

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3764

NUMBER 4489 4489	ENGLISH NAME St. Peter Pierre	AGENCY Flathead	NATION Flathead				
BAND	INDIAN NAME	HOME ADDRESS Louise Mary Pierre Camas Montana					
PARENTS LIVING OR DEAD	BLOOD Full	AGE 15	HEIGHT 5-5 $\frac{1}{2}$	WEIGHT 146	FORCED INSP. 34 $\frac{1}{2}$	FORCED EPXN. 32	SEX. m.
FATHER, D	MOTHER, L	ARRIVED AT SCHOOL March 2, 1911		FOR WHAT PERIOD Five years	DATE DISCHARGED 7-19-12	CAUSE OF DISCHARGE Sickness	
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
3-15-11	Pan					3-17-11	
7-19-12	Home						

THE SHAW-WALKER CO., MUSKIEGAN 79104

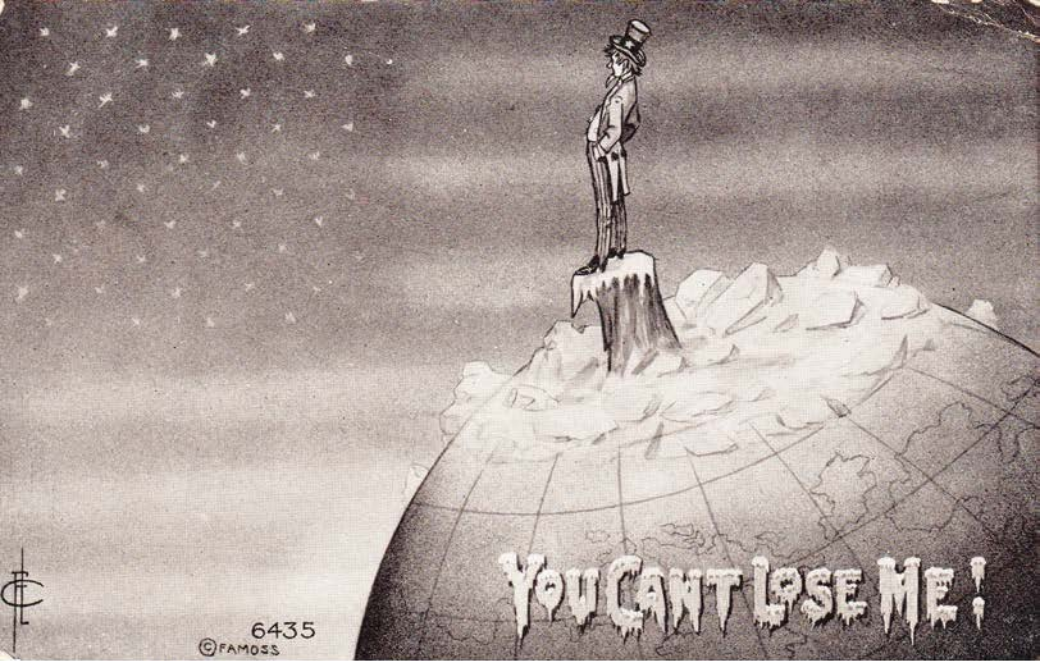
Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic



6435

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NORTH POLE SERIES

POST CARD



This Space Can Be Used for a Written Message.

From
John Deane
London
England

I will bring this
year's letter
for you like to get

Mr. Friedman
my new
address is
Dinton West

M. Friedman
Carlisle Pa.
Indian School

Department of the Interior.

*Mr. M. Friedman**Supt. U. S. Indian School**Carlisle**Pennsylvania*

6-3305

Mar 22, 1914

Name

John Pierre

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

Tribe

Flathead.

Present Address

Dixon Montana

Former Address

Green Spring Mont.

(Address from which we heard from you last.)

Present Occupation

Farmer & Stock raising

Remarks:

Good

3764

Dixon Mont. Oct. 15. 1944

Oscar H. Lipps

Carlisle Pa. Inds Sch.

Dear Sir

I must tell you that there is nothing I can enjoy, Reading But the Carlisle Arrow I am in the Best of Health at present.

I Thank Carlisle more than I can for what it done for me.

I am yours as ever,

John Pierre

Dixon Mont.

