CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT NUMBER Rebeccative Clond Crow Creek Stone 277 HOME ADDRESS BAND Cover INDIAN NAME yankton Daniel Fire Cloud, Crow Creek, I Dak. BLOOD PARENTS LIVING OR DEAD 9. 31 MOTHER, CAUSE OF DISCHARGE FOR WHAT PERIOD ARRIVED AT SCHOOL parrons NAME AND ADDRESS Five years Sept. 26, 1912. TO COUNTR s atalin () 4-10-13 Miss agres 7 ox, Osleuside. (8-29-13 . AW-WALMER CU., MUSKEGON Months in school before Carlisle,..... Trade entered at Carlisle, Frade at do. of Discharge,..... trade or Industry, Miles & school - 60.

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|---|--------|---------|-------|---|------|----------|------|----------------------------------|-----------------------|--|---------|
| No. 2777 Refecca | | e Clo | ud | AGE. 17 | S. | TRIBE. | - | DEGREE OF INDIAN BLOOD. | VATION, IF POST OF | SENCY AND I ENROLLED; 1 FFICE OF FAM | F NOT, |
| DATE ENTERED. Months in School before enroll- ment here. Months IN WHAT GRADE OR ROOM. At date of this report. | | | | istance nearest public school from (Temporarily absent, outing, deserters, or special authorities for enrollment, or | | | | n sick leave, | | | |
| Sept26 12 | | | | 60mi | | TO COUNT | RY | FROM | I COUNTRY | DATE DISC | CHARGED |
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| Progres | s from | | (Date |) | ; - | | , t | to | (D: | ute) | -, |
| FIRST YEAR I | N THIS | SCHOOL | SE | PT. C | ост. | NOV. | DEC. | JAN | . FEB. | MAR. | APR. |
| Class or grade | | | | | | | | | | | |
| Academic | st | anding | | | | | | | | | |
| Industrial. | St | anding* | | | | | | | | | |
| Musical: Band | | | | | | | | | | | - |
| Vocal | | | | | | | | | | | |
| Orchestra. | | | | | | | | | | | |
| Deportment | st | anding* | | | | | | | | | |
| Physical condi | tion | | | | | | | | | | |
| Remarks: | | | | | (| | | | | | |
| "Y&F" ~ 1840~ | | | | | | | | | | | |

Name of Student Rebacca Firecloudome Address Daniel F. Cloud Crow ATribe Sioup Age at Entrance 17 Date of 9-26-12 Shop 1 SEB. MAR. APRY MAY SUNE JULY AUG. SEPT. OCT. NOV. DEC TOTAL OR AVERAGE Address Phillips Address Address Address Address Address Address Address Address Pa, Pa, Patron Locality Days in School R. R. Station y y Conduct 99. 299 Grade in School Ability Grade of Home Church Health Date of Outing 4-10-13 Returned 8-29-13 Wages Earnings miss Agnes Fox Gleneide Pa. 2r 8-29-13 4-9-14

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

| Name of Student | Name of Student | | | | | | | | | | | | | | | | |
|------------------------------------|---------------------|--------|--------------------|-------------------|------|------|------|------|-----|------|------|------|-------|------|------|--------|---------------------|
| Name of Student Home Address Tribe | | | | | | | | | | | | | | | | | |
| Age at Entrance | Date of Entrance | Shop | | | JAN. | FEB. | MAR. | APR. | MAY | JUNE | JULY | AUG. | SEPT. | ост. | NOV. | DEC. | TOTAL OR AVERAGE |
| Patron | | L | ocality | Days in School | | | | | | | | | | | | | |
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| Recommended by | | | Grade in School | Ability | | | | | | | | | | | | | |
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| YAWMAN & FRRE MEG. CO., ROCK | HEATER N. Y. | | | | | | | | | | | | | | | 441027 | 214 4.00 |

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

August 7th, 1914.

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

Supervisor C.H.Lipps, In Charge Carlisle Indian School,

124

Mr. W. C. Kohlenberg, Superintendent, Grow Greek Agency, Grow Greek, S. D.

My dear Sir: Tire Cloud for Sioux benefits, sent me with your letter of the lat in-

I am sending herewith two copies of the application of Rebecca Fire Cloud for Sioux benefits, which were returned to me to be completed with your letter of

August the 4th.

Regretting the oversight, I remain,

HJ B

Very truly yours,

Enc

Supervisor in Charge.

Encls.

HKM.

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:

Mar. L. C. C.

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,

Superintendent.

HJB

Incls.

1-567 a Department of the Interior.



The Superintendent

United States Indian School

Carlisle

6-3305

Pennsylvania

Down Crulk, S.D. Jan 20, 1915. Nr. O. H. Sipps. Carlisle, did & ch. 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 urshes to you all. yours truly. Rebecca Firedand

| NAME R | ebeka Tr. | iricloud | | Sex { Maie: Female. |
|-----------------|-----------|------------------------|-------|--|
| Tribe | Siony | State South 2 | akota | 0 |
| Age | | ars Respiration | 7 | Condition of, Eyes. 0/K, |
| | tt. 3 - 1 | | | Ears |
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| Temperature . | 99.4 | Vaccination yes | | Cervical glands O.K. |
| | 72 | | | Skin |
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| | l | FAMILY HISTORY. | | |
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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.

6-1955

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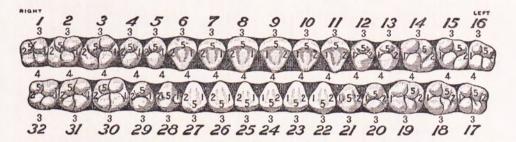
| CASE REC | ORD, | 5-35 | 54. | Name | | | | | |
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| DATE. | | | | SYMPTOMS. | TREATMENT. | DIAGNOSIS. | REMARKS. · | | |
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5-243 b

PUPIL'S DENTAL RECORD.

Name _____ en Im School _____

Date of examination _______ 191



| NO. | SUB. NO. | CONDITION OF TEETH, AND WORK REQUIRED. | WORK ACTUALLY DONE. | DATE, 191 |
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THIS RECORD IS TO BE RETAINED AT THE SCHOOL.

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.

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| Patron's name and address trys up nes to the |
| Pupil's name. Re reca 7 irectivite Sterrife |
| General health of the pupil. leftellent |
| Has pupil been ill the past two months? |
| Name of disease |
| Name and address of the physician in attendance |
| Does the pupil have a cough? |
| For how long has he had it? |
| Give the pupil's weight 13.3 MN |
| Has the pupil any trouble with the eyes? |
| Are the eyelids inflamed? |
| Remarks: |
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| Date Lanuary 1, 1914 |
| 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. |

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ATAR TAKE

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 This) appendent Finge |
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| Patron's name and address And Jupping The Pupil's name Reliced Firedond, Sternide |
| General health of the pupil devellent |
| Has pupil been ill the past two months? |
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| Name and address of physician in attendance |
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| For how long has he had it? |
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| Has the pupil any trouble with the eyes? |
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| Date March 1/9/4 In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case. |

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.

| the outing report for the month. |
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| Patron's name and address mins) agenes J. Figures |
| Pupil's name Reberra Fireelving Slewide Pa |
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| Name of disease |
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| Does the pupil have a cough? |
| For how long has he had it? |
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| Has the pupil any trouble with the eyes? |
| Are the eyelids inflamed? |
| Remarks: |
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| Changes her 1/9/3 |
| Date VIVIMWVV 1,1/1/V |

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.

| Khing Michael |
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| Patron's name and address Ange up 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Pupil's name Rebecca Finelynd Pac |
| General health of the pupil affecting the second se |
| Has pupil been ill the past two months? AM since, and here on angust 30, 19/3 |
| Name of disease |
| Name and address of physician in attendance |
| Does the pupil have a cough? QUT |
| For how long has he had it? |
| Give the pupil's weight 128 lbs |
| Has the pupil any trouble with the eyes? |
| Are the eyelids inflamed? |
| Remarks: |
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| De September 1. 19/3 |
| In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case. |

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.

2 Patron's name and address. Pupil's name ... General health of the pupil..... Has pupil been ill the past two months?... Name of disease..... 120 Name and address of the physician in attendance..... Does the pupil have a cough?.... For how long has he had it?.... Give the pupil's weight 6 flbs m in Has the pupil any trouble with the eyes?.... Are the eyelids inflamed?..... Remarks: he is m Date...

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 the 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? Rema Date.

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 May. J. J. Q. Malaks, Maga

Pupil's name

General health of the pupil......

Name of disease.....

Name and address of the physician in attendance

Does the pupil have a cough? <u>ho</u>

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

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Give the pupil's weight 133 founds

Has the pupil any trouble with the eyes?.....

Are the eyelids inflamed?.....

Remarks:

Date_____

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Grosse, S. R. Fireb 8th, 1916. Supt. O. H. Lipps, Carlisle, Ind. Sch Penn. Dear Siv: Enclose you will jul Twenty five (?25). I've which send me The "Carlisle arow." Rebecca Firecloudy. now (address) Mrs. Redhale, Grosse, 9.10 Letter unsealed & the all

SPOSTAGE Supt. O. H. Suppes, Carlisle, Ind. Sch. Penn.



Fobr. 11th, 1916.

Mrs. Rebecca Firecloud Redhale.

Grosse, So. Dak.

3484

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.

Superintendent.

January 12th, 1915.

Mrs. Ewing:

Rebecca Fircoloud is to leave for her at Grow Greek, South Dakota, on train at 5.40 on Vednesday 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,

HKN.

Supervisor in Charge.

(Copy to Mr. Grifffiths)

Mr. Griffithe:

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

Very respectfully,

Supervisor in Charge.

HKM.

(Copy to Mrs. Ewing)

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 produced 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,

Supervisor in Charge.

HKM.

124 ARTMENT 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,

Mr. W. C. Kohlenherg, Grow Creek, S. P.

I am in receipt of your letter of the 22nd instant rel My dear Sicht benefits due you and have to say that you have not yet made formal application for these tenefits, and, therefore, closed 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. and 250 in cash to be used in kind and the balance in cash may Very respectfully. They be paid or deposited to the credit of the avery respectfully. They as Individual Indian Encls. The dash payment, total, now amounts to \$556.39, but the amount version year to year.

I have HKM. ten the form of application for Supervisor in Charge. balance in cash, or ALL CASH, and the words not applicable should be stricken our before you sign the application.

As you are a young lady and could neither use nor care for the stock or implements 7 advise that you take ADT. CASH and have it deposited to your predit 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 alomat sure to result un great less 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 ma. Very truly, M Cuperinter

Incla.

1235.

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 our 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 alomst sure to result un 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, N. C. Superir

HJB Incls.

Oct. 8th, 1913.

Francelles of Laph 30th to Damil

Crow Bruck aging & Dale

Mr. H. Burt,

In M. Freedmay, Leht-

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till

Crow Creek Agency, S. D. My dear Sir: He a decidedly cornied about his yen for

My dear Diri-

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. me to let you of this Very truly yours, mail long

closely into the matter. We says Mr. House the Superintentent

by gh there but the weather to go east, so he blaniel

et Reiten Ciej anostar Rebeere & vernain Superintendent. It

Combruck Rgig. S. Oak, Och 3. (913_

Mr. M. Friedmay, Left-My dear Siri-Formletter of Leht 30th & Daniel Finelond, he received today , and he cashes me to linte you for him. He is decidedly convied about his daughter Rebecca. The Same mail that brought gum letter, brought another me from her. Damiel days he has confidence in his daughter and he fills that something much be avong . The certainly is very renhappy where she is as compared with her former Outing place at Shendale - for she used & unite very nied, about that place and The people are lived with the says the has to get at form oclock & does not get bled till ten- + Les to work very hard - Damiel wishes me to let you of this, and asks that you will look closely into the matter. He says Mr. House to Superintendent et Rapid City wasted Rebecca & vernain thous and go lotto Bigt that - but the washes to go east, so he laniel,

Encouraged her going - he timself having been east to schere at Hampton years ago-Rebeccen is har letter received today, says I she is to remain out during the winter, she wishes that the may be plosed with some other family as for myself dearsis. I know you are doing to best you can for all under your care, and I mit you will be able to make Rebeace more happy and contented. I am with respect, Very hut your A. Burt Mission Missionay Sund and a strange of the second strange of the second and the second and the second and the second and the

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| School, who went to live with MIS_{\bullet} J. J. Millings (Cauge) of (Courte) (Cour | REPORT OF Rebecca Firecloud | v pupil of Carlisle Indian |
| of <u>the problem in the problem in th</u> | ~ / | Phillips |
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Any general statement or wishes of patron or pupils, together with Agent's estimate of

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,

Supti. & Spl. Disb. Agent.

