

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3583

NUMBER 6159	ENGLISH NAME Robert Geck	AGENCY Quapaw	NATION Wyandotte				
BAND	INDIAN NAME	HOME ADDRESS Seneca, Mo.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.
FATHER, L	MOTHER, L	1/4	20	5'9"	138	37	33 M.
ARRIVED AT SCHOOL Sept. 21, 1910	FOR WHAT PERIOD Three years	DATE DISCHARGED June 29, 1911	CAUSE OF DISCHARGE Office request				
TO COUNTRY 12-23-'10	PATRONS NAME AND ADDRESS Ran	FROM COUNTRY 12-1-1-'11					

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, ⁹⁰.....

Grade entered at Carlisle, ¹⁰.....

Grade at date of Discharge,

Trade or Industry,

Church, Methodist.....

Miles to school - $\frac{1}{4}$

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Isiek Robert DATE 9/29/1910

AGE 19 YEARS { NEW / RETURNED } STUDENT. TRIBE Wyandotte STATE Oklahoma

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Normal

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 87
EXP. 33 RESPIRATION 20 PULSE 80

TEMPERATURE 99 degs. HEIGHT 5 FT 9 IN. WEIGHT 138 LBS.

VISION Good VACCINATION Good scar

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>yes</u>	<u>good</u>		
SISTERS { <u>2</u>	<u>yes</u>	<u>good</u>		

PERSONAL HISTORY:

Measles, Chicken Pox, mumps.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

Apr 20-11

CONDITION:

O.S.

35-83

TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

Jan. 1, 19..... to June 30, 19.....

PUPIL

Robert Geck

TRADE

Steam fitting etc

ABILITY

Good

CONDUCT

Good

REMARKS

INSTRUCTOR

H. J. Weber

Patient Robert Guck Carlisle, Pa., Oct. 17, 1910 Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4.00	98	72		4.00	Rx special mixture	7.00 12.00 4.00	Liquid diet " " " "		Bowels moved at noon
Oct. 18, 1910									
6.00	98	72		8.00	Rx special mixture	7.00 12.00	Liquid diet Liquid diet		Bowels move very freely
4.00	98	72		12.00	Rx special mixture	6.00	Liquid diet		
				6.00	Rx - zi				
Oct. 19, 1910									
6.30	98	72		8.00	Rx - zi	10.00	Glass of milk		
				12.00	Rx - zi				
4.00	98	72				3.00	Glass of milk		
Oct. 20, 1910									
				8.00	Rx - zi and	7.00	Glass of milk		
6.30	98	72		12.00	Rx - zi	10.00	Glass of milk		
4.00	98	72			21, 1910	7.00	Light breakfast		
Oct 21, 1910									
						10.00	Glass of milk		
6.30	98	72				7.00	Full breakfast		
4.00	98	72				3.00	Glass of milk		
Oct. 22, 1910									
						6.00	Full breakfast		

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5-192 a.

BRIEF.

APPLICATION OF

Robert M. Geck

FOR THE ENROLLMENT OF

Himself

IN THE INDIAN SCHOOL AT

Carlisle, Penn.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Quapaw

Date of enrollment, September 12, 1910., 190

Term of enrollment, Three (3) 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 Robert M. Geck ; Male ; date of birth Feb. 19, 1890 ;
(Name of child.) (Sex.)

Wyandot
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Charles Geck</u>	<u>Living</u>	<u>White</u>		
NAME OF MOTHER.				
<u>Lucy Sarahas Geck</u>	<u>Living</u>	<u>Wyandot</u>		<u>1/2</u>

I, Robert M. Geck , do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of Three 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>El Reno Public</u>	<u>1899</u>	<u>1907</u>	<u>Transferred</u>	<u>10th</u>
2.	<u>State Normal, Okla.</u>	<u>1908</u>	<u>1909</u>	<u>Sickness</u>	<u>Commercial</u>
3.	XXXXXXXXXXXXXX				
4.					

R M Geck
(Parent, guardian, or next of kin.)

P. O. address: Seneca, Missouri.

Two witnesses:

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 13 day of Sept, 1900

Wm Campbell

Physician at Seneca 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 Robert M Geck was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 12th day of Sept., 1900.

Wm C. Dancy
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.

NAME Robert M Gusk Sex Male. Female.

Tribe ¹¹⁴ Hyandok State Oklahoma Date Sept. 12, 1910.

Age nineteen years Respiration 16 Condition of Eyes Good

Height 5 ft. 9 ins. Ears Normal

Weight 135 lbs. Mensuration { Insp. 36
Exp. 31 Throat Normal

Temperature 98.1 Vaccination yes Cervical glands Healthy

Pulse 72 Vision Excellent Skin Healthy

Inspection Normal

Palpation Normal

Percussion Normal

Auscultation Normal

Heart Normal

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>Excellent</u>		
Mother	<u>yes</u>	<u>"</u>		
Brothers	<u>Richard</u>	<u>"</u>		
Sisters	<u>Maud</u>	<u>"</u>		
	<u>Josie</u>	<u>"</u>		

Personal history Good

Present condition Good

John Campbell, 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.

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NAME. *Robert Geck* TRIBE. *Wyandotte* PARENT OR GUARDIAN.

DATE ENROLLED. *Sept. 21, 1910* TERM. *Three years* AGE. *20* HOME ADDRESS *Seneca, Mo.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	

<i>Jan. '11</i>	<i>14</i>	<i>No record only</i>	<i>4</i>	<i>4</i>	<i>4</i>		<i>4</i>	<i>Poor</i>			
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few days in sch.

Geck, Robt.

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Sister's file - Mrs. Josephine Tobey

4682

Mother's file -

4682

Bill due, The Hotel Schadt

5019

Agent's file

1844