3899

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
4899	David O. Connor		Chippewa

BAND	INDIAN NAME	HOME ADDRESS
		Clarence O'Connor, 716 Ashley St. Grand Rapids

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER,	MOTHER,	1/2	20	6 1¾	165¾	38	33½	

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
12-6-12	Three years	Oct. 2. 1913	Deserter

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
6-13-13	Ran	

THE SHAW-WALKER CO., MUSKEGON 121071

...ths in school before Carlisle. 72

Grade entered at Carlisle, ...

Grade at date of Discharge, ...

Trade or Industry, ...

Church, ... Catholic

Miles to school 1

3899

CARLISLE INDIAN SCHOOL

No.	Name.	Age.	Tribe.	Degree of Indian Blood.	Name of Agency and Reservation, if Enrolled; if not, Post Office of Family.
4899	David O'Connor	20	Chippewa	1/2	Grand Rapids Mich

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
Dec. 6. 1912	72			1m	6-13-'13	Ran	Oct. 2, 13
							Catholic

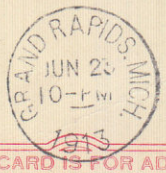
~1639~

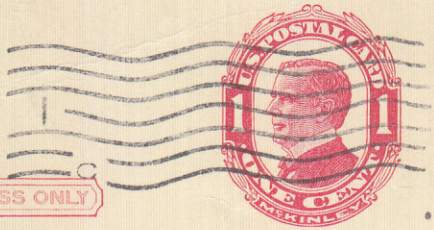
Progress from _____ (Date), _____, to _____ (Date), _____

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~





THIS SIDE OF CARD IS FOR ADDRESS ONLY

Mr. M. Friedman
Carlisle,
(Indian School) Pa.

Grand Rapids Mich.
June 20-13

8/2

Mr. M. Friedman,
Carlisle Pa.

Received your letter the other day stating that David O'Connor has deserted your school. Well David was home and went away the same night saying that he got permission from the supt. to leave, and was going back next fall, where he is now I don't know.

Yours Truly. C. J. O'Connor

3899 new.

NAME David O'Connor Sex { Male. / ~~Female.~~

Tribe { ~~Full~~ / 1/4 } Chippewa State Michigan Dec 18, 1912

Age	20 years	Respiration	18	Condition of, Eyes	O.K.
Height	6 ft. 3/4 ins.	Mensuration Insp.	38	Ears	O.K.
Weight	163-3/4 lbs.	Mensuration Exp.	33½	Throat	O.K.
Temperature	97.4	Vaccination	12-18-12	Cervical glands	O.K.
Pulse	80	Vision		Skin	O.K.

Inspection Well developed

Palpation O.K.

Percussion O.K.

Auscultation O.K.

Heart O.K.

(~~Menstruation~~)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			Yes	heart disease
Mother	Yes	good		
Brothers	2	"	0	
Sisters	0		1	pneumonia

Personal history measles & chicken pox

Present condition good.

F. B. Fralic, 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 / 1/ } ..... Residence .....

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

DATE.		SYMPTOMS.				TREATMENT.	DIAGNOSIS.	REMARKS.
19....		T.	P.	R.				History, progress, and termination of the disease.
					$2.50 for Outing OK,			

6—1955

3899 new.

NAME David O'Connor Sex { Male. ~~Female~~

Tribe { ~~Full~~ 1/4 } Chippewa State Michigan Dec 15, 1912

Age	20 years	Respiration	18	Condition of, Eyes	ok
Height	6 ft. 1 3/4 ins.	Mensuration	Insp. 38	Ears	ok
Weight	165 3/4 lbs.		Exp. 33½	Throat	ok
Temperature	97 4.	Vaccination	Dec. 18-19-12	Cervical glands	ok
Pulse	80	Vision		Skin	ok

Inspection Well Developed

Palpation ok

Percussion ok

Auscultation ok

Heart ok

(~~Menstruation~~)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			Yes 1	heart disease
Mother	Yes 2	good "		
Brothers			0	
Sisters	0		1	pneumonia

Personal history measles & chicken pox.

Present condition good

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6—1958

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

8/12

BRIEF.

Application of

David O'Connor

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

716 Sibley St. Grand Rapids, Mich

Date of enrollment, , 191

Term of enrollment, Three (3) years

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, Penn., of David O'Connor, (Name of child.) male, (Sex.) I, Clarence O'Connor (Parent, guardian, or next of kin.) of Grand Rapids P. O., State of Mich., do hereby voluntarily consent and agree to his enrollment in said school for a period of 3 (Not less than 3.) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Harbor Springs, Mich. on Apr. 26, 1899 (Date.) that the ~~father~~ mother, Rose O'Connor, (Name of father.) is (Is or was.) a full blood (Degree.) Indian of the Chippewa Tribe located at ..... Agency; that he has not left the tribe ~~about~~ ..... (Approximate date.);

that the mother, ... (Name.), ... (Is or was,) a ..... (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.
Government (Indian)	Mt Pleasant	1904	July 6/12	time expired	8th

This 27th day of November, 1917

Two witnesses: C. A. Kalajzak, Gilbert Flanders

Clarence O'Connor (Parent, guardian, or next of kin.)

P. O. 716 Sibley St. Grand Rapids

(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, Clarence O'Connor, do hereby swear that the statements made in the above application are true.

David O'Connor (Signature of applicant.) Clarence O'Connor (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 27th day of November, 1917

C. A. Kalajzak

Notary Public Kent Co. Mich.

My Commission Expires Dec. 13, 1919

(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.)

Certificate of Physician.

I George Westveer, a practicing physician of Grand Rapids Mich., do hereby certify that I have carefully examined David O'Connor 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 27 day of Nov 1912 George Westveer, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, A. A. Katajzak, a Deputy Sheriff (Business, calling, or profession.) of Grand Rapids, Mich., do hereby certify that I am personally acquainted with Harvard O'Connor who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with David O'Connor (Name of Child.); that 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 Father is dead, and mother is with the tribe and has no means by which to give him proper schooling

This 27th day of November 1912 A. A. Katajzak

VOUCHER No. 2.

I, John J. Gracey, a Roofer (Business, calling, or profession.) of Grand Rapids, Mich., do hereby certify that I am personally acquainted with Harvard O'Connor, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with David O'Connor (Name of child.); that 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 his mother has no means with which to give him proper schooling

This 27th day of November, 1912 John J. Gracey

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 foregoing 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 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.

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.

CARLISLE INDIAN PRESS CARLISLE PA.

'Y AND E'' ROCH.

REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE Jarich O'Connor

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE