

3503

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6293	ENGLISH NAME John Rouillier	AGENCY Flathead	NATION Flathead	
BAND	INDIAN NAME	HOME ADDRESS Fred Rouillier Ronan, Montana		
PARENTS LIVING OR DEAD	BLOOD 1/8	AGE 17	HEIGHT 5-6	WEIGHT 134
FATHER, L	MOTHER, L	FORCED INSP. 36	FORCED EPXR. 32	SEX. M.
ARRIVED AT SCHOOL March 2, 1911	FOR WHAT PERIOD Three years	DATE DISCHARGED May 9, 1911	CAUSE OF DISCHARGE Deserter	
TO COUNTRY 4-9-11	PATRONS NAME AND ADDRESS Ran			FROM COUNTRY

THE SHAW-WALKER CO., MURKIN. 79104

Months in school before Carlisle, ... 8/ ...

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, ... Catholic ...

Miles to school - 3

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5-192 a.

BRIEF.

APPLICATION OF

Fred ^{and} Caroline Rouillier, Father & Mother

FOR THE ENROLLMENT OF

John Rouillier

IN THE INDIAN SCHOOL AT

Carlisle Pa,

NAME OF AGENCY FROM WHICH PUPIL CAME:

Flathead Agency, Montana,

Date of enrollment, February 24, 1911.

Term of enrollment, Three (3) years.

NAME OF COLLECTING AGENT:

Willis M. Gillett

Position, Additional Farmer
Roman Montana

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 Pa.

of John Rouillier (Name of child.) ; male (Sex.) ; date of birth Dec 25, 1893 ;
Flathead (Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Fred Rouillier</u>	<u>Living</u>	<u>French</u>		<u>none</u>
NAME OF MOTHER. <u>Caroline Rouillier</u>	<u>Living</u>	<u>Flathead</u>		<u>One fourth</u>

I, Fred Rouillier and wife (Parent, guardian, or next of kin.), do hereby voluntarily consent and agree to his enrollment in said school for a period of Three (Not less than 3.) 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.
<u>1. French town</u>	<u>Mont.</u>	<u>Public</u>	<u>School</u>	<u>Six years, Seventh.</u>
<u>2. Roman Mont</u>	<u>Day</u>	<u>School</u>	<u>Three years</u>	
<u>3.</u>				
<u>4.</u>				

Fred Rouillier
(Parent, guardian, or next of kin.) Father

P. O. address: Caroline E. Rouillier
Roman Montana

Two witnesses:

Willis M. Gillett

Sarah C. Gillett

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 26th day of February, 1901.

John H. Heidelman

Physician at Flathead Agency.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

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 Fred Rouillier was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin. Father)

This 26th day of February, 1901.

Fred C. Morgan
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

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 _____

(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190 _____

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 will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent 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.)

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.

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Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

NAME John B. Pouillier Roman Mont Dec 18 1911.

1. Are you married and if so to whom? Not Married.

2. What is your present address? Roman Montana.

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? farming.

5. Tell something of your present home. I am well satisfied of my home and have my father and mother and brothers

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

7. Have you been in the Indian Service? In what positions? How long in each? no

8. What other positions have you held since leaving Carlisle? *Have not held any other position but farming*

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

NAME John B. Rouillier Sex { Male. Female. }
 Tribe { Full } Kootenai State Montana Feb 26, 1911
 Age 17 years Respiration 18 Condition of, Eyes Good
 Height 5 ft. 6 ins. Mensuration { Insp. 34 1/2 Ears Good
 Weight 130. lbs. { Exp. 31 Throat Fair
 Temperature 98 1/5 Vaccination yes. Cervical glands normal
 Pulse 65 Vision Good Skin Healthy.
 Inspection Extremities symmetrical - Robust.
 Palpation normal
 Percussion normal
 Auscultation normal
 Heart normal
 (Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>55</u>	<u>good.</u>		
Mother	<u>44</u>	<u>Good</u>		
Brothers	<u>25</u>	<u>good</u>		
	<u>21</u>	<u>good</u>		
Sisters	<u>5 mo.</u>	<u>good</u>	<u>10</u>	<u>Diphtheria</u>
	<u>23</u>	<u>good</u>	<u>10</u>	
	<u>19</u>	<u>good.</u>		

Personal history Smallpox diphtheria and disease of childhood.

Present condition good.

John H. Heidelman, 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.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *John Pouillier* DATE *Mar. 3, 1911*

AGE *18* YEARS NEW RETURNED STUDENT. TRIBE *Kootna* STATE *Mont*

DEGREE OF INDIAN BLOOD *1/8*

INSPECTION *Fairly well developed*

PALPATION

PERCUSSION

AUSCULTATION { RESONANCE
RESP. MURMUR

HEART SOUNDS

MENSURATION { INSP. *36* RESPIRATION *18* PULSE *80*
EXP. *32*

TEMPERATURE *98.4* degs. HEIGHT *5* FT *6* IN. WEIGHT *134 1/4* LBS.

VISION VACCINATION *Mar 3-1911*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>Good</i>		
MOTHER	<i>yes</i>	<i>Good</i>		
BROTHERS {	<i>4 yes</i>	<i>Good</i>	<i>1</i>	<i>Dysentery</i>
SISTERS {	<i>2 yes</i>	<i>Good</i>		

PERSONAL HISTORY:

REMARKS:

