

3729

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6009	ENGLISH NAME Edw. Dismouthrice	AGENCY Pine Ridge	NATION Sioux
BAND Aglala	INDIAN NAME	HOME ADDRESS Jas. Dismouthrice Kyle, S. D.	
PARENTS LIVING OR DEAD	BLOOD F	AGE 17	HEIGHT 5' 3 3/4"
FATHER, R	MOTHER, D	WEIGHT 119	FORCED INSP. 34
ARRIVED AT SCHOOL Oct. 7, 1909	FOR WHAT PERIOD Three years	DATE DISCHARGED June 26, 1912	CAUSE OF DISCHARGE Time out
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY
4-6-10	Dr. Cornell, Chalfont, Pa.		1-17-11
9-1-11	J. R. Marlatt, Washington, N. J.		P. C. 11-2-11
11-11-11	In from running		
11-23-11	John R. Marlatt, Washington, N. J.		4-9-12

THE SHAW-WALKER CO., MUSKELGEE, 79104

Months in school before Carlisle, ⁶⁰
 Aglala Bdg. Sch. 1904-1909.
 Grade entered at Carlisle, 2nd.....
 Grade at date of Discharge.....
 Trade or Industry.....
 Church, Episcopalian.....
 about 30 miles to sch.
 Bro't by R. H. Ross,
 Supt. & p. hys. Aglala
 Bdg. Sch.
 Miles to sch.

✓ 467

PHYSICAL RECORD, CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Dismountucci Edw DATE 10/11 1909

AGE 17 YEARS NEW RETURNED STUDENT. TRIBE Sioux STATE S. D.

DEGREE OF INDIAN BLOOD Full

INSPECTION Fairly good development.

PALPATION normal.

PERCUSSION normal.

AUSCULTATION { RESONANCE exaggerated right apex.
RESP. MURMUR normal.

HEART SOUNDS normal.

MENSURATION { INSP. 34 RESPIRATION 22 PULSE 60
EXP. 31

TEMPERATURE 98.5 degs. HEIGHT 5 FT 2 3/4 IN. WEIGHT 119 LBS.

VISION 10/10 VACCINATION Oct 11/09 - Successful

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	Yes	Consumption?		
MOTHER			Yes	Consumption.
BROTHERS {	1	not good health		
SISTERS {			1	

PERSONAL HISTORY:

REMARKS: Sick one week in August with cough + blood spitting. Lost 10 lb. since last fall.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

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NAME OF PUPIL Disimount three Edu. DATE 3/21 1910

AGE 7 YEARS { NEW STUDENT. TRIBE Piow STATE S.D.

DEGREE OF INDIAN BLOOD.....

INSPECTION Fair development.

PALPATION normal

PERCUSSION normal

AUSCULTATION { RESONANCE Normal

{ RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 34 RESPIRATION 20 PULSE 60

{ EXP. 31½

TEMPERATURE 98 degs. HEIGHT 5 FT. 3 IN. WEIGHT 124½ LBS.

VISION 10 VACCINATION Oct "109-Successful

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	yes	Consumption?		
MOTHER			yes	Consumption.
BROTHERS {	1	not good health		
SISTERS {			1	

PERSONAL HISTORY:

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

3 Mch. 31 - 1910

Good

NAME *Edw. Simoruthrice* Sex Male Female

Tribe Full *Souix* State *S. D.* *Aug 30*, 19 *11*

Age *17* years Respiration _____ Condition of, Eyes _____

Height *5 3* ins. Mensuration { Insp. _____ Ears *OK*

Weight *123* lbs. Exp. _____ Throat *OK*

Temperature *98* Vaccination *Oct 11/09* Cervical glands *OK*

Pulse *72* Vision *10/10* Skin *OK*

Inspection *Slight depression of supra and supra clavicular fossae. General build good.*

Palpation *O.K.*

Percussion *Slight impairment R. apex*

Auscultation *Cog wheel breathing and vocal fremitus inc. at R. apex*

Heart *Fine*

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>Yes</i>	<i>T.B.?</i>		
Mother			<i>Yes</i>	<i>T.B.</i>
Brothers	<i>1</i>	<i>is now in good health</i>		
Sisters	<i>1</i>		<i>1</i>	

Personal history *Has never been sick except minor children's,*

Present condition *Spectly good with the suspicious R. apex*

_____, 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.

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5-192 a.

BRIEF.

APPLICATION OF

James Dismounta - three

FOR THE ENROLLMENT OF

Edward Dismounta - three

IN THE INDIAN SCHOOL AT

Carlisle, S. D.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Pine Ridge, S. D.

Date of enrollment, *Oct.*, 190 *9*

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, Penna.

of Edward Dismounts Thrice; Male; date of birth 1892;
(Name of child.) (Sex.)

(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>James Dismounts Thrice</u>	<u>Living</u>	<u>Siox</u>	<u>Oglala</u>	<u>Full</u>
NAME OF MOTHER.	<u>Dead</u>	<u>Siox</u>	<u>Oglala</u>	<u>Full.</u>

I, James Dismounts Thrice, do hereby voluntarily consent and agree to his
(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.
<u>1. Oglala Boarding School</u>	<u>1904</u>	<u>1909</u>	<u>Transfer</u>	
<u>2.</u>				
<u>3.</u>				
<u>4.</u>				

James Dismounts Thrice
(Parent, guardian, or next of kin.)

P. O. address: Kyle

Two witnesses:

[Signature]

[Signature]

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 30 day of Sept, 1909

James B. Waerner M.D.
Physician at San Red 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 James Desmoult-Chesse was voluntary, and I recommend the transfer of the said child.
(Parent, guardian, or next of kin.)

This 30th day of Sept, 1909

John R. Newman
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.

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 B. Marlatt Washington N. Jersey* R 9#1

Pupil's name *Edward Disminot Thre*

General health of the pupil *good*

Has pupil been ill the past two months? *has not*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough?

For how long has he had it?

Give the pupil's weight *137 1/2*

Has the pupil any trouble with the eyes? *his left eye hurts him some*

Are the eyelids inflamed?

Remarks:



Oct

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 B. Madatt Washington N Jersey

Pupil's name Edward Dumont Thrice

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?

For how long has he had it?

Give the pupil's weight 1.24 lbs

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

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REPORT OF Edward L. Thuci pupil of Carlisle Indian
School, who went July 1910 to live with Mr. David Cornell
of Chalfont - R. F. D., Bucks
Pennsylvania, Doylestown Railroad Station
(Date) (Patron)
(Post Office) (County)
(State)

Conduct Fair

Health Good

Ability "

Cleanliness "

Economy "

Situation of Room 3rd floor

Condition of Room Fair

Condition of Clothing needs shoes + own coat -

Wages "

Are careful accounts kept by patron? "

Are careful accounts kept by pupil? "

Number of days at school 40

Distance to school 1 mile

Grade or quality of school ungraded

Name and address of teacher Miss Mabel Kelley

Qualifications of teacher Graduate

In what grade was pupil at Carlisle? 4th

In what grade is pupil at present? "

Attends what church and Sunday school? Unit. Reform

Distance to church 1 mile

Is there a Catholic church in locality? None near.

Who compose patron's family? Mr. + Mrs. Cornell

What other help is employed? White-linen man

Locality of home Farm

Home life and environments Fair.

Trade at school "

Nature of work Farm work.

Pupil's age 17 Experience 10 months

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

New person. Second boy.
Farm man from millis from town.
Polin quite-dead. he says Edwards
is not-satisfied by his not-downing
as well as-~~at~~ ~~the~~ ~~way~~ ~~of~~ ~~the~~ ~~ni~~ ~~with~~
-~~from~~ ~~to~~ ~~a~~ ~~white~~ ~~boy~~ ~~who~~ ~~is~~ ~~leading~~ ~~him~~
astray. goes off nearly every night - with-
out asking permission from either of the
ship-~~right~~ ~~from~~ ~~him~~. He is told by
the neighbors that he has been seen
drinking. Polin says he has never
seen him at such times. He goes to
Lynchburg every Saturday night.

Polin has no control over this boy.
he should be removed at once.

Teacher says E. entered school Nov. 9th
attends regular. up to grade - and well-
good.

Mollie V. Gaither
Venturing Agent.

Jan-10-1911

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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Name of Student *Edw. Dismounts Thrice* Home Address *Gas. D. Thrice, Kyle, S. D. Tribe Sioux*

Age at Entrance *17* Date of Entrance *10-7-09* Shop
 Patron *David Cornell* Locality
 Address *Chalfont, Pa* R. R. Station
 Recommended by
 Grade of Home Church *Episcopal* Grade in School
 Date of Outing *4-6-'10* Date Returned *1-17-'11* Wages
 Days in School
 Conduct
 Ability
 Health
 Earnings

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
												17 22
			y.	y	y	y	7	y	y	y		
			y.	y	y	7	7	y	7	y		
			y.	y	y	y	y	y	y	y		
			8	8.	8.	10.	10.	10.	10.			

Mrs. R. Marlatt
Washington, D.C.

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
				3.	16	21	18	21			
		y	y.	y	y	y	y	1.9	0.7		
		y	y.	y	y	y	y	11.	y		
		y	y.	y	y	y	y	1.	y		
				14.	13.10						3.78

9-1-'11 *4-9-'12*

3729 Ex-Student
Wilmount Thrice, Edward

Father's file - Jas. Wilmount Thrice 5-382

Correspondence

6851

Thrice, Edward Wasmount

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Father's file - Jas. Wasmount Thrice

6-382