

3671

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 25-55 3154		ENGLISH NAME <i>Melvina Powlless</i>			AGENCY		NATION <i>Oneida</i>		
BAND		INDIAN NAME		HOME ADDRESS <i>Peter A. Powlless, R. 2, S. W. De Pere, Wis.</i>					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.	
FATHER, <i>L</i>		MOTHER, <i>L</i>	<i>1/2</i>	<i>17</i>	<i>5'2"</i>	<i>123 1/2</i>	<i>35</i>	<i>32</i>	<i>F</i>
ARRIVED AT SCHOOL <i>10-1-1910</i>		FOR WHAT PERIOD <i>Three years</i>		DATE DISCHARGED <i>5-11-12</i>		CAUSE OF DISCHARGE <i>Failed to return</i>			
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY		
<i>4-7-'11</i>	<i>G. W. Van Derveer, Mt. Holly, N. J.</i>						<i>7-17-'11</i>		
<i>4-11-'12</i>	<i>On Leave.</i>								

THE SHAW-WALKER CO., MUSKEGON, 79104

Months in school before Carlisle, *63*

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, *Episcopal*

3671

NAME. <i>Melvina Powlas</i>		TRIBE. <i>Oneida</i>		PARENT OR GUARDIAN. <i>Peter A. Powlas</i>	
DATE ENROLLED. <i>Oct. 1, 1910</i>		TERM. <i>Three years</i>		AGE. <i>17</i>	
HOME ADDRESS <i>R. J. D. #2, West Deperre, Wis</i>					

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>4</i>	<i>Poor</i>	<i>Ed.</i>	<i>L.</i>	<i>gd</i>	<i>gd</i>		<i>gd</i>	<i>v. gd</i>			
<i>July '11</i>	<i>4 1/2</i>	<i>Poor</i>	<i>Ex.</i>									
<i>Dec. '11</i>				<i>G.</i>	<i>G.</i>	<i>F.</i>		<i>F.</i>	<i>G.</i>			

399
5-192 a.

BRIEF.

APPLICATION OF
Peter A. Powless

FOR THE ENROLLMENT OF

Malvina Powless

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Oneida, Wis.

Date of enrollment, Sept. 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, Pa.

of Malvina Powless; F.; date of birth 1/31, 1893;
(Name of child.) (Sex.)
Oneida
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Peter A. Powless</u>	<u>L</u>	<u>Oneida</u>		
NAME OF MOTHER.				
<u>Rebecca Powless</u>	<u>L</u>	<u>"</u>		

I, Peter A. Powless, do hereby voluntarily consent and agree to her
(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>No. 1 day</u>	<u>1903</u>	<u>1907</u>		
2. <u>Flandreau</u>	<u>1907</u>	<u>1910.</u>	<u>Exp. time</u>	<u>fifth</u>
3.				
4.				

Rebecca J. Powless
(Parent, guardian, or next of kin.)

P. O. address: West De Pere, Route 2

Two witnesses:

Wis.

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 15 day of Sept, 1900

J. M. Powless M.D.
Physician at Quida Wis 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 Rebecca Powles was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 15 day of Sept, 1900

Joseph C. Hoat
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.

PHYSICAL RECORD,

3671

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Bowless Melvina DATE 10/3 1910

AGE 17 YEARS NEW RETURNED STUDENT. TRIBE Omida STATE Wis

DEGREE OF INDIAN BLOOD 1/2

INSPECTION Well developed

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 35 RESPIRATION 20 PULSE 78
EXP. 32

TEMPERATURE 99.2 degs. HEIGHT 5 FT 2 IN. WEIGHT 113 1/2 LBS.

VISION 40/10 VACCINATION Oct 3-1910

MENSTRUATION normal.

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>7</u>	<u>4</u>	<u>3</u>	
SISTERS				

PERSONAL HISTORY: measles + Chicken Pox

REMARKS:

EXAMINATION FOR OUTING:

DATES:

3-7-1911

CONDITION:

Good.

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

One of best-patrons, says he is not
satisfied can do well when she
tries very slow + lacks interest -
easily offended + feels about work
is often fuller + blazer over in
manner but not in words. Paton
does not care to keep her.

He acknowledges she had not
done her best - promise to do better
said she would like to be trans.

Paton undecided about qui for
winter

Walter V. Gauthier
Field Agent

Jan - 12 - 1911

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

399

Wis

Oreida

Name of Student *Malvina Fowles*

Home Address *P. A. Fowles - W. Weper, Tribe*

Age at Entrance *17* Date of Entrance *10-1-'10*

Patron *Mrs. G. W. Van Derveu*

Address *Mt Holly, N.J.*

Recommended by _____

Grade of Home _____ Church _____

Date of Outing *4-7-'11* Date Returned *4-17-'11*

Shop	JAN	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
	<i>July</i>	<i>Aug.</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan.</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	
Days in School													
Conduct													<i>v.g. v.g. y</i>
Ability													<i>y y y</i>
Health													<i>y y y</i>
Earnings													<i>4.50 7. 7.</i>

7
y
y
3.50

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Malvina Powlas.

AGE

DIAGNOSIS Pulmonary Tuberculosis.

ADMITTED Jan 22

DISCHARGED Apr. 11/12

RESULT Essentially improved, gone home.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Frazer

REMARKS:

