

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912.

TRIBE

FULL. ONE

NAME Ward Deon.

AGE

DIAGNOSIS Tonsillitis

ADMITTED Feb 15

DISCHARGED Feb 18

RESULT good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

AR Allen

HB Frolic

REMARKS:

Patient Ward Leon Carlisle, Pa., Feb. 15 1912 Physician Dr. Fralic

Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
10.00	100 ²	94		8.00	Tonsillitis tab.	12.00	Soup, potato		
				7.00	Mag. Sulph.		beans bread		
				8.00	Tonsillitis Tab.		butter, milk		
				6.00	" "	5.30	Sauce, toast		
				8.00	" "		potato tea		
Feb. 16.									
2.00	98 ⁶	72		8.00	Tonsillitis Tab.	6.30	Toast, coffee		
4.00	99	80		8.00	Mag. Sulph.		gravy oatmeal		
				10.00	Tonsillitis tab.	10.00	ice cream		
				12.00	" "	12.00	Soup, milk		
				2.00	" "		Bread + but.		
				4.00	" "		potato tomato		
						5.30	tea toast		
				8.00	" "		gravy sauce		
Feb. 17									
7.00	98	74		8.00	" "	6.30	coffee, toast		
4.00	98 ⁴	70		10.00	" "		egg, gravy		
				12.00	" "	12.00	milk, egg, toast		
				2.00	" "		Full		
				4.00	" "	5.30	" "		

John Francis, Jr.
xxxxxx

~~5787~~

3799

April 26, 1917

Mr. Ward Deon,
c/o Louis Deon,
Pine Ridge, S. S.

Dear Ward:

On checking over the pupils' bank accounts at this school, I find that you have a balance of \$2.43 and I am enclosing a check for that amount. Please sign and endorse the check before getting it cashed.

With kind regards and best wishes, I am

Yours very truly,

Superintendent.

LG

Enc.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

88

Name of Student <i>Ward Deon</i>		Home Address <i>Pine Ridge, S. Dak. Tribe</i>												Tribe <i>Sioux</i>	
Age at Entrance <i>16</i>	Date of Entrance <i>9-17-'11</i>	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron <i>Owen B. Powell</i>	Locality	Days in School	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	
Address <i>Newtown Squ., Pa.</i>	R. R. Station	Conduct										<i>7</i>	<i>Ⓟ</i>		
Recommended by	Grade in School	Ability										<i>y</i>	<i>"</i>		
Grade of Home	Church	Health										<i>y</i>	<i>y</i>		
Date of Outing <i>4-9-'12</i>	Date Returned <i>6-14-'12</i>	Earnings													<i>3.57224</i>
	<i>Run 5-14-12</i>	Wages													

My dear Pupil:

Allow this gift to remind you that I still, whenever you look upon my face, wish to strive harder to overcome indifferences, and ill-temper and the many things that tend to destroy the best in you.

I have put my whole life in yours that you may be made better by so doing. Let my teaching and life be a living example for you to follow.

Keep God in view daily; enlarge your character by prayer; your soul by kindness; and last, not least, be able to show to your people the ways of a sincere life.

Sincerely your teacher,

Q. R. M. Lutz

Deon, Ward
Father, Louis Deon

Ex-ctu. 3799

6132

CARLISLE INDIAN INDUSTRIAL SCHOOL

3799

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4091 6392		ENGLISH NAME Ward Deon		AGENCY Pine Ridge		NATION Sioux			
BAND		INDIAN NAME		HOME ADDRESS Pine Ridge, S. Dak.					
PARENTS LIVING OR DEAD		BLOOD 1/8	AGE 16	HEIGHT 5-4	WEIGHT 105	FORCED INSP. 32	FORCED EXPR. 29	SEX. M.	
FATHER		MOTHER		ARRIVED AT SCHOOL Sept. 17, 1911		FOR WHAT PERIOD		DATE DISCHARGED 6-14-12	CAUSE OF DISCHARGE Deserter
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY		
4-9-12		Diverse Powell, Newtonson Sq, Pa.							
5-15-12		Raw from Country							

Months in school before Carlisle,.....

Trade entered at Carlisle,

Trade at date of Discharge,.....

Trade or Industry,

Church,.....

BRIEF.

APPLICATION OF

Louis Deon

FOR THE ENROLLMENT OF

Ward Deon

IN THE INDIAN SCHOOL AT

Carlisle

NAME OF AGENCY FROM WHICH PUPIL CAME:

Pine Ridge Agency, S. D.

Date of enrollment, Sept. 13, 1911, 190

Term of enrollment, three (3) years.

NAME OF COLLECTING AGENT:

Louis Deon

Position, father

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

of **Ward Deon** ; m ; date of birth **Feb. 18, 1896** ;
(Name of child.) (Sex.)

(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Louis Deon	living	Sioux	Oglala	quarter
NAME OF MOTHER.				
Wamie Deon	"	B	"	$\frac{1}{4}$ eight

I, ~~Ward~~ **Louis Deon**, do hereby voluntarily consent and agree to his enrollment in said school for a period of three years, and also obligate myself to abide by all the rules and regulations for Indian schools.
(Parent, guardian, or next of kin.)
(Not less than 3.)

The said child has been enrolled in the following schools:

	NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1.	Mission	1905	1908	age	4
2.	Toledo, Iowa	1908	1911	school closed	6
3.					
4.					

Louis Deon

(Parent, guardian, or next of kin.)

P. O. address: Pine Ridge, S. D.

Two witnesses:

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 13th day of Sept. 1911, 190

J. B. Williams
Physician at Pine Ridge 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 Louis Deon was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 13th day of Sept. 1911, 190

John R. Brennan
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.)

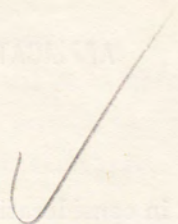
The rules provide that—

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.

87



5-192 a.

BRIEF.

APPLICATION OF

Louis Deon

FOR THE ENROLLMENT OF

Ward Deon

IN THE INDIAN SCHOOL AT

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of **Ward Deon** _____; **m** _____; date of birth **Feb. 18, 1896** _____;
(Name of child.) (Sex.)

(Tribe.)

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Louis Deon	living	Sioux	Oglala	quarter
NAME OF MOTHER.				
Mamie Deon	"	S	"	1/4 eight

I, **Ward Deon Louis Deon** _____, 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.
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2. Toledo, Iowa	1908	1911	school closed	6
3.				
4.				

Louis Deon _____
(Parent, guardian, or next of kin.)

P. O. address: **Pine Ridge, S. D.**

Two witnesses: _____

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Jan B. Weaver
Physician at Pine Ridge Agency.

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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.)

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

NAME Ward Tom Sex Male. Female.

Tribe ^{Full} Soux State S. Dak. Sept 25, 19 11

Age 16 years Respiration _____ Condition of, Eyes OK

Height 5 ft. 4 ins. Ears OK

Weight 105 lbs. Mensuration { Insp. 32
Exp. 29 Throat OK

Temperature 99.6 Vaccination Sept 25-11 Cervical glands Enlarged

Pulse 68 Vision _____ Skin OK

Inspection Gr. emaciated

Palpation OK

Percussion OK

Auscultation OK } resp -

Heart OK

~~(Menstruation)~~

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yrs</u>	<u>well</u>		
Mother			<u>Yrs</u>	<u>?</u>
Brothers	<u>1</u>	<u>"</u>		
Sisters	<u>1</u>	<u>"</u>		

Personal history neg -

Present condition Fair

Elmer Hres, 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.

✓
37999

Jan 20, 1914

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

Tribe Sioy

Present Address Line Ridge S. D.

Former Address
(Address from which we heard from you last.)

Present Occupation

Remarks: My best regards to you & all.

1-567 a

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

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 *Queen B. Powell, Newtown Sq., Pa.*

Pupil's name *Hard Deon*

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 *125 lbs.*

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

Are the eyelids inflamed? *No.*

Remarks:

Date *April 30th, 1912.*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

