

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3706

NUMBER 4722	ENGLISH NAME Joseph Neveaux	AGENCY La Pointe	NATION Chippewa	
BAND Bad River	INDIAN NAME	HOME ADDRESS John Neveaux, Odonah, Wis.		
PARENTS LIVING OR DEAD	BLOOD 1/2	AGE 16	HEIGHT	WEIGHT
FATHER, L	MOTHER, D	FORCED INSP.	FORCED EXPR.	SEX, M
ARRIVED AT SCHOOL Jan. 19, 1912	FOR WHAT PERIOD Five years	DATE DISCHARGED Oct. 3, 12	CAUSE OF DISCHARGE Desertion	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
5-1-12	W. L. Campbell, Erie, Pa.			
8-28-12	Ran from onting			

THE SHAW-WALKER CO., MURFREESBORO, TENN.

Months in school before Carlisle, ..... 72

Trade entered at Carlisle, .....

Trade at date of Discharge, .....

Trade or Industry, .....

Church, Catholic

Miles to school - 1/4

THIS SIDE OF CARD IS FOR ADDRESS ONLY



Mr M. Friedman  
Carlisle  
Pa. Ind. Scholl

Dear Sir, I got home  
safte from the country.  
there is one thing I want  
to say is send me the  
money I have there  
at school. I dont  
expect to go to any  
more scholls

yours truly  
Joe Henean  
Odanah  
Wis

270

THIS SIDE OF CARD IS FOR ADDRESS ONLY



Mr. Friedman

Carlisle

Pa.

Ind. sch.

Dear Sir

This is my second time I notified you about sending my money I want it because I am not going to no more school any more.

The money is mine and I think I can use it as well as you can so send it right away. I am home now my address is  
Joe Neware School By  
Odanah  
It is

3706

September 12th, 1913.

Mr. Joseph Neveaux,  
Odanah, Wis.,

Dear sir,

There is enclosed herewith check for 22.84 closing  
your account. Please sign the face of the check before presenting  
to bank for payment.

Your friend,

W.H.M.

Superintendent,

3706

APPLICATION OF

*John Kenaut*

FOR THE ENROLLMENT OF

*Joseph E. Kenaut*

IN THE INDIAN SCHOOL AT

*Carlisle, Pa*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*LaPointe*

Date of enrollment, *Jan 6*, 191*2*

Term of enrollment, *Five* ( *5* ) years.

NAME OF COLLECTING AGENT:

Position, \_\_\_\_\_

## 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.

## 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 Joseph E. Kenaut ; M ; date of birth Aug 1, 1895 ;  
(Name of child.) (Sex.)  
Chippewa  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>John Kenaut</u>	<u>L</u>	<u>Chippewa</u>	<u>Bad River</u>	<u>1/2</u>
NAME OF MOTHER.				
<u>Kate Kenaut</u>	<u>D</u>	<u>Chippewa</u>	<u>" "</u>	<u>1/2</u>

I, Joseph E. Kenaut , do hereby voluntarily consent and agree to  
(Parent, guardian, or next of kin.)  
 enrollment in said school for a period of Five 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.
<u>Odessa Day School</u>	<u>1892</u>	<u>1910</u>	<u>Went to work</u>	<u>8<sup>th</sup></u>
2.				
3.				
4.				

John Kenaut  
(Parent, guardian, or next of kin.)

P. O. address: Odessa

Two witnesses:

P. G. Robinson

J. M. Stoddard

Wisconsin

GOVERNMENT 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 4 day of Jan, 1912

J. M. Meyers  
Physician at Bad River Reservation

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 Joseph E. Kenaut (Parent, guardian, or next of kin.) 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):

.....  
.....  
.....  
.....  
.....

This 6 day of January, 1912

J. W. Campbell  
Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

I hereby certify that on ....., I made a careful examination of the physical condition of ..... (As soon after arrival as possible.) ....., the child named in the foregoing application, and found ..... to be .....

.....  
.....

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

This ..... day of ....., 191

.....  
Nonreservation 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 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 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. 6-870



3706

NAME Joseph Neveaux Sex  Male  Female  
Tribe Chippewa State Wisconsin Date Feb 10, 1912

Age 16 years Respiration normal Condition of, Eyes good  
Height 5 ft. 8 ins. Mensuration { Insp. 33 Ears normal  
Weight 123 lbs. { Exp. 30 1/2 Throat one enlarged tonsil  
Temperature 98 Vaccination unsuccessful Cervical glands normal  
Pulse 84 Vision good Skin normal  
Inspection normal  
Palpation "  
Percussion "

Auscultation normal  
Heart normal  
(Menstruation) "

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes.	good		
Mother	yes.	good		
Brothers <u>1</u>	yes.	good		
Sisters <u>2</u>	yes.	good		

Personal history Diphtheria

Present condition good

H B Y, 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.



389

REPORT OF Joseph Naveant pupil of Carlisle Indian School, who went 4/9 1912 to live with W. J. Campbell of Frederington, Bucks, Frederington Railroad Station

Conduct Good  
Health Good  
Ability Fair  
Cleanliness Good  
Economy Good  
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  
Distance to school \_\_\_\_\_  
Grade or quality of school \_\_\_\_\_  
Name and address of teacher \_\_\_\_\_  
Qualifications of teacher \_\_\_\_\_  
In what grade was pupil at Carlisle? 6th  
In what grade is pupil at present? 6th  
Attends what church and Sunday school? Christian  
Distance to church One mile  
Is there a Catholic church in locality? No

Who compose patron's family? Man wife and child  
What other help is employed? None  
Locality of home Near Frederington P.  
Home life and environments Good  
Trade at school Mason  
Nature of work Farm  
Pupil's age 16 Experience First year.

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

Joseph claims to like his country  
home real well. He wishes to  
return to school in the fall.

July 11, 1912  
W. H. Dickey  
Outing Agent.

M. T.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Tris. 387  
Chippewa

Name of Student *Joseph Nereau* Home Address *John Nereau - Okauch, Tribe*

Age at Entrance *16* Date of Entrance *1-19-12* Shop

Patron *W. L. Campbell,* Locality

Address *Emilie, Pa.* R. R. Station

Recommended by

Grade of Home Church

Date of Outing *5-1-12* Date ~~dropped~~ *8-24-12* Returned *10-3-12* Wages

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

Days in School

Conduct

Ability

Health

Earnings

*4 7*

*4 M.*

*2 4*

*8.00 10.*

*7 7*  
*7 4*  
*4 4*  
*12. 9.25*

**OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL**

Name of Student \_\_\_\_\_

Home Address \_\_\_\_\_

Tribe \_\_\_\_\_

Age at Entrance	Date of Entrance	Shop	Home Address												Tribe	TOTAL OR AVERAGE
Patron		Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Address		R. R. Station	Conduct													
Recommended by		Grade in School	Ability													
Grade of Home		Church	Health													
Date of Outing	Date Returned	Wages	Earnings													

NAME Joseph E. Neveaux Sex  Male  Female.

Tribes  Full  1/2 Chippewa State Wis Date Jan 4, 1917

Age 16 years Respiration 18 Condition of Eyes Good

Height 5 ft. 8 1/4 ins. Mensuration { Insp. 33 1/2 Ears normal

Weight 128 lbs. { Exp. 30 Throat slight enlargement of tonsils

Temperature 98 1/5 Vaccination has no mark. Cervical glands normal

Pulse 72 Vision good Skin normal

Inspection Negative

Palpation Negative

Percussion Negative

Auscultation Negative

Heart Normal

(Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>44</u>	<u>Good</u>		
Mother			<u>about 1 year</u>	<u>Pneumonia</u>
Brothers	<u>0 R</u>		<u>3</u>	<u>Don't know</u>
	<u>2 A</u>		<u>8</u>	<u>Don't know</u>
Sisters	<u>1 L</u>	<u>17</u>		
	<u>0 A</u>	<u>Good</u>		

Personal history has had small pox and diphtheria, otherwise he has always been well.

Present condition In good health at the present time

J. M. Meyer, 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.





# 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..... *W L Campbell*

Pupil's name..... *Joseph Neveaux*

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..... *123 lbs*

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

Are the eyelids inflamed?..... *no*

Remarks:..... *General state of health good*

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.

# 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 W. L. Campbell

Pupil's name Joe Nevane

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 125 lbs

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed? no

Remarks: Pupil is willing and obliging and quick to learn would like to have same pupil next Spring He wants to return to School

Date August 5 1912

# 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 *W. S. Campbell*

Pupil's name *Joe Morano*

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 *126 lbs*

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.