WCK

5-192 a

APPLICATION OF

il Fine Cloud.

FOR THE ENROLLMENT OF

Fire Clo

3 1 2

years.

IN THE INDIAN SCHOOL AT

1. Per va.

NAME OF AGENCY FROM WHICH PUPIL CAME:



Date of enrollment,, 191

Term of enrollment,

NAME OF COLLECTING AGENT:

Position, 6-870

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

5-192 a

(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, Person.

of Rebecco Fire Cloud; Fenale; date of birth May 31, 1895; (Name of child.) Janktonii Sioux. NAME OF FATHER. LIVING OR DEAD. DEGREE OF INDIAN BLOOD. BAND. TRIBE. (Both Indian and English.) L. Y. Sinx is Cloud living NAME OF MOTHER. Sallie F'ire cloud dead &. y. Sinx I, Daniel I've Cloud, do hereby voluntarily consent and agree to here enrollment in said school for a period of ______ years, and also obligate myself to abide by 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. Crow Cruk | 1900 | 1903 | Famile Chambels | · · |
| 2. Chamberlain | 1903 | 1909 | Sch abolish | e loth |
| " Rapid City | | | | |
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Wand Cloud

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P. O. address:

Two witnesses:

GOVERNMENT PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find **herein** 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 22 day of aush 191 2. Athur a. Eisenhers Physician at how bruck

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 Auril Fine Constant, for the state of the said child. The economic conditions of this 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)

e applicant's mother is dead and talker can't is home she cares for the house, it an ou a girl in referva ases is a hand on Las anny as url the p ma off the re valin or mais This day of ulia Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

| I hereby certify that on | (As soon after arrival as possible.) | |
|--------------------------------------|--------------------------------------|----------------------|
| nation 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 so | chool. |
| This day of | , 191 | |
| | | |

Nonreservation School Thysician.

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 <u>must</u> 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. 6-870

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.

6-870

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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.

6 - 1955

CASE RECORD, 5-354.

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tirecloud loka-NAME Sex Female State Tribe Respiration Condition of, Eyes. years Age Ears. ft. Insp. ins. Height Mensuration Throat Weight Ibs. Cervical glands Vaccination Temperature Skin Vision Pulse ... Inspection Palpation Percussion Auscultation Heart. (Menstruation) FAMILY HISTORY. DEAD. CAUSE OF DEATH. CONDITION OF HEALTH. LIVING. w Father____ Mother ____ Brothers _ 9 2 Sisters. unknow won Personal history ... Present condition . M. D.

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6-1955

CASE RECORD, 5-354.

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| Age | Sex | { Male. { Female. | Tribe | { Full | } |
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Residence

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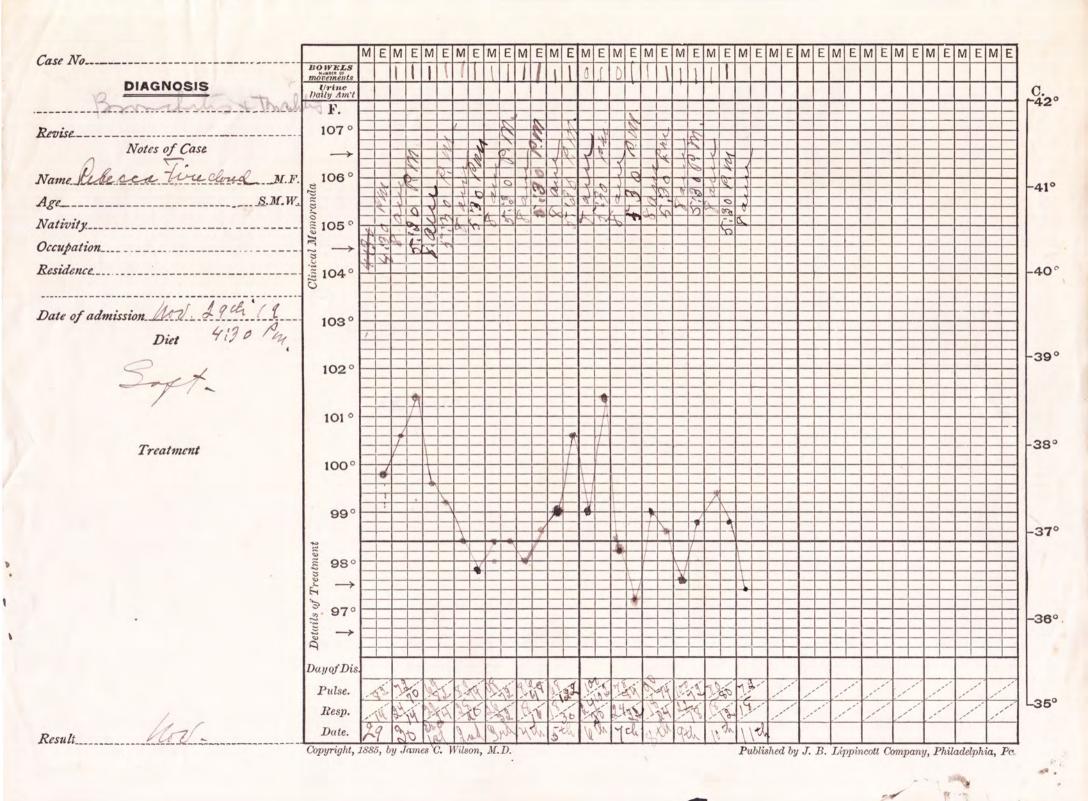
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United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE.

FULL.

ONE.

NAME Rebucca Frecloud

AGE ..

DIAGNOSIS Tusilis & Bronchilis

ADMITTED

DISCHARGED.

RESULT Yord

VISITING PHYSICIAN:

a. R. allen

REMARKS:

RESIDENT PHYSICIAN:

7 3. Frahe

NO.

DEPARTMENT OF THE INTERIOR

SALVAR MARCIN DEFATE WEITER

Lower Brule Indian Apanoy. Lower Brule, March 7th, 1913.

Mies Robecce Fire Cloud.

Gerliele, Indian School.

Carlisla, Ps.

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

My dear Sir: the heire of Baptise and Mary Brazest.

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

Very truly yours,

Encls.

HKM.

Supt. A Spl Superintendent.

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.

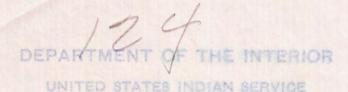
Dear Madam:-

There is inclosed herewith 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,

JLS. Incl-2.

Supt. & Spl



October 20th, 1913.

Superintendent,

Crow Creek Agency,

Crow Creek, S.D. Crow Creek, S.D., Oct., 7,191

Dear Sir, Friedman, Garlisle 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 close herewith Freasury Tarrant (1989, settlenent filesed, payable to Respectfully, loud in the sum of \$24.60 the same being on account of a Per Capita payment made to adults W.H.M.OS. As Rebecca is now more than 16 year Superintendent, mant is being made har. Flease have the varrant properly endored by Rebecca Fire Clud and deliver the same to her.

Very respectfully.

Supt. & Spl. Disb. &g t.

INCS: "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 Clud and deliver the same to her.

Very respectfully,

Supt. & Spl. Disb. Ag't

W. C. Kohlenberg.

INCS: *1* HJB:PB YAND E' ROCH.

REPORT AFTER LEAVING CARLISLE Rebecca Fire Cloud

563757 3M-2-11

NAME AT CARLISLE

PRESENT NAME

| DATE | INFORMATION THROUGH | ADDRESS | OCCUPATION | ITEMS OF INTEREST | GRADE |
|------|------------------------|---------|------------|-------------------|-------|
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