

Original

173
BRIEF.

APPLICATION OF

Littleyellowman

FOR THE ENROLLMENT OF

Ruth Littleyellowman

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Tongue River Agency, Lamedeer, Mont.

Date of enrollment, _____, 190

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, Pa.

of Ruth Littleyellowman; Female; date of birth 1895;
Name of child. Sex.

Northern Cheyenne
Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD
<u>Littleyellowman</u>	<u>Living</u>	<u>Northern Chey.</u>	<u>Scabby</u>	<u>Full</u>
<u>A-ah-wah-jit</u>				
<small>NAME OF MOTHER.</small>				
<u>Gertie Littleyellowman Dead</u>		<u>"</u>	<u>"</u>	<u>"</u>
<u>O-is-ton-it</u>				

I, Littleyellowman, do hereby voluntarily consent and agree to Ruth's
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.
1.				
2.				
3.				
4.				

Littleyellowman ^{his}
Parent, guardian, or next of kin. ~~mark~~

P. O. address: Lamedeer,

Two witnesses:

Montana

E E M K
Elmore Little Chief

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 31st day of December, 1908

Bishop B. Kelley M.D.
Physician at Crown 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 _____
Parent, guardian, or next of kin.
was voluntary, and I recommend the transfer of said child.

This _____ day of _____, 190

R. Eddy
Agent or Superintendent.

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.

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

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME		AGENCY		NATION	
2386	Ruth Littleyellowman		Tongue River		Cherokee	
BAND	INDIAN NAME	HOME ADDRESS				
(Father) Scabby	(Mother) O-is-ton-ik	(Father) Little yellowman, Same Deer, Mont.				
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPT.
FATHER, L	MOTHER, D	Full	14	4 9"	115	32
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE			
Jan. 4, 1909.	Three Years	June 24, 1912	Time out			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY
5-27-'11	Daniel Dover, R. 2 D. #9, Carlisle, Pa.					6-4-'11

THE SHAW-WALKER CO., MUSKELG. 79104

Months in school before Carlisle,

Grade entered at Carlisle, 1st.

Grade at date of Discharge,

Trade or Industry,

Church, Catholic
miles to schBrot by Supr. J. R. Eddy.
Tongue River.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

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NAME OF PUPIL Little Yellowman DATE Jan. 14 1909

AGE 14 YEARS { NEW RETURNED } STUDENT. TRIBE Cheyenne STATE Mont.

DEGREE OF INDIAN BLOOD Full

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 32
EXP. 30 RESPIRATION 22 PULSE 86

TEMPERATURE 99 degs. HEIGHT 4 FT. 9 1/2 IN. WEIGHT 115 LBS.

VISION ✓ VACCINATION 1/14/09

MENSTRUATION

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>not good</u>	<u>Tuberculosis</u>	
MOTHER			<u>yes</u>	<u>Struck by lightning.</u>
BROTHERS {	<u>3</u>	<u>not good</u>	<u>1</u>	<u>?</u>
SISTERS {	<u>1</u>	<u>Good</u>	<u>1</u>	<u>Whooping Cough.</u>

PERSONAL HISTORY:

Always been in good health.

REMARKS:

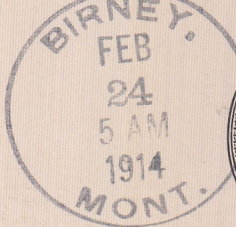
HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

3837 ✓

Feb 23, 191*14*

Ruth Little Yellowman

Name *Mrs Ruth K. Smelundine.*
(Please give name by which enrolled and also present or married name.)

Tribe *Cheyenne*

Present Address *Birney, Montana.*

Former Address *Birney, Montana.*
(Address from which we heard from you last.)

Present Occupation *House Keeping.*

Remarks: *I am so glad that Carlisle has started thinking. Fr. Ruth*

Duplicate

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Term of enrollment, **Three** (**3**) years.

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of Ruth Littleyellowman; Female; date of birth 1895; Northern Cheyenne Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD
<u>Littleyellowman</u>	<u>Living</u>	<u>Northern Chey.</u>	<u>Scabby</u>	<u>Full</u>
<u>A-ah-wah-jit</u> NAME OF MOTHER.				
<u>Gertie Littleyellowman</u>	<u>Dead</u>	<u>"</u>	<u>"</u>	<u>"</u>
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I, Littleyellowman, do hereby voluntarily consent and agree to Ruth's 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.

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2.				
3.				
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Littleyellowman his
Parent, guardian, or next of kin mark

P. O. address: Lamedeer,

Two witnesses:

E E M Luman
Elmore Little Chief

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This 31st day of Dec, 1908

D. H. Kelly M.D.
Physician at Crofton 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 _____
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J. R. Eddy
Agent or Superintendent.

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NAME.

TRIBE.

PARENT OR GUARDIAN.

Ruth Littleyellowman Cheyenne

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

Jan. 4, 1909. Three Years. 14 (Father.) Little yellowman, Same Deer, 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	
July '09	Nor.	Good	Good									
Jan. '10	1	Med.	Ex	D.P.	Good	Ex	10	Ex	Ex			
July '10	Nor	M.	Good	Gen	Med	"		V. Good	"			
Jan. '11	1	Fair	Good	"	V. G.	"		"	"			
July '11	1	Poor	Fair									
Dec. '11				D.P.	Ex	Ex		Ex	Ex			

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NAME AT CARLISLE

Ruth L. Yellowman

PRESENT NAME

Mrs. Henry Sweetmedicine

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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9/14	Self	Binney, Mont.	Housewife		
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