Arrow
and Files
3764

Green Spring Mont. Nov. 8 (1913)

Dear Mr Friedman,

Well Sir I am taking
the pleasure in penning you
this few lines to you and let
you know that the
Carlisle Arrow pleases
me to read it.

It is always a pleasure
for me learn what the school
is doing

Yours respectfully

John Tierre
Green Spring Mont

591

5-192 a.

BRIEF.

APPLICATION OF

Louise Mary Pierre,

FOR THE ENROLLMENT OF

St. Peter Pierre

IN THE INDIAN SCHOOL AT

Carlisle, Penn.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Flathead Agency, Montana

Date of enrollment, *February 24th, 1904.*

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

NAME OF COLLECTING AGENT:

Irving Morgan

Position, *Supt. and I. D. Agent*

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 ~~CHEMAWA, OREGON,~~ ^{Carlisle, Penna.}

of St. Peter Pierre, Male; date of birth 1896
Name of child. Sex.
Conf. Flathead
Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Emas Pierre</u>	<u>D.</u>	<u>Flathead</u>		<u>Full</u>
<u>Louise Mary Pierre</u>	<u>L.</u>	<u>Flathead</u>		<u>Full</u>

I, Louise Mary Pierre, do hereby voluntarily consent and agree to his
Parent, guardian, or next of kin.
 enrollment in said school for a period of 6 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.				

Louise Mary Pierre
Parent, guardian, or next of kin.
Carlisle,
Montana mark

Two witnesses:
Fred C. Morgan
A. Halley

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 26th day of Feb., 1904.

John H. Heidelman
Physician at Hathout 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 Louise Mary Pierre was voluntary, and I recommend the transfer of the said child.
Parent, Guardian or next of kin (mother)

This 26 day of February, 1904.

Ed C. Morgan
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 non-reservation 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 is to be used only in transfers from reservations or Indian schools to nonreservation schools.

NAME *St. Peter Pierre*

Sex { ~~Female~~ Male

Tribe { Full } *Flathead* State *Montana* Date *Febr. 25th, 1911*

Age *15* years Respiration *19* Condition of Eyes *Healthy*

Height *5* ft. *5 1/4* ins. Mensuration { Insp. *33 1/2*

Weight *142* lbs. { Exp. *30* Ears *Healthy*

Temperature *98 1/5* Vaccination *had smallpox* Throat *Healthy*

Pulse *72* Vision *good* Cervical glands *normal*

Inspection *normal* Skin *Healthy*

Palpation *normal*

Percussion *normal*

Auscultation *normal*

Heart *normal*

(Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<i>41</i>	<i>Slabbed in abdomen</i>
Mother		<i>good.</i>		
Brothers <i>3</i>	<i>18</i>	<i>good</i>	<i>1 yr.</i>	<i>Choked.</i>
	<i>9</i>	<i>good.</i>		
Sisters <i>1</i>			<i>16 yrs.</i>	<i>Don't know</i>

Personal history *Has had diseases of child hood and small pox*

Present condition *good.*

John H. Heidehman, 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.

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME John Fure

AGE

DIAGNOSIS Tubercles glands + Pulmonary T.B.

ADMITTED June 25

DISCHARGED July 19

RESULT Glands improved but sent home due to Pulmonary T.B.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraher

REMARKS:

Case No. _____

DIAGNOSIS

Revise _____

Notes of Case

Name John Pierre M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

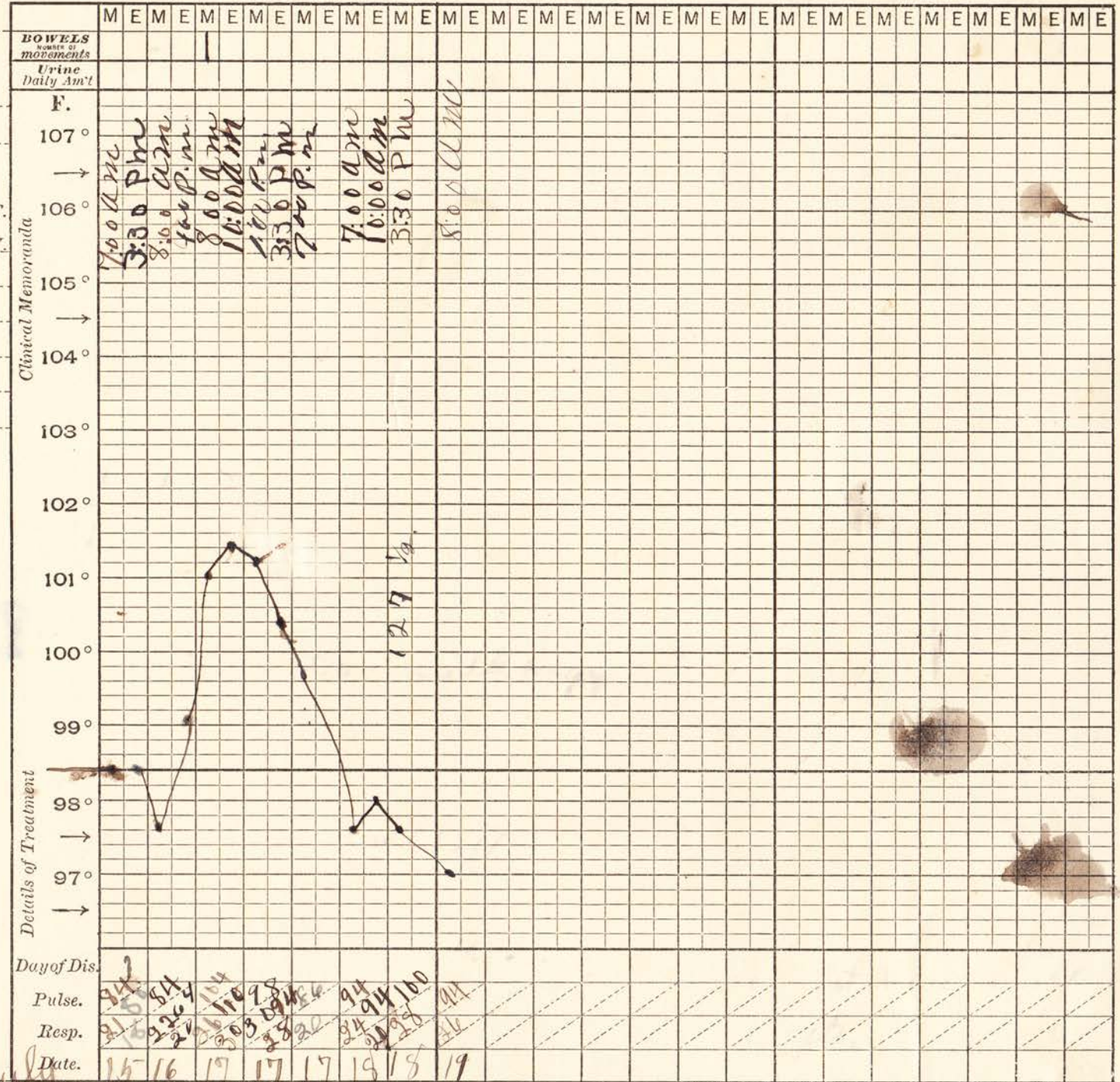
Residence _____

Date of admission June 25--12

Diet

Treatment

Result _____



Patient John Pierre Carlisle, Pa., July I 1912 Physician _____
 Address _____ Nurse Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	97.2	90	22		July 1.				
				8.00	L. L. + S.				
					July 2.				
8.00.	97.2	84	20						
3.00	98	100	20.						
					July 3.				
8.00	97.2	80	20	8.00	G. E. + S.	10.00	milk + egg		
3.00	96.2	84	22	12.00	" " " "	3.00	milk + egg		
				4.00	" " " "	8.00	" "		
					July 4				
7.00	98	80	20	8.00	olive oil				
					G. E. + S.				weight July 4
3.30	99.2	86	28	12.00	" " "	3.00	milk		130
					olive oil				
					July 5.				
8.00	98.2	72	22	8.00	olive oil				
2.00	98.	96	20.	2.00	G. E. + S.				
				4.00	L. L. + S.				

