

3737

5-192 a.

BRIEF.

ORIGINAL.

APPLICATION OF

*Lillie West*

*her*  
FOR ~~THE~~ ENROLLMENT ~~OF~~

IN THE INDIAN SCHOOL AT

*Carlisle, Penna.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Leech Lake Agency, Onigum, Minn.*

Date of enrollment, *Sept 17<sup>th</sup>*, 190*2*.

Term of enrollment, *Four* (*4*) 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 Penna.

of Quayquay Keji woun oke <sup>or Lillie West</sup>; Female; date of birth 1894;   
(Name of child.) (Sex.)   
Chippewa   
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Ah Zhouaunah quod</u> <u>Thomas West</u>	<u>Dead</u>	<u>Chippewa</u>	<u>Luch Lake Pil.</u>	<u>Full.</u>
NAME OF MOTHER.				
<u>Kwaydin ogray</u> <u>Lizzie Johnson</u>	<u>Living</u>	<u>Chippewa</u>	<u>Luch Lake Pil.</u>	<u>Full.</u>

I, Lillie West or Quayquay Keji woun oke, do hereby voluntarily consent and agree to   
(Parent, guardian, or next of kin.)   
 enrollment in said school for a period of Four 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>Luch Lake Bldg.</u>	<u>1902</u>	<u>1905</u>		<u>Second</u>
2. <u>Handrean, SD.</u>	<u>1905</u>	<u>1907</u>		<u>Fourth</u>
3. <u>Pine Point School</u>	<u>1908</u>	<u>1909</u>		<u>Seventh</u>
4. <u>White Earth Bldg.</u>	<u>1910</u>	<u>1911</u>		<u>Seventh</u>

Lillie West  
(Parent, guardian, or next of kin.)

P. O. address: Omigum  
Minnesota

Two witnesses:

W. P. Porter  
Peter Graves



### 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 17<sup>th</sup> day of Sept., 1902.

T. S. Wilson  
Physician at \_\_\_\_\_ 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 Lillie West  
(Parent, guardian, or next of kin)  
was voluntary, and I recommend the transfer of the said child.

This 17<sup>th</sup> day of Sept., 1902.

J. J. Goldberg  
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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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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 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

Lillie West

Sex { ~~Male~~  
Female.Tribe { Full } ~~Full~~

Chippewa

State

Minnesota

Sept 23, 1912

Age 18 years

Respiration

Condition of, Eyes

sus. Trachoma

Height 5 ft. 3 ins.

Mensuration

Insp.

38

Ears

O.K.

Weight 137  $\frac{3}{4}$  lbs.

Exp.

34

Throat

O.K.

Temperature 98  $\frac{3}{5}$ 

Vaccination

yes

Cervical glands

O.K.

Pulse

Vision

Skin

O.K.

Inspection

very well developed

Palpation

normal

Percussion

normal

Auscultation

normal

Heart

normal

(Menstruation)

regular

## FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			yes	Small pox
Mother	yes	good		
Brothers	1	"	1	unknown.
Sisters	3	"	3	2 pneumonia 1 infaney

Personal history

mumps

Present condition

good.

H. B. Fraley

, 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.

Age ..... Sex { Male.  
Female. } Tribe { Full  
1/ } ..... Residence .....

(On ....., 19...)

6—1955



NAME

Siene Wen

Sex ☒ Male.  
☐ Female.

Tribe

{ Full  
1/ }

Chippewa

State

Minn.

Sept 17, 1912

Age

18

years

Respiration

18

Condition of, Eyes

Normal

Height

5

ft.

2

ins.

Mensuration

Insp.

35 1/2

Exp.

32

Ears

Normal

Weight

13

4

lbs.

Throat

Normal

Temperature

98.6

Vaccination

Yes

Cervical glands

Pulse

80

Vision

Normal

Skin

Normal

Inspection

Normal

Palpation

"

Percussion

"

Auscultation

"

Heart

"

(Menstruation)

"

## FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	no		yes	Influenza
Mother	yes	good		
Brothers	2 { 11 yrs	good	11 yrs	Disease of infancy
Sisters	3 living		1 yes	Unknown

Personal history

good

Present condition

good

H. S. Miller

, 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.

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Age \_\_\_\_\_ Sex  $\begin{cases} \text{Male.} \\ \text{Female.} \end{cases}$  Tribe  $\begin{cases} \text{Full} \\ \text{1/} \end{cases}$  \_\_\_\_\_ Residence \_\_\_\_\_  
(On \_\_\_\_\_, 19\_\_\_\_)



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## REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

Lillian West

PRESENT NAME

3737

## CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2776	ENGLISH NAME Lillian West	AGENCY Leech Lake	NATION Chippewa		
BAND Leech Lake	INDIAN NAME Wagay quay ke je wana oke	HOME ADDRESS Origan, Minn.			
PARENTS LIVING OR DEAD	BLOOD Full	AGE 18	HEIGHT 5'2½"	WEIGHT 134	FORCED INSP. 35½
FATHER, D	MOTHER, L				FORCED EXPR. 32.
ARRIVED AT SCHOOL Sept. 21, 1912.	FOR WHAT PERIOD Four years	DATE DISCHARGED Dec. 3, 12		CAUSE OF DISCHARGE Failed to return	
TO COUNTRY 10-31-12	PATRONS NAME AND ADDRESS On Leave				FROM COUNTRY

THE SHAW-WALKER CO., MINNEAPOLIS 12-1077

Months in school before Carlisle, .....

Trade entered at Carlisle, .....

Trade at d. of Discharge, .....

Trade or Industry, .....

Church, Catholic.