

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

Miles to Public School 4th

CARLISLE INDIAN SCHOOL

[illegible]

Progress from _____, to _____,
(Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade.....								
Academic.....standing*								
Industrial.....standing* (Department)								
Musical: Band.....standing*								
Vocal.....standing*								
Orchestra.....standing*								
Deportment.....standing*								
Physical condition.....								

203



BRIEF.

Application of

Amanda Wilson

FOR THE ENROLLMENT OF

Robert F. Newcombe

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Nowata, Oklahoma

Date of enrollment, _____, 191

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

*Letter of
Dec. 6, 1910*

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa, of Robert H. Newcombe, Male, I, Amanda Wilson (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Nowata, P. O., State of Oklahoma, do hereby voluntarily consent and agree to his enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Nowata, Okla on March 12, 1897 (Date.) that the father, Eduard T. Newcombe, a full Indian of the Cherokee Roll #3164 (Name of father.) (Is or was.) (Degree.) Tribe located at Union (Muskogee) Agency; that he left the tribe about (Approximate date.) that the mother, Laura Newcombe, (Name.) (Is or was.) (Degree.) Indian of the Tribe located at Agency, and left the tribe about (Approximate date.) that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
Public School	Nowata County	1905	1906		1
" "	City of Nowata	1906	1908		3
Missouri Military Academy	Mexico, Mo.	1908	1910		

This 7 day of Oct., 1910

Two witnesses:

Francis Long
V. H. Johnson

Amanda Wilson
(Parent, guardian, or next of kin.)

P. O., Nowata, Okla

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, Amanda Wilson, do hereby swear that the statements made in the above application are true.

Amanda Wilson
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 7 day of October, 1910

R. P. Harrison, Clerk U. S. Dist. Court
Eastern District of Oklahoma
By Francis Long, Deputy

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

Witness to mark!
Francis Long
V. H. Johnson

Certificate of Physician.

I, J. P. Suddeth, a practicing physician of Nowata, Okla,
do hereby certify that I have carefully examined Robert F. Newcombe,

the child named in this application, and find that he is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This 8 day of Oct, 1910, J. P. Suddeth, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, E. B. Bender, a Merchant, of
Nowata, Okla, do hereby certify that I am personally acquainted with
Amanda Wilson who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Robert F. Newcombe; that

(Name of Child.)

he is known and recognized in the community in which he lives as an Indian; that in my opinion
he can not receive proper and adequate schooling at home for the reason that his father
is dead and he has no relatives to give him proper
attention

This 8 day of October, 1910, E. B. Bender
Dickinson '90

VOUCHER No. 2.

I, P. S. Powell, a Banker, of
Nowata, Okla, do hereby certify that I am personally acquainted with
Amanda Wilson, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Robert F. Newcombe; that

(Name of child.)

he is known and recognized in the community in which he lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that his father
is dead and he has no relatives to give him proper
attention

This 8 day of October, 1910, P. S. Powell

Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 191_____

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation 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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.



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BRIEF.

Application of

Amanda Wilson

FOR THE ENROLLMENT OF

Robert F. Newcomb.

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

District Agency no. 2.

Date of enrollment 191.....

Term of enrollment (.....) years

Application for Enrollment in a Non-reservation 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,

Pennsylvania,
of Robert F. Newcomb; Male; date of birth March 12, 1897
(Name of Child) (Sex)

1/2 blood Cherokee
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Edward T. Newcomb, Dead</u>		<u>Cherokee</u>		<u>Full</u>
NAME OF MOTHER				
<u>Laura Newcomb</u>	<u>Living</u>	<u>white</u>		

I, Ananda Wilson, do hereby voluntarily consent and agree to his
enrollment in said school for a period of One years, and also obligate myself to abide by all
(Not less than 8)
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. <u>Public School Nowata County</u>	<u>1905 to 1908</u>	<u>and</u>		
2. <u>at Missouri Military Academy, Mexico, Mo.,</u>				
3. <u>1908 to 1910</u>	<u>—</u>	<u>—</u>	<u>—</u>	
4.				

Ananda Wilson
(Parent, guardian, or next of kin)

P. O. address: Nowata, Okla.

Two Witnesses:

Sam H. Johns, Nowata, Okla.
A. W. Dushagan

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find.....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.....day of....., 19.....

Physician at.....Agency.

CERTIFICATE OF AGENT OR 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 Amanda Wilson
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 10th day of September, 1912

M. D. Mangan
acting District Agent or Superintendent.

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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

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 is living, and if neither of them is 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.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Mercomb Robert* DATE *Feb 12 1911*

AGE *13* YEARS { *NEW* *REFERRED* } STUDENT. TRIBE *Delaware* CLAN *Oke*

DEGREE OF INDIAN BLOOD *1/2*

INSPECTION *Hollow above clavicles*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE *Normal*

{ RESP. MURMUR *Normal*

HEART SOUNDS

MENSURATION { INSP. *34 1/2*

{ EXP. *33 1/4* RESPIRATION *18* PULSE *72*

TEMPERATURE *98.6* degs. HEIGHT *5* FT. *6 3/4* IN. WEIGHT *126* LBS.

VISION VACCINATION *Feb 12-11*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			<i>Yes</i>	<i>Typhoid fever</i>
MOTHER	<i>Yes</i>	<i>Good</i>		
BROTHERS {	<i>0</i>			
SISTERS {	<i>0</i>			

PERSONAL HISTORY: *General health good.*

REMARKS: *Eye lids normal*

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

2-13-1911

CONDITION:

Good

NAME

Robert Newcomb

Enter Feb. 7 - 1911

Sex { Male.

~~Female~~

Tribe { Full

Delaware

State

Oklahoma

Dec 18, 1912

Age 16 years

Respiration

Condition of, Eyes

Height 5 ft. 11 ins.

Mensuration {

Insp. 39

Ears

Weight 156 $\frac{3}{4}$ lbs.

Exp. 34

Throat

Temperature 97.3

Vaccination

Cervical glands

Pulse

Vision

Skin

Inspection

Skull Developed

Palpation

Percussion

Auscultation

Heart

(Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			yes	accident
Mother	yes	good		
Brothers	none		none	
Sisters	none		none	

Personal history

Present condition

H. B. Francis, 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.

Note for Arrow-
m

Wentworth Military Academy,
Lexington, Mo.

Oct. 6, 1913.

My Dear Mr. Friedman:

With great pleasure
I will drop you a few lines.
To let you know that I
have settled down to an-
other year of hard study.
I often think of dear old
Carlisle, and the instructions
I got while there has helped
me in many things.

I am now attending Wentworth
Military Academy Lexington
Mo., and expect to finish
grammar school this year

And expect to take up first
 year in high school next year.
 There are about two hundred
 of ~~the~~^{them} here altogether and
 only three of us Indians
 among them, they attended
 Haskell last year.

We have all men Instructors
 here, and we cannot help
 learning, for if we don't
 have our studies prepared
 before entering the Class
 room. we ^{will} put in a large
 study hall where two

hours ~~are~~ put into studying.
each night until better
showing is made.

I can say that I haven't had
to report to the study hall.
I'll tell the is all I have to say.
for this time so I will close
sending my best wishes
to ~~My~~ Teacher and friends.

Yours Respectfully
Robert Newcomb.

P.S.

You will find enclosed
\$.25 for a year sub. for the
"Arrow".

Receipt mailed Oct. 8, 1913

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

Pupil's name *Robert Newcomb*

General health of the pupil *Fair*

Has pupil been ill the past two months?

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 *110 lbs.*

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

Are the eyelids inflamed? *No.*

Remarks: *Robert had a slight attack of indigestion, which I trust can be prevented in future by a more careful diet.*

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

Pupil's name *Robert Newcomb*

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 *126½*

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

Are the eyelids inflamed? *No.*

Remarks: *Robert had a little indigestion—nothing serious. A few pills from our doctor, and care in diet, corrected it. All he needs is to be guarded in eating, which he is.*

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. *Ann B. Powell*

Pupil's name. *Robert Newcomb*

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. *126 lbs.*

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

Are the eyelids inflamed? *No*

Remarks:

NO.

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 12

TRIBE Delaware

FULL. ONE

NAME Robert Newcombe

AGE 16

DIAGNOSIS Cervical adenitis

ADMITTED Jan 4

DISCHARGED Jan 18

RESULT Improved

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

Allen

REMARKS:

Department of the Interior.

United States Bureau of Indian Affairs.

Washington, D. C.

October 15, 1913.

Oct. 15th, 1913.

Mr. A. W. Dumagan,
Field Clerk, The Union Agency,
Nowata, Okla.

Dear Sir:

I thank you for your letter of October the 13th, with which you sent me a draft for an amount of \$6.34 to cover the balance due on the transportation that was furnished Robert Hecomb when he left here last June to go to his home.

Assuring you that the assistance you have given is appreciated, I remain,

Very respectfully,

Superintendent.

Copy to Superintendent Kelsey.

Department of the Interior,

Indebtedness of
Newcomb,
Wilson, Grdn.

United States Indian Service,

Local Field Representative of the
Indian Agency.

Nowata, Oklahoma, October 13, 1913.

Mr. M. Friedman, Superintendent,
United States Indian School,
Carlisle, Pa.,

Sir:-

Reference is hereby made to your letter of October 1, 1913, addressed to the United States Indian Superintendent at Muskogee, Oklahoma, and referred by him to this office for appropriate action relative to an indebtedness of Robert F. Newcomb, a minor, Amanda Wilson, Guardian, in the sum of \$6.34, balance due to cover full payment of said minor's transportation.

Mrs. Amanda Wilson has been interviewed and is today mailing to you a draft for the sum of \$6.34 to re-imburse you for the amount you advanced in behalf of the minor herein.

Payment of this money was delayed for the simple reason that Mrs. Wilson resides in the country and does not come to town oftener than once a week for her mail and the transaction of her business affairs. She had no intention whatever of delaying this matter.

Very respectfully,

W. D. Dunnington
Field Clerk.
"g"

"J"

cc - U.S. Indian Supt.
Muskogee, Oklahoma.

Department of the Interior,

United States Indian Service.

Union Agency.

Five Civilized Tribes.

F I E L D
53392--13
FGJ -- EP
10--7--13

Muskogee, Oklahoma. October 7, 1913.

SUBJECT: Re indebtedness
of Robert Newcomb.

Mr. M. Friedman, Superintendent

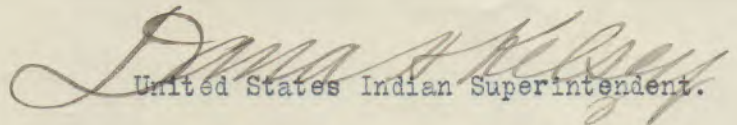
United States Indian School,

Carlisle, Pa.

Sir:

Your letter of October 1, 1913 has been referred to
Mr. A. W. Dunnagan, Field Clerk, Nowata, Oklahoma, with instructions that
he give the matter prompt attention and advise you direct in regard to
the failure of Mrs. Amanda Wilson to settle indebtedness of \$6.34 in-
curred by Robert Newcomb.

Respectfully,


United States Indian Superintendent.

Copy to Mr. Dunnagan.

3896

July 15th, 1915.

Mrs. Amanda Wilson,
Nowata, Oklahoma.

Dear Madam:

I again beg leave to call attention to my letter of June the 21st, in which I reported to you that an amount of \$6.54 remains unpaid on the ticket that was furnished your grandson, Robert Newcomb. In order that the matter can be adjusted with the local agent of the railroad company I would thank you to send me the amount at an early date.

Hoping to hear continued favorable reports concerning Robert, I remain,

Very truly yours,

HKM.

Superintendent.
Superintendent.

June 21st, 1913.

Mrs. Amanda Wilson,

Nowata, Oklahoma.

My dear Madam:

I regret to advise that an amount of but \$24.18 was retained here from Robert Newcomb's funds to pay for his transportation. The bill has now been submitted for the ticket and it is charged at a rate of \$30.52. In order that the matter can be settled without delay will you please forward me \$6.34, the balance required to settle the indebtedness.

Hoping that Robert has arrived home and that I will hear from you at an early date, I remain,

Very truly yours,

HKM.

Superintendent.

3896

TRADE RECORD, CARLISLE.

PUPIL

Robert Newcome

TRADE

Tailoring

ABILITY

good

CONDUCT

very good

REMARKS

INSTRUCTOR

Wm. Hornast

3796

NAME.

TRIBE.

PARENT OR GUARDIAN.

IE. Robert Newcome

Cherokee.

Amanda Wilson

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

Feb. 4, 1911

Five years

13

Nonata, Okla.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

| Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

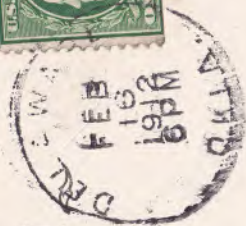
Conduct.

Dec. '11

Wilbur Gd. v. Gd

U. g.	U. g.
-------	-------

HOME OF REV. CHARLES JOURNEYCAKE
LAST CHIEF OF THE DELAWARES
ALLUWE, OKLA.,



Mr. Wallace Denny.

Carlisle

Indian School Penna.

Robert Furcome
noted
HARRIS

Mr. & Mrs Denny: —
I will send you a card
of the home of our last
Chief.
I arrived home last
sat. all O.K. but I
am wishing I could
come back and will
be back next fall.
This country out here
is nothing to compare with
Penna.
I will write soon from Robert

203

[illegible]

4	4
11	11
11	11
7.	7.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

[illegible]

Robert Newscomb.

1070

PRESENT NAME

Newcomb, Robt. F. 3896 Ex-stu.

Correspondence

Regarding reenrollment - A. H. Dunnigan 6949 7582

Grandmother - Mrs. Amanda Wilson 4194