

NAME OF AGENCY AND RESER-  
VATION, IF ENROLLED; IF NOT,  
POST OFFICE OF FAMILY.

Post Office of Family.  
Keshema, Wis.

(Temporarily absent, outing, deserters, on sick leave,  
special authorities for enrollment, etc.)

DATE DISCHARGE

~ 1632 ~

(Date)

(Date)

APR.

Remarks: \_\_\_\_\_

# CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3631

|                                            |                  |                                         |                  |                                        |                      |                                       |                               |
|--------------------------------------------|------------------|-----------------------------------------|------------------|----------------------------------------|----------------------|---------------------------------------|-------------------------------|
| NUMBER <i>4604</i><br><i>6405</i>          |                  | ENGLISH NAME<br><i>John Ahkenochsay</i> |                  | AGENCY                                 |                      | NATION<br><i>Menominee</i>            |                               |
| BAND                                       |                  | INDIAN NAME                             |                  | HOME ADDRESS<br><i>Keshena, Wis.</i>   |                      |                                       |                               |
| PARENTS LIVING OR DEAD                     |                  | BLOOD<br><i>Oull</i>                    | AGE<br><i>18</i> | HEIGHT<br><i>5'-3 1/2</i>              | WEIGHT<br><i>110</i> | FORCED INSP.<br><i>35</i>             | FORCED EXPR.<br><i>30 1/2</i> |
| FATHER, <i>L</i>                           | MOTHER, <i>D</i> |                                         |                  |                                        |                      | SEX.<br><i>M.</i>                     |                               |
| ARRIVED AT SCHOOL<br><i>Sept. 21, 1911</i> |                  | FOR WHAT PERIOD<br><i>Three years</i>   |                  | DATE DISCHARGED<br><i>June 8, 1914</i> |                      | CAUSE OF DISCHARGE<br><i>Line out</i> |                               |
| TO COUNTRY                                 |                  | PATRONS NAME AND ADDRESS                |                  |                                        |                      |                                       | FROM COUNTRY                  |
| <i>4-9-12</i>                              |                  | <i>John Maple, #3, Princeton, N.J.</i>  |                  |                                        |                      |                                       | <i>Ir.</i>                    |
| <i>8-31-12</i>                             |                  | <i>W.S. Torbert, Newtown, Pa.</i>       |                  |                                        |                      |                                       | <i>"</i>                      |
| <i>11-23-12</i>                            |                  | <i>S.F. Duddridge, Furlong, Pa.</i>     |                  |                                        |                      |                                       | <i>1-19-14</i>                |

THE SHAW-WALKER CO., WASHINGTON 121071

Months in school before Carlisle, *72*

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, *Catholic*

NAME John Ahkenocksay Sex Male.  
 Tribe Full Min. State Wis. Sept 25, 19 11  
 Age 18 years Respiration 20 Condition of, Eyes Disj. Trachoma  
 Height 5 ft. 3 1/2 ins. Insp. 35 Ears OK  
 Weight 110 lbs. Mensuration { Exp. 30 1/2 Throat Enlarged Tonsils  
 Temperature 99 Vaccination Sept 25-11 Cervical glands Enlarged  
 Pulse 80 Vision \_\_\_\_\_ Skin OK  
 Inspection OK  
 Palpation OK  
 Percussion OK } suspicious  
 Auscultation OK  
 Heart OK. No murmurs  
 (Menstruation) \_\_\_\_\_

#### FAMILY HISTORY.

|          | LIVING.    | CONDITION OF HEALTH. | DEAD.      | CAUSE OF DEATH. |
|----------|------------|----------------------|------------|-----------------|
| Father   | <u>Yes</u> | <u>Blind</u>         |            |                 |
| Mother   |            |                      | <u>Yes</u> | <u>?</u>        |
| Brothers |            |                      | <u>1</u>   | <u>T.B.?</u>    |
| Sisters  | <u>1</u>   |                      | <u>3</u>   | <u>?</u>        |

Personal history neg.  
 Present condition Fair.

Elmer Hess, 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.

(On \_\_\_\_\_, 19\_\_\_\_)

6—1955

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**BRIEF.**

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**Application of**

*John Ahkenocksay*

FOR THE ENROLLMENT OF

*Self*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

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NAME OF AGENCY FROM WHICH PUPIL CAME:

*Keshewee*

Date of enrollment..... 191.....

