

3780

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3798	ENGLISH NAME Davis Wounded Eye	AGENCY Tongue River	NATION Cheyenne				
BAND Northern	INDIAN NAME	HOME ADDRESS Wounded Eye Samedeer, Mont.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX. M
FATHER: Living	MOTHER: Living	Full	19	6-1/2	169		
ARRIVED AT SCHOOL FEB 28 1907	FOR WHAT PERIOD 5 years	DATE DISCHARGED June 26, 1912	CAUSE OF DISCHARGE Time out				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
8/17/07	Ran away returned					8/22/07	
4-8-'09	M. Martindell, Wycombe, Pa.					Ran 6-2-'09	
6-3-'09	Ret'd. to sch.						
4-29-'10	Mar. W. Reed, Bristol, Pa.					7-14-'10	
7-14-'10	Ran from country					7-20-'10	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

MONTHS IN SCHOOL 13

Grade entered at Carlisle, 1st.

Grade at date of Discharge, 3

Trade or Industry,

Church, Catholic.

Miles to sch. 4

Brought by Supt Eddy

Eruption of itchy
F.S.

924

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Davis Wounded Eyes Indian name is _____
 Name of father, Mellon Wounded Eye
 Name of mother, _____ Tribe, Northern Cheyenne
 Reservation, Plain Sight Degree of Indian blood of child, Full
 Is either parent white, if so, which? None Are either or both allotted? None
 On what reservation? Tongue River Age of child, 19 What reservation school attended? None How long? _____
 If ever enrolled in a nonreservation school, name of school, Kaykell Kan
 When? 1902 How long? 3 years If ever dismissed from a school, where, _____; when, _____ and for what reason? _____

(Signed.) Davis Wounded Eyes

NOTE.—The above blank is to be signed by the child, if old enough to understand its import; if not, by the parent, guardian, or other person cognizant of the facts.

CONSENT BLANK.

I, Davis Wounded Eyes, parent, guardian, or next of kin of the above-named child, Davis Wounded Eyes, do hereby consent to his transfer or enrollment for a period of five years (not less than three years) in the Indian school at English Bar Dated at Tongue River Mont. on the Twenty day of Feb, 1907

(Signed.) Davis Wounded Eyes
 (Parent, guardian, or next of kin.)
Witness Elmer Little Chief

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Davis Wounded Eyes, and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at English Montana on the 23rd day of Feb, 1907

(Signed.) R. B. Kelly

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

Tongue River Agency Feb 23, 1907

The statements concerning the above-named Davis Wounded Eyes are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) J. R. Reddy
 U. S. Indian Agent or Superintendent.

CONSENT OF

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

For the term of _____ years.

Name of agency or place from which pupil came:

Date of enrollment, _____, 190_____

Date of discharge, _____, 190_____

Cause of discharge, _____

CONSENT BLANK.

PHYSICIAN'S CERTIFICATE.

AGENTS OR SUPERINTENDENT'S ENDORSEMENT.

The statements concerning the above named _____

by me to be correct, and I hereby recommend the transfer

(Signed) _____

U. S. Bureau of Indian Affairs

When _____ How long _____

(Signed) _____

William E. ...

(Signed) _____

...

...

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Woundedeye David DATE 12/1 1908

AGE 19 YEARS | NEW | STUDENT. | TRIBE Cheyenne STATE Mont.

DEGREE OF INDIAN BLOOD.....

INSPECTION Round shouldered - Chest flat. Acne on face.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE.....
RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 38 1/4 RESPIRATION 18 PULSE 50
EXP. 34 1/2

TEMPERATURE 98 degs. HEIGHT 6 FT. IN. WEIGHT 163 LBS.

VISION 10/110 VACCINATION good - 12/2/08

FAMILY HISTORY:

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

PERSONAL HISTORY: Good health

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

April 5-09

CONDITIONS:

Good

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Name... *David Wounded Eye* Tribe... *Cheyenne* Age... *20*
 Entered... *Feb 28 1907* Address... *Busby, Mont*
 Trade... *Harnessmaker* Size of allotment... *Dont know how much*
 Nature of allotment... *Farm & timber*
 How much under cultivation? *Dont know* How much can be cultivated? *Dont know*
 When you leave Carlisle do you expect to return home?... *Yes*
 What do you expect to do for your livelihood?... *Farming*
 Have you previously worked at farming?... *yes*
 Where?... *Home* How long?... *2 yrs*
 Have you worked at a trade?... *yes* What trade?... *Harness*
 Where?... *Haskell* How long?... *3 yrs*
 Remarks
 Date... *March 12-1907*

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TRADE RECORD, CARLISLE.

PUPIL *David Woundedeye*

TRADE *Blacksmith*

ABILITY *Good*

CONDUCT *✓*

REMARKS

INSTRUCTOR *W. C. Shambaugh*

INFORMATION REGARDING RETURNED STUDENTS

PART 1

REPORT BY NONRESERVATION SUPERINTENDENT OR RESERVATION SCHOOL PRINCIPAL

SCHOOL, July 5, 1918., , 191

Name, Davis Wounded Eye ; Sex, M. ; Age, 24 ; Deg. Indian Blood, Full

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

Home address, whose care, etc., Wounded Eye, Pinedeer, Mont.

Grade in school, III a ; health, good ; height, 6ft. ; weight, 175.

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

Course completed, ; years in this school, 5

Years spent in other schools and names of schools,

Character and disposition, Character and disposition very good.

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

2. Laborer ; 3. ; 4.

Remarks: Under proper management Davis is an excellent worker and is to be trusted. He loves horses and would make a good agency teamster. He should be looked after and put to work at once.

....., 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:

....., Supt.

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.

NAME. Wounded Eye, Davis		TRIBE. Cheyenne	PARENT OR GUARDIAN. Wounded Eye (Father)	
DATE ENROLLED. Feb. 28, 1907	TERM. 5 Years	AGE. 19	HOME ADDRESS. Lamedeer, Mont.	

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct	Room No.	Neatness	Conduct	Ability.	Conduct.	
<i>Apr. 08</i>	<i>1</i>	<i>V. Good</i>	<i>V. Good</i>									
<i>Jan. 09</i>	<i>1</i>	<i>Good</i>	<i>V. Good</i>	<i>Waxes</i>	<i>Good</i>	<i>Ex.</i>	<i>108</i>	<i>Good</i>	<i>Good</i>	<i>Fair</i>	<i>Fair</i>	
<i>July 09</i>	<i>1</i>	<i>Good</i>	<i>V. Good</i>	<i>"</i>	<i>Fair</i>	<i>Fair</i>		<i>"</i>	<i>"</i>			
<i>Jan. '10</i>	<i>2</i>	<i>E</i>	<i>E</i>	<i>Stable</i>	<i>Good</i>	<i>Good</i>	<i>219</i>	<i>"</i>	<i>"</i>			
<i>July '10</i>	<i>3</i>	<i>Good</i>	<i>Ex.</i>	<i>Paint</i>	<i>Fair</i>	<i>"</i>		<i>"</i>	<i>V</i>	<i>Good</i>	<i>Good</i>	
<i>Jan. '11</i>				<i>Bkks.</i>	<i>Gd</i>	<i>Gd</i>		<i>"</i>	<i>Gd</i>			
<i>July '11</i>	<i>3</i>	<i>M.</i>	<i>Good</i>									
<i>Dec. '11</i>				<i>"</i>	<i>Gd</i>	<i>Gd.</i>		<i>V.G.</i>	<i>V.G.</i>			

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TRADE RECORD, CARLISLE.

PUPIL

David Waunder

TRADE

Blacksmith

ABILITY

Good

CONDUCT

REMARKS

INSTRUCTOR

W. B. Shambaugh

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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Name of Student *David Wounded Eyes* Home Address *Wounded Eye, Same Deer, Mont. Tribe Cheyenne*

Age at Entrance *19* Date of Entrance *Feb-28-1909* Shop

Patron *Miles Martindell* Locality

Address *Wycombe, Pa.* R. R. Station *Wycombe, Pa.* Days in School

Recommended by

Grade of Home Church *Catholic* Conduct *Pass* Ability

Date of Outing *Apr-8-1909* Date Returned *7-3-09* Wages

David Reed

Bristol, Pa.

4-29-'10. Ret'd 7-20-'10

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
------	------	------	------	-----	------	------	------	-------	------	------	------	------------------

y y
y y
y y
16.17. 6.50

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL

David Hounded Eye

TRADE

House Painting

ABILITY

Fair

CONDUCT

Good

REMARKS

INSTRUCTOR

Chas Harris

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911.

TRIBE

FULL ONE

NAME David Wounded Eye

AGE

DIAGNOSIS Edema of right leg. (Traumatic)

ADMITTED Nov. 26

DISCHARGED Nov. 28

RESULT Cured.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Hallen

Chas. E. Treibley

REMARKS:

Foot ball injury

Patient Carlisle, Pa., 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6:00	97			12:00	Ferric chloride gr. V	5:30	Meat cake, potatoes chow chow, bread butter & tea.		no clock or watch to take pulse.
				3:00	" "				
				6:00	" "				
				6:30	1:2000 Potassium permanganate applied locally				
				9:00	79. Ferric chloride gr. V				
Nov. 28 - 11									
7:00	97			8:00	157 Ferric chloride gr. V	6:30	Oat meal & cream meat cake, bread butter, & Coffee.	7:30	Dressed leg with permanganate sol.
						12:00	potatoes, meat, soup, crackers, string beans, bread butter and water,		

Patient Carlisle, Pa., 191 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks		
4.00	97			11.30	Mag Sulph $\frac{3}{4}$ TT 5n Ferri Chloride $\frac{1}{4}$ TT 1-2 000 Potassium Permanganate applied to leg	1:00	Potatoes, meat corn, bread, butter water & ice cream				
				3.00	5n Ferri Chloride $\frac{1}{4}$ TT	5:30	meat, bread, apple, sauce, chow chow				
				6.00		tea & butter				
				6.00	1-2 000 Potassium Permanganate applied locally		ice cream				
				9.00	5n Ferri Chloride $\frac{1}{4}$ TT						
				Nov. 27 - 11							
7.30	97	78		8.00	5n Ferri Chloride $\frac{1}{4}$ TT	6:30	Pat meat, meat gravy, bread	7:00	Dressed leg with Permanganate Sol.		
				12.00		butter and coffee		1: 2 000		
						12:00	meat, potatoes, gravy peas, pudding, soup & water				

NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME David Wounded eye

AGE

DIAGNOSIS La lssippe

ADMITTED Apr 14

DISCHARGED Apr 16

RESULT good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B. Fraley

REMARKS:

Patient Carlisle, Pa., 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6 P.M.	102			6 P.M.	Salol & Phen.		Milk		refused medicine
9 P.M.	103	100	34	8 P.M.	" "	6:30	Soft		
12 Midn.	102.2	104	32	12 Midn.	" "	12:00	"		
6 A.M.	101	74	30	6 P.M.	Salol & Phen.	4:30	"	6:30	Didn't want anything
9:00	98.4	54	28	7:00	" "				
3:00	98	50	28	12:00	" "				
				9:00	" "				
				4:00	" "				
6:00				6:00	" "				
April 15									
9:00 P.M.	98.2	82	24	9:00	Salol & P Phen	6:30	Soft		
12:00	98	80	18			12:00	"		
6:00	97.6	70	20			5:30	"		
April 16									
9:00	97	50	24			6:30	Soft		
								4:00	not here

Wounded Eye David (Davis) 3780

Patron - W. Martindale - file 1517

Agents File 280

Correspondence 3675

Patron - David W. Reed. 3709