3898

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
4809	Harry One Feather	Rosebud S. D.	Sioux

BAND	INDIAN NAME	HOME ADDRESS
		Celia One Feather. Dood S.D. or Rosebud Agcy

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER. D	MOTHER. D.	Full.	19	5' 7½"	137¾	32	28	M.

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Sept. 30, 1912.	Three years	Oct. 2, 1913	Termination of leave.

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
4-9-13	H. M. Frantz Taylorsville Pa.	6-27-13.
6-29-13	On leave	

THE SHAW-WALKER CO., MUSKEGON

Months in school before Carlisle, 99

Grade when at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Episcopal

Miles to school - 8.15

3898

CARLISLE INDIAN SCHOOL

No.	Name.	Age.	Tribe.	Degree of Indian Blood	Name of Agency and Reservation, if Enrolled; if not, Post Office of Family.
4809	Harvey One Feather	19	Sioux	Full	Rosebud, S. D.

Date Entered.	Months in school before enrollment here.	In What Grade Or Room. On entering here.	In What Grade Or Room. At date of this report.	Distance to nearest public school from pupil's home.	Remarks. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.) To Country	From Country	Date Discharged
Sept 30, 1912	99			15 mi.	6-29-13	On leave	10-2-13
							Episcopal

~1639~

Progress from ____ (Date) ____, to ____ (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								

Remarks: ____

"Y & E" ~1640~

Hood P. O.
So. Dak.

Dec 2. 1913.

Dear Sir: Supt;

Well as I have a chance to drop you a few lines, I will let you know that I am enjoying myself at home. Of course I am not very healthy. In that way, I will kindly ask you for my money, which I have earned last summer, out in the country. I would thank you to send my money at once. I am now paying my doctor bill every month. I am one of your school boys. I must now close with best wishes and regards to you.

I remains

Hoping to hear from you
soon as possible.

Sincerely Yours

Harry Onefeather

Wood

So. Dak.

3898 new

NAME Harry One Feather Sex { Male. ~~Female.~~

Tribe { Full } Sioux State South Dakota Sept 3rd, 1912

Age 19 years Respiration 18 Condition of, Eyes Suspicious Trachoma

Height 5 ft. 7½ ins. Mensuration { Insp. 32 Exp. 28 Ears O.K.

Weight 137¾ lbs. Throat O.K.

Temperature 98.4 Vaccination Yes Cervical glands O.K.

Pulse 72 Vision Skin O.K.

Inspection Fair development

Palpation normal

Percussion normal

Auscultation normal

Heart normal

(~~Menstruation~~)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	Yes	good		
Mother			yes	unknown
Brothers	2	"	none	
Sisters	4	"	none	

Personal history negative

Present condition good.

H. B. Frahm, 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.

6—1955

CASE RECORD, 5—354.

Name .....

Age ..... Sex { Male. / Female. } Tribe { Full / I / } ..... Residence .....

(On ....., 19....)

DATE.		SYMPTOMS.				TREATMENT.	DIAGNOSIS.	REMARKS.
19....		T.	P.	R.				History, progress, and termination of the disease.
					2/24/13 For outing	O/K.		

6—1955

NAME Harry One feather Sex { Male. ~~Female.~~

Tribe { Full ~~Half~~ } Sioux State South Dakota Dept 30, 1912

Age 19 years Respiration ____ Condition of, Eyes Suspicious Trach.

Height 5- ft. 7½ ins. Mensuration { Insp. 32 Exp. 28 Ears good

Weight 137¾ lbs. Throat good

Temperature 98.4 Vaccination Yes Cervical glands good

Pulse ____ Vision ____ Skin good.

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CASE RECORD, 5—354.

Name .....

Age ..... *Sex* { *Male.* / *Female.* } *Tribe* { *Full* / *1/* } ..... *Residence* .....

(On ....., *19*....*)*

DATE.		SYMPTOMS.				TREATMENT.	DIAGNOSIS.	REMARKS.
19....		T.	P.	R.				History, progress, and termination of the disease.