Term of enrollment..... *Five* <sup>3</sup> ~~(5)~~ years

# Application for Enrollment in a Non-reservation 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 Ahkinocksay; M (Sex); date of birth 1893

(Name of Child)

(Sex)

(Tribe)

| NAME OF FATHER<br>(Both Indian and English) | Living or<br>Dead | TRIBE          | BAND | DEGREE OF<br>INDIAN BLOOD |
|---------------------------------------------|-------------------|----------------|------|---------------------------|
| <u>Mitchell Ahkinocksay</u>                 | <u>L</u>          | <u>Musomun</u> |      | <u>H</u>                  |
| NAME OF MOTHER                              |                   |                |      |                           |
| <u>Chiquatanoke</u>                         | <u>D</u>          | <u>17</u>      |      | <u>17</u>                 |

I, Self, do hereby voluntarily consent and agree to my enrollment in said school for a period of 15 years, and also obligate myself to abide by all the rules and regulations for Indian Schools. (Not less than 3)

The said child has been enrolled in the following schools:

| NAME OF SCHOOL    | DATE OF<br>ENROLLMENT | DATE OF<br>DISCHARGE | CAUSE            | GRADE      |
|-------------------|-----------------------|----------------------|------------------|------------|
| 1. <u>Kishuna</u> | <u>1901</u>           | <u>1905</u>          |                  |            |
| 2. <u>Tannah</u>  | <u>1905</u>           | <u>1906</u>          | <u>fell sick</u> |            |
| 3. <u>Kishuna</u> | <u>1908</u>           | <u>1911</u>          |                  | <u>4th</u> |
| 4.                |                       |                      |                  |            |

John Ahkinocksay  
(Parent, guardian, or next of kin)

P. O. address: Kishuna

Ariz

Two Witnesses:

Edward L. Harker  
J. S. Gauthier

## 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 18 day of September, 1911

Edward L. Anderson

Physician at Keshena Agency.

## CERTIFICATE OF AGENT OR 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 John Ahkenedday (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of said child.

This 19 day of Sept, 1911

A. J. Scholten

Agent or Superintendent.

## SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

## **INDORSEMENTS.**

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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 is living, and if neither of them is 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.

This form is to be used only in transfers from reservations, or Indian schools, to nonreservation schools.

# 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.....*John Maple, Princeton N.J.*

Pupil's name.....*John Chkenskoy*

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.....*117*

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

Are the eyelids inflamed?.....*No*

Remarks:.....

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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Patron's name and address *John Maple, Princeton, N. J.*

Pupil's name *John Ahkenocksay*

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 *117*

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

Are the eyelids inflamed? *No*

Remarks:

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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Patron's name and address *John Maple, Princeton, N. J.*

Pupil's name *John Ahkenschisey.*

General health of the pupil *Good*

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? *No*

For how long has he had it?

Give the pupil's weight *116*

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

Are the eyelids inflamed? *No*

Remarks:

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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Patron's name and address

*John Maple, Princeton, N. J.*

Pupil's name

*John Ahkenocksay*

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

*115 lbs, gained 2 lbs since here*

Has the pupil any trouble with the eyes?

*No*

Are the eyelids inflamed?

*No*

Remarks:

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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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.....

John Maple

Pupil's name.....

John Ahkenocksey

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.....

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

No

Are the eyelids inflamed?.....

No

Remarks:.....

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.

1  
REPORT OF John Ahkenocksay pupil of Carlisle Indian  
School, who went Dec 15 to live with Sam Sudbridge  
(Date) (Patron)  
of Furlong, Bucks,  
(Post Office) (County)  
Penn, Daylertown Railroad Station  
(State)

Conduct Good  
Health Good  
Ability Good  
Cleanliness Good  
Economy Good  
Situation of Room Second floor  
Condition of Room Good  
Condition of Clothing Good  
Wages \$18

Are careful accounts kept by patron? Yes

Are careful accounts kept by pupil? Yes

Number of days at school 100 days

Distance to school 1 mi

Grade or quality of school Public

Name and address of teacher Mrs Abajah Coates

Qualifications of teacher -

In what grade was pupil at Carlisle? 4th

In what grade is pupil at present? 6th

Attends what church and Sunday school? Cath

Distance to church 4 mi

Is there a Catholic church in locality? no

Who compose patron's family? man - wife and daughter

What other help is employed? none

Locality of home Good

Home life and environments Good

Trade at school none

Nature of work Farming

Pupil's age 20 yrs Experience Two years



REPORT OF John Ackemucksay pupil of Carlisle Indian  
School, who went 4/9 1912 to live with John Maper  
(Date) (Patron)  
of Princeton  
(Post Office) (County)  
N. J., Princeton M. J. Railroad Station  
(State)

Conduct Very Good but drinks  
Health Good  
Ability Fair  
Cleanliness Good  
Economy Poor  
Situation of Room Second floor  
Condition of Room Good  
Condition of Clothing Fair  
Wages \$12 per month  
Are careful accounts kept by patron? Yes  
Are careful accounts kept by pupil? No  
Number of days at school Attended at Carlisle P.  
Distance to school \_\_\_\_\_  
Grade or quality of school \_\_\_\_\_  
Name and address of teacher \_\_\_\_\_  
Qualifications of teacher \_\_\_\_\_  
In what grade was pupil at Carlisle? 4th  
In what grade is pupil at present? 4th  
Attends what church and Sunday school? Catholic  
Distance to church Two miles by trolley  
Is there a Catholic church in locality? Yes  
Who compose patron's family? Man wife and children  
What other help is employed? None  
Locality of home Near Basedale stop  
Home life and environments Good  
Trade at school None  
Nature of work Farm  
Pupil's age 19 Experience Fair to Good

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

John was drunk once  
since he came to this home  
otherwise his conduct has  
been good. He has asked to  
be returned transferred in  
the fall for the winter.

July 30, 1812  
W. H. Dickey  
C. Agent.

R-

FORM 53.

SAMUEL G. DIXON, M. D.,

COMMISSIONER

ADVISORY BOARD

CHARLES B. PENROSE, M. D.

ADOLPH KOENIG, M. D.

B. H. WARREN, M. D.

LEE MASTERTON, C. E.

GEORGE W. GUTHRIE, M. D.

C. J. MARSHALL, V. M. D.



PENNSYLVANIA  
DEPARTMENT OF HEALTH  
HARRISBURG

*S. F. Dunderbridge  
Gurlong, Pa.*

*Jan 10* 191*4*.

*Carlisle Indian School*

Dear *Gentlemen.*

You are hereby notified that the examination of *John Ahlenocks*,  
made by the Department of Health's Medical Inspector of Schools,  
apparently shows that *he* has some affection of the *eyes*  
*(Serious)* and we would advise you, for the good of this pupil  
to consult your family doctor relative to treatment.

Yours very truly,

*Samuel E. Dixon*

*Please give this your immediate attention as they are very bad*

May 27th, 1914.

Mr. Mitchell Ahkenockway,  
Keshena, Wisconsin.

My dear Sir:

Your son John's period of enrolment at this school will terminate this week and so arrangements are being completed to have him leave here on June the 8th with the other boys who will be entitled to start for their homes on that date. Transportation for his passage to Shawano will be provided for his use.

I would thank you to let me hear from you when John has arrived at your home.

Very respectfully,

HKM.

Supervisor in Charge.

Copy to the Superintendent.



3631

Keshena, Wis.

July 25 1914

July 28th, 1914.

Supt. Green Bay Agency,

Keshena, Wis.

Dear Sir,

There is enclosed herewith check for 95.91  
transferring to your jurisdiction the account of John  
Ahkenocksey.

Very respectfully,

W.H.M.

Supervisor in charge.

Your Friend

John Ahkenocksey

Keshena, Wis.

July 25 1914

Dear Sir

I have not had  
the chance to write  
and let you know  
that I came home  
safe. Did you send  
in the rest of my  
money that was left  
I would like very much  
to have it to help support  
my family.

Your Friend

John Ahkenocksoy

March 16th, 1915.

Mr. John Akkenocksay,

Keshena, Wis.

My Friend,

Since your account was closed, interest has been credited in the sum of \$2.34 for which I enclose herewith check.

Your friend,

W.H.M.

Supervisor in charge.

John Ahkenocksay.

**PRESENT NAME**