Patient
Address

John Pierre

Carlisle, Pa.,

July 15

191 2

Physician

Nurse

Opetta Bourbonnaise

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:30	98 2/3	84	21		July 15				
				8:00	L Q & S.	10:00	milk & egg		
3:30	98 2/3	86	18	12:00	L Q & S.				
				4:00	" " "	3:00	milk & egg		
8:00	97 3/5	84	22		July 16	8:00	milk & egg		
4:00	99	64	20	12:00	L. L. & S.	10:00	milk & egg		
				2:00	L. L. S.	3:30	" "		
				4:00	L. Q & S.	10:00	milk & egg		
8:00	101	104	26		July 17	12:00	light	10:00	Went to bed.
10:00	101 1/5	110	30	8:00	L Q & S.	13:00	milk & egg	10:30	Took Salto.
1:00	101 1/5	98	30	12:00	L Q & S.	8:00	" " "		
3:30	100 2/5	94	28	4:00	L Q & S.	3:00	milk		
7:00	99 3/5	84	20			5:30	soft.		
7:00	97 3/5	94	24		July 18	6:30	soft.		
10:00	98	94	20	8:00	L Q & S	10:00	milk & egg		
3:30	97 3/5	100	28	12:00	L Q & S	3:00	_____	3:00	not here went to the qtr.
8:00	97	94	24		July 19				

Patient John Pierre Carlisle, Pa., July 6 1912 Physician _____
 Address _____ Nurse Agnes Bartholomeaus

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July 6.				
8:00	98.3	100	22	8:00	L Q & S.				
3:00	98.	114	24	12:00	" " " "				
				12:00	Olive Oil.			8:00	salts.
				6:00	L H H H				
					July 7				
8:00	98.2	64		12:00	L Q & S				
3:00	98.2	88.		4:00	H 1 "				
				4:40	" 1 "				
8:00	98 $\frac{3}{5}$	86	24		July 8.				
3:00	99	92		8:00	L Q & S				
				4:00	" " " "				
					July 9.				
8:00	98.3	64		8:00	L Q & S.	10:00	Milk & egg.		
				12:00	L Q & S.				
4:10	98	84	24	4:00	" " "	3:00	milk		

Patient

John Pierre.

Carlisle, Pa.,

July 10. 1912.

Physician

Address

Nurse

Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					July 10.				
8.00	98.	150	32.	8:00	L Q & S.	10:00	milk,		
3.00	98.	70	24	12:00	" " "				
				4:00	" " "	8:00	milk + egg		
					July 11				
8.00	98.2	84	22	8:00	L Q & S				129 1/2 = weight
3.00	98.2	76	20	12:00	L Q & S.	10.00	milk + egg.	10.00	milk + eggs.
						3.00	milk + egg.		
				4:00	" " "			4.00	neck dressed
					July 12				
8.00	97.3	84	22	8:00	L Q & S	10:00	milk + egg		
				12:00	L Q & S.				
4.00	98.5	112	24						
					July 13.				
8.00	98.4	68	20	8:00	L Q & S	10.	milk + egg.		
3.30	98.2	80	28	12:00	" " "				
				4:00	" " "	8.00	milk + egg		
						8.00	milk + egg		

Case No. _____

DIAGNOSIS

F. B. glands

Revise _____

Notes of Case

Name *John Pierre* M.F.