6—1955

586

5—192 *a*

BRIEF.

APPLICATION OF

Harry One Feather

FOR THE ENROLLMENT OF

Himself

IN THE INDIAN SCHOOL AT

Carlisle

NAME OF AGENCY FROM WHICH PUPIL CAME:

Rosebud Agency

Date of enrollment, August 15, 1912

Term of enrollment, Three (3) years.

NAME OF COLLECTING AGENT:

Position,

6—870

5—192 a

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 Harry One Feather (Name of child.); Male (Sex.); date of birth 1892;

Sioux (Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Peter One Feather	L	Sioux		Full
NAME OF MOTHER.				
Nellie One Feather	D	Sioux		Full

I, Harry One Feather (Parent, guardian, or next of kin.), do hereby voluntarily consent and agree to my enrollment in said school for a period of Three (Not less than 3.) years, and also obligate myself to abide by 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. Butte Creek Day	1898	1906		
2. Rosebud Boarding	1906	1910		
3.				
4.				

Harry One Feather
(Parent, guardian, or next of kin.)

P. O. address: Wood, S. Dak.

Two witnesses:

6—870

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 Sept., 1912.

Arthur C. Smith

Physician at Rosebud *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 Hazy One Feather (Parent, guardian, or next of kin.) was voluntary.

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

Does not live within reach of a public school.

I recommend the transfer of the said child.

This 12th day of Sept, 1912.

John H Scrum

Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

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

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

This _____ day of _____, 191

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. 6—870

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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

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The Carlisle Indian School,

HOSPITAL

Mr. Meyer's —

Harry

Our Feather has pulmonary tuberculosis and should be sent home at once.

Dr Allen has been consulted in the matter.

Respt.

June 27/13 H.B. Frahm

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June 27th, 1913.

Mr. Peter One Feather,

Wood, South Dakota.

My dear Sir:

Your son Harry returned to school last evening from his outing home, and for the reason that he seems to be failing in health it is being arranged for him to go home for the summer months. He will leave here tomorrow evening and transportation to Valentine will be procured for his use. He will have sufficient funds with him to pay for incidental traveling expenses enroute home and with which to pay for his stage fare from Valentine to the Rosebud Agency.

Regretting very much that Harry has to give up his school work just at this time and assuring you that it will be a pleasure to have you notify me when he arrives at home, I remain,

Very truly yours,

HKM. Superintendent.

Carbon copy to Superintendent Scriven.

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June 23rd, 1913.

Mr. H.M. Frantz,

Taylorsville, Penna.,

Sir, Please have Harry One Feather endorse the enclosed check of 30000 and return to me to credit his account.

Respectfully,

W.H.M.

Superintendent,

3898

December 9th, 1913.

Mr. Harry Onefeather,

Wood, P.O., S.D.

Dear Friend,

I have your letter of the 2nd, requesting the balance of money to your credit and am enclosing herewith check for the amount 24.80. Youmwill sign the face of the check before presenting for payment.

Nour friend,

W.H.M.

Superintendent,

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

3898

Name of Student Harry Onefeather Home Address Tribe Sioux

Age at Entrance 19 Date of Entrance 9-30-'12 Shop

Patron H. M. Frantz

Address Daylorsville, Pa.

Locality

R. R. Station

Recommended by

Grade in School

Grade of Home

Church

Date of Outing 4-9-'13 Date Returned 6-26-'13 Wages

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
	7	8	9	10	11	12	1	2	3	4	5	6	
Days in School													
Conduct										G			
Ability										G			
Health										G			
Earnings										10.50			

441037 3M. 4-09

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student **Home Address** **Tribe**

Age at Entrance | Date of Entrance | Shop

Patron | Locality

Address | R. R. Station

Recommended by | Grade in School

Grade of Home | Church

Date of Outing | Date Returned | Wages

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Days in School													
Conduct													
Ability													
Health													
Earnings													

441937 3M 4-99

'Y AND E'' ROCH.

REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE Harry Onefeather

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE