecca Fire Cloud.

IN THE INDIAN SCHOOL AT

Carlisle Penna.

NAME OF AGENCY FROM WHICH PUPIL CAME:

~~Crow Creek S D~~

Date of enrollment, _____, 191

Term of enrollment, ~~_____~~ (~~5~~) 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, Penn.

of Rebecca Fire Cloud; Female; date of birth May 31, 1895;
(Name of child.) (Sex.)
Lower Yanktonai Sioux.
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Daniel Fire Cloud</u>	<u>living</u>	<u>L. Y. Sioux</u>		<u>full</u>
NAME OF MOTHER.				
<u>Sallie Fire Cloud</u>	<u>dead</u>	<u>L. Y. Sioux</u>		<u>half.</u>

I, Daniel Fire Cloud, do hereby voluntarily consent and agree to her
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of five 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>Crow Creek</u>	<u>1900</u>	<u>1903</u>	<u>Fam. to Chamberlain</u>	
2. <u>Chamberlain</u>	<u>1903</u>	<u>1909</u>	<u>Sch. abolished</u>	<u>6th</u>
3. <u>Rapid City</u>	<u>1909</u>	<u>1912</u>	<u>Graduated</u>	<u>8th</u>
4.				

file
Daniel Cloud
(Parent, guardian, or next of kin.)

P. O. address: Crow Creek

Two witnesses:

South Dakota

GOVERNMENT PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find her 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 29 day of August, 1912.

Arthur A. Eisenberg, M.D.
Physician at Crow Creek S. D.

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

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 Daniel Fire Cloud, father.
(Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them)

The applicant's mother is dead and father live alone. When applicant is home she care for the house, etc. Very little encouragement for a girl in reservation. The life of a young wife in most cases is a hard one as fuel and water is scarce. Such training as will enable pupils to make a living off the reservation, or industrial training is needed.

This 29 day of Aug, 1912

McShenney
Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

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 _____, 191 _____

Nonreservation 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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent 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.

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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

NAME Rebecca Fire Cloud

Sex ~~Male~~ Female

Tribe ~~Sioux~~ Crow Creek

State So. Dakota

Sept. 16, 1912

Age 17 years

Respiration 18

Condition of Eye Healthy

Height 5 ft. 2 ins.

Mensuration { Insp. 31

Ears Normal

Weight 124 lbs.

{ Exp. 27

Throat Tonsils enlarged

Temperature 98.4

Vaccination 1903

Cervical glands Normal

Pulse 84

Vision Normal

Skin Normal

Inspection Well developed

Palpation Normal

Percussion Normal

Auscultation Normal

Heart Normal

(Menstruation) Normal

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	X	Good		
Mother			X	Heart disease
Brothers <u>2</u>	X	Good	X	Not known
	X	Poor	X X	Not known
Sisters <u>1</u>	X	Good	X	Not known
			X X	Not known

Personal history Always in good health

Present condition Good

Ernest J. Alley, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil. Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks. The reverse side is intended as a card-index case-record for use by all Service physicians.

NAME Rebeka Firecloud Sex ~~Male~~ Female
 Tribe ~~314~~ Sioux State South Dakota Sept 26, 1912
 Age 17 years Respiration _____ Condition of Eyes O.K.
 Height _____ ft. _____ ins. Mensuration { Insp. 34 Ears O.K.
 Weight _____ lbs. { Exp. 30 Throat O.K.
 Temperature _____ Vaccination Yes Cervical glands O.K.
 Pulse _____ Vision _____ Skin O.K.
 Inspection Fairly well developed
 Palpation normal
 Percussion normal
 Auscultation normal
 Heart normal
 (Menstruation) regular

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>good</u>		
Mother			<u>yes</u>	<u>Dropsy 6 yrs ago</u>
Brothers	<u>2</u>	<u>1 good. 1 gland in neck</u>	<u>3</u>	<u>Unknown injury</u>
Sisters	<u>1</u>	<u>rheumatism</u>	<u>3</u>	<u>unknown</u>

Personal history none

Present condition good

H B. Frick, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.
 Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.
 The reverse side is intended as a card-index case-record for use by all Service physicians.

Patient Rebecca Furecloud, Carlisle, Pa., No 29

1912

Physician Fred Allen

Address

Nurse Margaret A. Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:30	994	72	14	6:00	L. A. & H.				
				7:00	Swabbed Throat				
				7:00	Low Tab.				
				8:00	L. H. & H.				
				9:00	Swabbed Throat				
8:00	1003	72	24						
8:30	1012	70	14		Nov. 30.	3:00	Milk		
				8:10	Swabbed Throat				
				9:00	L. H. & H.				
				10:00	Swabbed Throat				
				11:00	L. H. & H.				
				11:00	Low Tab.				
				12:00	Swabbed Throat				
				1:00	Low Tab.				
				2:00	Swabbed Throat				
				3:00	L. H. & H.				
				4:00	Throat Swabbed				
				5:00	Low Tab.				
				6:00	Swabbed Throat	8:00	Milk		
				7:00	Low Tab.				
				8:00	L. H. & H.				

Patient

Rebecca Fire Clay

Carlisle, Pa.,

Dec 1st

1912

Physician

J. F. ...

Nurse

F. Payne Bailey

Address

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8 am	99.9	64	22		Dec 1-12	10 ^{am}	Milk		up out of bed
5:30 ^{pm}	99.1	82	24	9:00	J H & H				
				11:00	Lois. Tab.				
				1:00	J H & H				
				3:00	Lois. Tab.				
				5:00	J H & H				
				6	Swab.				
				7	J. H. & H.				
8 am	98.2	80	28		Dec 2nd	10 ^{am}	Milk		
9:30	97.4	74	20	8:00	Throat Swab				
				9:00	J H & H				
				9:00	Lois. tab				
				10:00	Throat Swab				
				11:00	Lois. tab J H & H				
				12:00	Throat Swab				
				1:00	Lois. Tab.				
				2:00	Swabbed Throat				
				3:00	Lois. Tab.				
				4:00	Swabbed Throat				
				5:00	Lois. Tab.				
				6:00	Swabbed Throat				

Patient

Rebecca Finc cloud

Carlisle, Pa.,

Dec 3rd

1912

Physician

Francis

Address

Nurse

Mary A. Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
Jan	97.2	98	26	8:00	Throat Swab	10 ⁰⁰	Milk		
5:30 ^{PM}	98.2	72	22	9:00	Tonsil Tab. J. H. & H.				
				10:00	Throat Swab				
				11:00	Tonsil Tab. J. H. & H.				
				12:00	Throat Swab				
				1:00	Tonsil Tab. J. H. & H.				
				2:00	Throat Swab				
				3:00	Tonsil Tab. J. H. & H.				
				4:00	Throat Swab				
				5:00	Tonsil Tab. J. H. & H.				
				6:00	Throat Swab				
				7:00	Tonsil Tab. J. H. & H.				
				8:00	Throat Swab				
				9:00	Tonsil Tab. J. H. & H.				
Jan	98	86	18		Dec 4th				
5:30 ^{PM}	98.3	48	16	8:00	Throat Swab				
				9:00	Tonsil Tab. J. H. & H.				
				10:00	Throat Swab	3 ⁰⁰			
				11:00	Tonsil Tab. J. H. & H.				
				12:00	Throat Swab				

Patient Pelissa Finckland Carlisle, Pa., Dec 5th 1912 Physician W. H. Bailey
 Address _____ Nurse W. Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7 am	99	68	18	8:00	Throat Swab	10 ³	Milk		
5:30 P.M.	100.4	122	30	9:00	JH+H Louistab				
				10:00	Throat Swab				
				11:00	JH+H. Lou's tab				
				12:00	Throat Swab				
				6:00	Throat Swab				
				7:00	JH+H. Tom's Tab				
				8:00	Throat Swab	8:00	milk		
					Dec 6				
				8:00	Throat Swab				
				9:00	Louistab JH+H				
				10:00	Throat Swab				
				11:00	Lou's tab JH+H.				
				12:00	Throat Swab				
				1:00	Lou's Tab. JH+H.				
				2:00	Throat Swab.				
				3:00	Lou's Tab. JH+H.				
				4:00	Throat Swab.				
				5:00	Lou's Tab. JH+H.				
				6:00	Throat Swab.				

Patient *Rebecca Foxcloud* Carlisle, Pa., *Dec 6* 191 *2* Physician *H. B. Frabe*
 Address _____ Nurse *Bailey*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>8am</i>	<i>99</i>	<i>100</i>	<i>24</i>	<i>7:00</i>	<i>Tons. Tab. Cough mix</i>	<i>10^{am}</i>	<i>Milk</i>		
<i>5:40^{pm}</i>	<i>101.2</i>	<i>102</i>	<i>20</i>	<i>8:00</i>	<i>Throat Swab</i>	<i>8:00</i>	<i>milk</i>		
					<i>Dec 7</i>				
				<i>8:00</i>	<i>Throat Swab</i>				
				<i>9:00</i>	<i>Tonsil tab 14 + 14</i>				
				<i>10:00</i>	<i>Throat Swab</i>				
				<i>11:00</i>	<i>Tonsil tab 14 + 14</i>				
				<i>12:00</i>	<i>Throat Swab</i>				
				<i>1:00</i>	<i>Tonsil Tab " "</i>				
<i>8am</i>	<i>98.1</i>	<i>78</i>	<i>24</i>		<i>Dec 7th</i>	<i>10^{am}</i>	<i>Milk</i>		
<i>5:40^{pm}</i>	<i>97.1</i>	<i>84</i>	<i>22</i>	<i>2:00</i>	<i>Throat Swab</i>				
				<i>3:00</i>	<i>Tonsil tab Cough mix</i>				
				<i>4:00</i>	<i>Throat Swab</i>	<i>8:00</i>	<i>milk</i>		
				<i>5:00</i>	<i>Tonsil tab cough mix</i>				
				<i>6:00</i>	<i>Throat Swab</i>				
				<i>7:00</i>	<i>Tonsil tab cough mix</i>				
				<i>8:00</i>	<i>Throat Swab</i>				
				<i>9:00</i>	<i>Tonsil Tab. cough mix</i>				
				<i>10:00</i>	<i>Throat Swab</i>	<i>3:00</i>	<i>Milk</i>		
				<i>11:00</i>	<i>Tonsil Tab. cough mix</i>				

Patient

Rebecca Fire Cloud

Carlisle, Pa.,

Dec. 8

1912

Physician

Frederick Allen

Address

Nurse

Mayme A Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8 am	99	90	18	12:00	Throat Swab.				
5:30 ^{pm}	98.3	74	24	1:00	Tons. Tab. cough mix.				
				2:00	Throat Swab.				
				3:00	Tons. Tab. cough mix.				
				4:00	Throat Swab.				
				5:00	Tons. Tab. cough mix.				
				6:00	Throat Swab.				
				7:00	Tons. Tab. cough mix.				
				8:00	Throat Swab -	8:00	milk		
8 am	97.3	100	22		Dec 9th	10 ^{pm}			Chief
5:30 ^{pm}	98.4	72	18	8:00	Throat Swab				
				9:00	Tons. tab. cough mix.				
				10:00	Throat Swab				
				11:00	Tons. tab. cough mix.				
				12:00	Throat Swab				
				1:00	Tons. Tab. Cough mix.				
				2:00	Throat Swab				
				3:00	Tons. Tab. Cough mix.				
				4:00	Throat Swab				

Patient Rebecca Firecloud Carlisle, Pa., Dec 11th 1912 Physician Fusli's
 Address _____ Nurse Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks	
				3:15	Tons. Tab + C. mix					
				6:15	Throat Swab					
				7:15	Tons. Tab + Cough mix					
				8:15	Throat Swab	8:15	milk			
				Dec 10 th						
8am	99.2	80	18	8:00	Throat Swab	10:00	milk			
5:30 P.M.	98.4	80	12	9:00	Tonistab cough mix					
				10:00	Throat Swab					
				11:00	Tonistab cough mix					
				12:00	Throat Swab					
				1:15	Tons Tab Cough Mix					
				2:15	Throat Swab					
				3:15	Tons Tab Cough Mix					
				4:15	Throat Swab					
				5:15	Tons Tab Cough Mix					
				6:15	Throat Swab					
				7:15	Tons Tab Cough Mix					
				8:15	Throat Swab	8:15	milk			

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Rebecca Friedland

AGE

DIAGNOSIS Tuberculosis & Bronchitis

ADMITTED

DISCHARGED

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Lower Brule Indian Agency.

Lower Brule, March 7th, 1913.

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Miss Rebecca Fire Cloud,

Carlisle, Indian School.

Carlisle, Pa.

Dr. Jno. E. Daugherty,
Superintendent, Lower Brule Indian Agency,
Lower Brule, So. Dak.

My dear Sir:

I return herewith copies of notices that were submitted to Rebecca Firecloud with your letter of March the 1st. The papers have been signed by Rebecca and have been otherwise executed as was requested by you.

Very truly yours,

Encls.

JLS.
Incl-2.

HKM.

Supt. & Spl. Insp. Superintendent.

J. E. Daugherty
By J. E. Daugherty

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Lower Brule Indian Agency.

Lower Brule, S. D. March 1, 1913.

Miss Rebecca Fire Cloud,

Carlisle, Indian School.

Carlisle, Pa.

Dear Madam:-

There is inclosed herewith ^{of} two notices of hearing to determine the heirs of Baptise and Mary Brazeau, deceased of this Reservation. You are directed to take the notices to the Superintendent and sign the same in his presence, and request him to execute the affidavit which is written on the notices. Please return the same to this office at once.

Very respectfully,

John C. Sufferd

Supt. & Spl. Disb. Agt.,

By J. C. Sufferd

JLS.
Incl-2.

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DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

October 20th, 1913.

Superintendent,

Crow Creek Agency,

Crow Creek, S.D.

CROW CREEK AGENCY,

Crow Creek, S.D., Oct., 7, 1913.

Dear Sir, Friedman,
Carlisle Indian School.

I have your favor of the 7th enclosing warrant for
24.60 in favor of Rebecca Firecloud. The same will be turned over to
her as desired. I enclose herewith Treasury Warrant #1989, settle-
ment #36964, payable to Rebecca Firecloud in the sum of \$24.60
the same being on account of a Per Capita payment made to adults
W.H.M.03. As Rebecca is now more than 18 years of age, the pay-
ment is being made her. Please have the warrant properly endorsed
by Rebecca Fire Cloud and deliver the same to her.

Respectfully,

Superintendent,

Very respectfully,

H. C. Kohlending
Supt. & Spl. Disb. Ag't.

IRCS: "1"

HJB:PB

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

CROW CREEK AGENCY,
Crow Creek, S.D., Oct., 7, 1913.

Supt. M. Friedman,
Carlisle Indian School,
Carlisle, Penna.

Dear Sir:-

I enclose herewith Treasury Warrant #1989, settlement #36964, payable to Rebecca Fire Cloud in the sum of \$24.60 the same being on account of a Per Capita payment made to adults in 1903. As Rebecca is now more than 18 years of age, the payment is being made her. Please have the warrant properly endorsed by Rebecca Fire Cloud and deliver the same to her.

Very respectfully,

W. C. Kohlenberg

Supt. & Spl. Disb. Ag't

INCS: *1*

HJB:PB