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *June 25 1912*

Diet *4.30 P.M.*

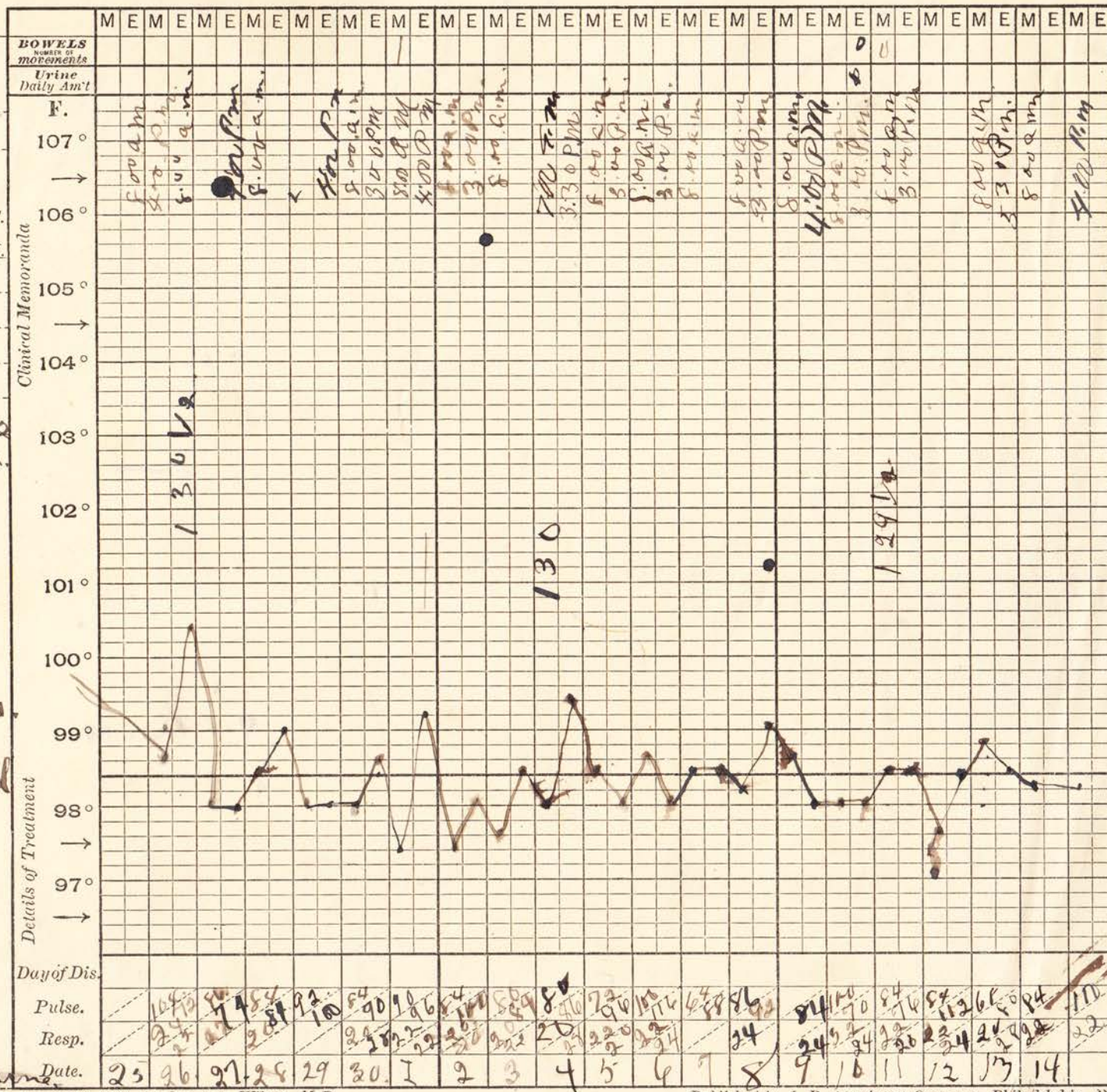
Full.

Extra, milk + eggs

Treatment

Tuberculin q. Tues.

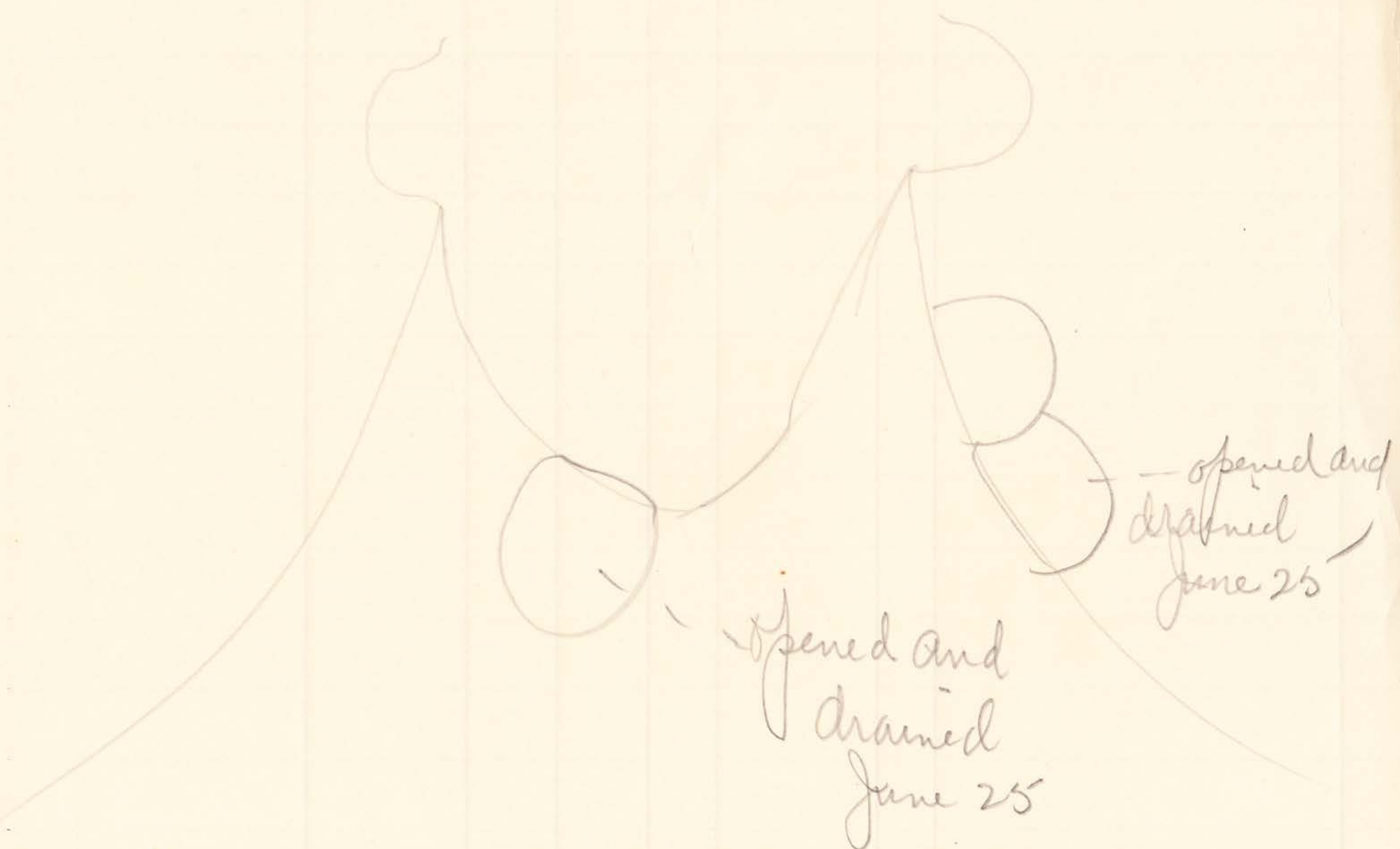
S. q. S. q. j. t. i. d.



Result _____

Patient John Pierre Carlisle, Pa., June 25 1912 Physician _____
 Address _____ Nurse Agnes Bartholomew

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
								7.30	glands in neck opened
					June 26.				
8.00.	98 $\frac{3}{5}$	104	24						
9.00.	100 $\frac{2}{5}$	72	22		June 27.				
8.10.	98	86	22.	8.10					
9.10	98	74	26.						
					June 28.	10.	milk		
8.00.	98 $\frac{2}{5}$	84	20.					3.30	neck dressed.
4.10	99	84		8.10					
					June 29				
4.10	98	100							
					June 30.	10.	milk + eggs.		
8.00.	98	84	20.						
3.00	98 $\frac{1}{3}$	90	25						



opened and
drained
June 25

opened and
drained
June 25

Patient *John Pierre*

Carlisle, Pa., *May 22*

191 *2*

Physician

Address

Nurse *Pearl Bonser,*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>4:00</i>	<i>98.4</i>	<i>80</i>	<i>32</i>						
<i>8:00</i>	<i>97.2</i>	<i>96</i>	<i>24</i>						
<i>4:00</i>	<i>98</i>	<i>80</i>	<i>32</i>						
<i>May 23</i>									
<i>8:00</i>	<i>97.1</i>	<i>78</i>	<i>38</i>						
<i>4:00</i>	<i>98</i>	<i>70</i>	<i>28</i>						
<i>May 24</i>									
<i>8:00</i>	<i>99</i>	<i>74</i>	<i>24</i>						
<i>4:00</i>	<i>98.9</i>	<i>80</i>	<i>32</i>						
<i>May 25</i>									
<i>8:00</i>	<i>98</i>	<i>86</i>	<i>26</i>						