

834

Original

BRIEF.

APPLICATION OF

William Henry Sweetmedicine

FOR THE ENROLLMENT OF

William Henry Sweetmedicine

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Tongue River Agency, Lamedeer, Mont.

Date of enrollment, _____, 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 William Henry Sweetmedicine Male; date of birth 1890;
Name of child. Sex.

Northern Cheyenne
Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD
<u>Daivd Sweetmedicine</u>	<u>Living</u>	<u>Northern Chey.</u>	<u>Scabby</u>	<u>Full</u>
<u>Ma-ja-a-yah</u>				
<small>NAME OF MOTHER.</small>				
<u>Clara Sweetmedicine</u>	<u>Dead</u>	<u>"</u>	<u>"</u>	<u>Full</u>
<u>Na-ki-na-at</u>				

I, William Henry Sweetmedicine, 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.				
2.				
3.				
4.				

William Henry Sweetmedicine
Parent, guardian, or next of kin.

his
~~X~~
 mark

P. O. address: Lamedeer,

Two witnesses:

Montana

E. E. M. G. L.
Elmore Little Chief

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 30th day of Dec, 1908

Arthur C. Blackley
Physician at Angue River 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 _____
Parent, guardian, or next of kin.
was voluntary, and I recommend the transfer of said child.

This _____ day of _____, 190

J. R. Blackley
Agent or Superintendent.

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.

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.

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

3722 TRADE RECORD, CARLISLE.

JAN 1 1911
JUL 1 1910
Jan. 1, 19.....to June 30, 19.....

PUPIL *Henry Sweetmedicine*

TRADE *cook*

ABILITY *Fair*

CONDUCT *Good*

REMARKS *Willing but not able for to take charge*

INSTRUCTOR *Gizzie Garner*

Duplicate

BRIEF.

APPLICATION OF

William Henry Sweetmedicine

FOR THE ENROLLMENT OF

William Henry Sweetmedicine

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Tongue River Agency, Lamedeer, Mont.

Date of enrollment, , 190

Term of enrollment, Three (3) years.

NAME OF COLLECTING AGENT:

Position,

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

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of William Henry Sweetmedicine Male; date of birth 1890;
Name of child. Sex.

Northern Cheyenne
Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD
<u>Daivd Sweetmedicine</u>	<u>Living</u>	<u>Northern Chey.</u>	<u>Scabby</u>	<u>Full</u>
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<small>NAME OF MOTHER.</small>				
<u>Clara Sweetmedicine</u>	<u>Dead</u>	<u>"</u>	<u>"</u>	<u>Full</u>
<u>Na-ki-na-at</u>				

I, William Henry Sweetmedicine, 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.				
2.				
3.				
4.				

William Henry Sweetmedicine his
Parent, guardian, or next of kin. mark

P. O. address: Lamedeer,

Two witnesses:

Montana

E E McLean
Elmore Little Chief

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 20th day of Dec., 1908

Arthur J. Blackly
Physician at Cherokee 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 _____
Parent, guardian, or next of kin.
was voluntary, and I recommend the transfer of said child.

This _____ day of _____, 190

M. E. Cady
Agent or Superintendent.

SPECIAL NOTE.

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NAME.		TRIBE.		PARENT OR GUARDIAN.	
Am. Henry Sweet Medicine		Cherokee		David Sweet Medicine	
DATE ENROLLED.	TERM.	AGE.	HOME ADDRESS		
Jan. 4, 1909.	Three Years	19	(Father.) Lone Deer, Mont.		
ACADEMIC DEPARTMENT.		INDUSTRIAL DEPARTMENT.		DORMITORY.	OUTING
					SPECIAL REMARKS.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	
July '09	Nov.	V. Good	V. Good.	Tailor	Good	Good				Good	V. Good	
Jan. '10										"	"	
July '10										"	Fair	
Jan. '11												
July '11	3	0		Carp	Fair	Good		W.	F.			

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they come

Tribe *Chelydridae*

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
5.4	4.8	5.1	4.9	5.0	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.4

[illegible]

10.0014. 14.

99

21 21

1. 2

4/5

[illegible]
$$= 16 \cdot 10^{-10} \text{ m}^2$$

17 18 21 20 20

4 4 4 4 4 4 4 4

g. h. i. j. k. l. m. n.

[illegible]

g g g g g g g g

14, 15, 18,

Mont. 834
red Deer tribe Cheyenne

Age at Entrance	19	Date of Entrance	Jan - 4 - 1909	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
-----------------	----	------------------	----------------	------	------	------	------	------	-----	------	------	------	-------	------	------	------	------------------

[illegible]

8-28-09. Jr. 10. 10

[illegible][illegible]

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

May 22

1913

Name

Wm Sweetmedicine

(Please give name by which enrolled and also present or married name.)

Tribes

Cherokee

Present Address

Learn Deer, Mont.

Former Address

Learn Deer, P.O. Mont.

(Address from which we heard from you last.)

Present Occupation

Farming.

Remarks:

Please excuse me for not writing to you. I am Wm Sweetmedicine Carlisle & Standish.

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

✓
3722
Name Henry Sweetmedicine

(Please give name by which enrolled and also present or married name.)

Tribe Cherokee

Present Address Birney, Mont.

Former Address Birney, Mont.

(Address from which we heard from you last.)

Present Occupation Farming

Remarks: I be certainly glad to
recd Carlisle, Ariz.
from Henry Sweetmedicine.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL

Sweet Medicine ^{*Henry*} DATE *1/18* 19*09*

AGE

9 YEARS

NEW

RETURNED

STUDENT.

TRIBE

Cheyenne

STATE

Mont.

DEGREE OF INDIAN BLOOD

INSPECTION

Good development. Slight gaiter. Scars on both sides of neck six years standing.

PALPITATION

Normal

PERCUSSION

Normal

AUSCULTATION

RESONANCE

Normal

RESP. MURMUR

Normal

HEART SOUNDS

Normal

MENSURATION

INSP.

35 1/2

EXP.

32 1/2

RESPIRATION

20

PULSE

80

TEMPERATURE

98 2/10

deg.

HEIGHT

5

FT.

7 1/4

IN.

WEIGHT

142

LBS.

VISION

1/10

VACCINATION

1/18/09 Recd 4/26/09

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER			<i>yes</i>	<i>?</i>
BROTHERS {	<i>3</i>	<i>good</i>		
SISTERS {	<i>1</i>	<i>good</i>		

PERSONAL HISTORY:

No history of serious illness.

REMARKS:

EXAMINATION FOR OUTING:

[illegible]

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REPORT OF Henry S. Medicine pupil of Carlisle Indian
School, who went 9/11/11 to live with F.P. McNair
(Date) (Patron)
of Eureka, Montgomery,
(Post Office) (County)
Pa, Chalfont Railroad Station
(State)

Conduct Fair to good
Health Good
Ability Fair
Cleanliness Good
Economy Poor
Situation of Room Second floor main residence
Condition of Room Good
Condition of Clothing Good
Wages Fifteen dollars per month \$15.00
Are careful accounts kept by patron? yes
Are careful accounts kept by pupil? no
Number of days at school Fifty five 55
Distance to school One half mile 1/2 mile
Grade or quality of school Country school
Name and address of teacher Mathew Kelly Eureka Pa.
Qualifications of teacher Normal school
In what grade was pupil at Carlisle? 4th
In what grade is pupil at present? 5th
Attends what church and Sunday school? Catholic
Distance to church Two miles to tracey thence 3/4
Is there a Catholic church in locality? yes at Waykstown
Pa 5/2 via tracey
Who compose patron's family? Man wife and children
What other help is employed? None
Locality of home Near Warrington Pa. Willow Grove tracey
Home life and environments Very good
Trade at school None
Nature of work
Pupil's age 19 Experience Three years

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

Henry gave fair satisfaction at this time but became discontented and ran away. I returned him to Mr. McNair on Jan. 27th 1912 and he promises so be contented till April 1st when his time will be out. Henry wants to return to Carlisle in the spring and go home.

Mr. McNair would like a boy for the summer whom he will not be required to pay more than \$15.00

Jan. 27th 1912

O. H. Dickey

Outing Agent.

834

REPORT OF *Henry S. Medicine* pupil of Carlisle Indian
School, who went *Tradeville* to live with *J. Wilson Jones*
of *Tradeville* (Date) *Patron* *Bucks Co.* (County)
Pa. *Chapant* Railroad Station
(State)

Conduct *Very good*

Health *Good*

Ability *Good*

Cleanliness *Fair to good*

Economy *Good*

Situation of Room *Upper floor*

Condition of Room *Excellent*

Condition of Clothing *Fair*

Wages *\$12.00 per month*

Are careful accounts kept by patron? *yes*

Are careful accounts kept by pupil? *No*

Number of days at school

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle? *3rd*

In what grade is pupil at present? *3rd*

Attends what church and Sunday school? *Catholic*

Distance to church *Four miles*

Is there a Catholic church in locality? *yes at Daylestown*

Four miles by trolley.

Who compose patron's family? *Man, wife and child*

What other help is employed? *None*

Locality of home *Near Warrington. York road*

Home life and environments *Excellent*

Trade at school *Carpenter*

Nature of work *General farm. Mixed farming*

Pupil's age *19* Experience *Three years.*

Grade of home No 2.

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

Mr. Wilson Jones is well pleased with Henry and would like him to remain with him during the winter.

Henry wishes to remain with Mr. Jones.

June 26, 1911
L. H. Dickey
Agent.

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..... *Frank P. Mc Nair*

Pupil's name..... *Harry Sweetmedicine*

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..... *150*

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

Are the eyelids inflamed?.....

Remarks:.....

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..... *Frank P. McNair*

Pupil's name..... *Henry Sweet medicine*

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..... *15-0 lbs*

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

Are the eyelids inflamed?.....

Remarks:.....

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 *J. Wilson Jones, Washington. Pa*

Pupil's name *Henry Sweetmedicine*

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 *160 lbs*

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

Are the eyelids inflamed? *No*

Remarks:

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 *J. Wilson Jones, Tradersville Pa*

Pupil's name *Henry Sweetmedicine*

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 *107 lbs*

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

Are the eyelids inflamed? *No*

Remarks:

PUPIL'S HEALTH REPORT.

Oct

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 *Frank P. McNaair*

Pupil's name *Jerry Sweet Medicine*

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 *150*

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

Henry (Thm) Sweetmedicine

PRESENT NAME

INFORMATION REGARDING RETURNED STUDENTS

PART 1

REPORT BY NONRESERVATION SUPERINTENDENT OR RESERVATION SCHOOL PRINCIPAL

SCHOOL, July 5, 1912., 191

Name, Henry Sweet medicine; Sex, M; Age, 22; Deg. Indian Blood, Full

Belongs: State, Mont.; Agency, Tongue River; Tribe, Cheyenne

Home address, whose care, etc., David Sweet Medicine, Camader, Mont.

Grade in school, III a; health, good; height, 5ft. 6in.; weight, 140

Number months instruction given pupil in each school department, including music, _____

Course completed, _____; years in this school, 3

Years spent in other schools and names of schools, _____

Character and disposition, Character and disposition good.

Recommended for what positions, suitability in order named: 1. Laborer

2. _____; 3. _____; 4. _____

Remarks: This boy does not do well except under close supervision yet I do not consider him lazy. He never took any special interest in a trade. Has had considerable experience on farms under the a)uting System.

_____, Supt.

PART 2

REPORT BY RESERVATION SUPERINTENDENT

AGENCY, _____, 191

Date pupil returned from school, _____; employed since return as follows:

Are home and local conditions favorable? _____

Should he receive assistance to find employment? _____

At what employment do you think he would do best? _____

Remarks: _____

SUGGESTIONS FOR SUPPLYING THE INFORMATION REQUESTED ON THIS BLANK

1. The report of nonreservation school Superintendent should be made at the time or a little before the pupil leaves school, whether at the end of the school year or during the school year, provided the pupil is 18 years of age or over, or younger, if for any special reason the pupil is quitting school permanently. As soon as this report is received, or at least very soon after the pupil returns home, the Supervisor of Indian Employment will correspond with the returned student for the purpose of getting more in personal touch with him and finding out something about his wishes, etc. His answer will be attached to and filed as part of this report.

2. Health, height, and weight of returned students are sometimes very important in placing them properly; height and weight could be approximated very satisfactorily, though from the pupil records now in use all information called for in part 1 of this blank can readily be obtained and be definite.

3. The State, agency, and tribe are important, and where the pupil is not attached to any agency this fact should be stated and the Superintendent should give all available information as to the home and local conditions surrounding the pupil.

4. Where the outgoing pupil has passed the civil-service examination for any position, this fact should always be noted, giving position for which examination was taken.

5. It should be remembered that the Supervisor of Indian Employment can but seldom have a personal acquaintance with the outgoing student, and that he must depend on the information furnished in this report for his basis of action in behalf of the pupil.

6. The degree of Indian blood should always be given, as this fact largely determines how much effort will be made on behalf of any particular returned student; qualifications being equal, or nearly so, the preference will be given to those having the greatest degree of Indian blood.

7. This report should be forwarded promptly to the Supervisor of Indian Employment, Denver, Colo.

8. Reports on students from reservation schools should be made only as to those who leave the schools at 18 years of age, or older, and who will probably not go away to school.

9. If part 1 of this report is made out by the principal of a reservation school, the reservation Superintendent should supply information called for in part 2 if the principal is not informed as to home surroundings and local conditions. Such information is essential to a proper understanding of the difficulties and needs of the pupil.

10. When part 1 is made out by a nonreservation Superintendent, this blank will be sent by the Supervisor of Indian Employment to the Superintendent of the reservation where the outgoing student belongs. He should fill out part 2 and return the blank as promptly as possible, for practically nothing can be done until the information called for in part 2 is supplied.

Information under the heading "Employed since return as follows," will be valuable only in cases where the pupil has been home for some time.

3722
TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

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

PUPIL

Henry Sweet Medicine

TRADE

Tailoring

ABILITY

Fair

CONDUCT

Good

REMARKS

INSTRUCTOR

Wm. Bonnest

3722

TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

Jan. 1, 19 to June 30, 19

PUPIL *Henry Sweetmedicine*

TRADE *Carpenter*

ABILITY *Good*

CONDUCT *Good*

REMARKS *on Ex perience*

INSTRUCTOR *John A. Burr*

Sweet Medicine, Herry 3722

Progress made in country school 2928

Father's file

4340

Paton-, F. P. McNair

6299