CARLISLE INDIAN INDUSTRIAL SCHOOL.
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

NUMBER	ENGLISH NAME	AGENCY	NATION
3240	Chauncey Powless		Oneida

BAND	INDIAN NAME	HOME ADDRESS
		Mrs. Rachel Powless, De Pere, Wis.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHTH	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, L	MOTHER, L	1/2	13	4-11	75	30	27	M

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Aug. 13-1904	5 years.	6-23-09	Time out.

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
Apr. 15, 1905	Henry C. Brown, Emilie, Pa.	9-1-05
9-13-05	W. J. Briggs, Woodbourne Pa	9-2-06
9-7-06	Jno. D. Sanders, Allen, Cumb. Co., Pa.,	Feb. 25-07
MAY 1- 1907	J. R. Shreve Titusville N.J.	AUG 31 1907
4-7-'08	Austin Farrow, Martins Creek, Pa.	8-29-'08
9-7-'08	H. H. Brown, Light Street, Pa.	4-8-09

SHAW-WALKER MUSKEGON 5478

Grade

Months in school before Carlisle, 60

Grade entered at Carlisle, ~~2nd~~ 3rd

Grade at date of Discharge, 6th

Trade or Industry, Farming

Church, Methodist

Conduct

Brought here by Genus Baird.

Readmitted

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
~~6270~~ 4470	Chauncey Powlas	Oneida	Oneida

BAND	INDIAN NAME	HOME ADDRESS
		Rachel Powlas R. #2. West De pere, Wis.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.
FATHER,	MOTHER, L	1/2	19	5-7	135	39	37	M

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Dec. 17, 1910	Three years	5-22-12	Deserter

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
6-3-11	C. H. White, Langhorne, Pa.	9-1-11
4-22-12	Raw.	

THE SHAW-WALKER CO., MUSKEGON. 79104

Months in school before Carlisle, 90

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church,

Miles to school

Re-admitted 3902

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
4901	Chauncey Cowlas	Oneida	Oneida

BAND	INDIAN NAME	HOME ADDRESS
		Rachel Cowlas R#2 West Depere, Wis.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER.	MOTHER. S	1/2	19	5'7"	135	39	37	M.

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Dec. 12. 12	To Dec. 12. 1915	Oct. 2, 1913	Deserter

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
7-7-13	Ran	

THE SHAW-WALKER CO., MUSKEGON 121071

Months in school, Hiram Carlisle. 90

Grade entered at Carlisle.

Grade at date of Discharge.

Trade or Industry,

Church. Methodist

Miles to school 1

3902

CARLISLE INDIAN SCHOOL

No.	Name.	Age.	Tribe.	Degree of Indian Blood.	Name of Agency and Reservation, if Enrolled; if not, Post Office of Family.
4901	Chauncey Powlas	19	Oneida	½	Oneida

Date Entered.	Months in school before enrollment here.	In What Grade Or Room. On entering here.	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 12, 12	96			1			
					7-7-13	Ran	Oct. 2, 13
							Methodist

~1639~

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								

Remarks: .....

"Y & E" ~1640~

477

West Depere Wis.
Aug 23. 13

Mr. M. Friedman:

Dear Sir. I am going to take the pleasure of droping you few words. First I must say that I arrived home but am now sick hoping that I may soon recover so that I may settle down. Second I must say that I am sorry I ran away. But now I will try and do the best I can.

I have some money in the Bank and if you could sent it to me I would be very thankful.

This is about all.

From a whole student.

Hoping that I will hear from you.

Chauncey Douglas. over.

My add is

West Depere.

Wis.

Brown Co.

C/o James Green,

On the Hike

Illustrated Postal Card & Nov. Co. N.Y.

POST CARD

CORRESPONDENCE

ADDRESS ONLY

3902

Addi Camp Merritt N.J.
Co 2. Block 17. Barracks 7-7
or after 5 days forward
A.E.F. Via N.Y.

First a line or two
I am at Camp merritt
N.J. 14 miles from
New York city ready to
sail across any day.
Have been in the service
for about 4 months.
Yours truly Corman
Ex Student sending my
regards to the students
Chauncey Wolles
There is some more of the
Carlisle student here in different
company

FEB 20
8 AM
1918
MERRITT N.J.

POSTAGE
2 CENTS 2

PRINTED IN THE U.S.A.

To Supt. of Carlisle
Indian School
Carlisle
Pa.

For Anson

3803

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Douglas Chauncey DATE 1/15 1910

AGE 19 YEARS { ~~NEW~~ / RETURNED } STUDENT. TRIBE ' STATE Wis

DEGREE OF INDIAN BLOOD Fairly

INSPECTION Fairly well developed hollow above right clavicle.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal / RESP. MURMUR

HEART SOUNDS Normal

MENSURATION { INSP. 39 / EXP. 37 RESPIRATION 28 PULSE 80

TEMPERATURE degs. HEIGHT 5 FT 7 IN. WEIGHT 135 LBS.

VISION Susp. Trachoma. VACCINATION Good scar

FAMILY HISTORY:

		Living.	Condition of Health.	Dead.	Cause of death.
FATHER		Yes	good		
MOTHER		"	"		
BROTHERS	6	4	good		
				2	?
SISTERS	3	2	good	1	?

PERSONAL HISTORY: General health good

REMARKS:

(over)

HOSPITAL RECORD

EXAMINATION FOR OUTING:

DATES:	CONDITION:

284

BRIEF

APPLICATION OF

Rachel Powless

For the enrollment of

Chauncey Powless

In the Indian School at

Carlisle, Pa.

Name of Agency from which Pupil came:

Oneida, Wis.

Date of enrollment, Dec. 1910., 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 Chauncey Powless (Name of child.); M (Sex.); date of birth 5/5, 1891.;

Oneida (Tribe.)

NAME OF FATHER (Both Indian and English)	LIVING OR DEAD	TRIBE	BAND	DEGREE OF INDIAN BLOOD
NAME OF MOTHER Rachel Powless	L	Oneida		

I, Rachel Powless (Parent, guardian or next of kin.) do hereby voluntarily consent and agree to his 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
Wittenberg, Wis.	1898	1903		
2. Carlisle	1904	1909	Exp. time	7th
3.				
4.				

Rachel Powless x her mark
Chauncey Powlas
(Parent, guardian, or next of kin.)

P. O. address: West De Pere, #2, Wisconsin.

Two witnesses:
J. C. Hall

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 6 day of Dec, 1910

J. W. Powless M.D.

Physician at Oneida 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 Rachel Powless was voluntary, and I recommend the transfer of the said child.

(Parent, guardian or next of kin.)

This 9 day of Dec, 1910

Joseph C. Hall

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 sendto the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

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 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 ..... was voluntary, and I recommend the transfer of the said child.

(Parent, guardian or next of kin.)

This.....day of ....., 19..

.....

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.

re-entered - Dec 11-1912

3907

NAME Chauncey Powless Sex { Male. ~~Female.~~

Tribe { Full ~~Mixed~~ } Oneida State Wisconsin Feb 21, 19 13

Age 21 years Respiration 18 Condition of, Eyes O.K.

Height 5 ft. 6 ins. Mensuration { Insp. 38 Exp. 34 } Ears O.K.

Weight 132 lbs. Throat O.K.

Temperature 98.3 Vaccination Yes. Cervical glands O.K.

Pulse 72 Vision Skin O.K.

Inspection O.K.

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	good		
Mother	"	"		
Brothers	4	"		
			2	infancy
Sisters	2	"		
			1	"

Personal history rheumatism last year.

Present condition

H B Jones, 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.

6—1955

284

NAME.	TRIBE.	PARENT OR GUARDIAN.
Powless, Chauncey	Oneida.	Mrs. Rachel Powless.

DATE ENROLLED.	TERM.	AGE.	HOME ADDRESS.
Aug.13, 1904.	5 Years.	13.	DEPERE, Wis.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct	Ability.	Conduct	
Apr. '08	7	V. Good	V. Good							Good	Good	
Jan. '09		Outing								Good	Good	
July '09	9	V. Good	V. Good	Fin	Good	Good		V. Gd	Good	Good	Good	

477

July 10th, 1913.

Mrs. Rachel Powlas,

West De Pere, Wisconsin.

My dear Madam:

This is to inform you that your son Chauncey has deserted from this school. He has been absent since the 7th and our efforts to locate him have been without result.

I would thank you to notify me if he arrives at home so that our search for him can then be discontinued.

Very truly yours,

HKM. Superintendent.

Carbon copy to Superintendent Hart

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

284

Name of Student Chauncey Powlas

Home Address Rachel Powlas. N. Depere, Wis.

Tribe Oneida

Age at Entrance	Date of Entrance	Shop		JAN. July	FEB. Aug.	MAR. Sept.	APR. Oct	MAY Nov.	JUNE Dec	JULY Jan.	AUG. Feb	SEPT. March	OCT. April	NOV. May	DEC. June	TOTAL OR AVERAGE
Patron C. H. White		Locality	Days in School													
Address Langhorne, Pa		R. R. Station	Conduct													G
Recommended by		Grade in School	Ability													G
Grade of Home		Church	Health													G
Date of Outing 6-3-'11	Date Returned 9-1-'11	Wages	Earnings													14.91

P.	P
G	7
G	9.
16.	16.

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

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

Age at Entrance	Date of Entrance	Shop			JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Locality		Days in School													
Address		R. R. Station		Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned	Wages		Earnings													

West DePere Wis

Sept 18, 13,

Dear Sir.

I am going to take my time in writing a few lines to you again. My letter that I have written I would like to ask you a question. Was my money in the Bank there. If you can inform me about that matter I would be very glad to hear from you. I am anxious to know if I can receive it. Please all hoping to hear from you soon.

From Chauncey Powlas

October 1st, 1913.

Mr. Chauncey Powlas,

West DePere, Wis.

Dear Friend,

Replying to your letter of the 18th, would say you have 3.83 to your credit in bank and a check for the amount is enclosed herewith.

Your friend,

W.H.M. Superintendent,

Fort Defiance Ariz

Sept 18, 13,

Dear Sir,

I am going to take my time in writing you a few lines to you again, The first letter that I have written to you, I would like to ask you a question about my money in the Bank there, If you ~~can~~ can inform me about that matter

I would be very glad to hear from you, I am anxious to know if I can receive it, This is all Hoping to hear from you soon.

From Chauncey Powless.

Readmitted

3900

NAME.	TRIBE.	PARENT OR GUARDIAN.
Chauncey Powlas	Oneida	Rachel Powlas

DATE ENROLLED.	TERM.	AGE.	HOME ADDRESS
Dec. 12, 1910	Three years	19	R. # 2, West Depere, Wis.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	
Jan. '11	9	~~[illegible]~~	~~[illegible]~~									
July '11	9	all day	worker									
Dec. '11								G.	G.			

1—567 a

Department of the Interior.

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300

WEST DE PERE
JAN 29 6 PM 1914
WIS.

Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6—3305

V
3902

Jan 26th, 1914.

Name Chauncey Powless
(Please give name by which enrolled and also present or married name.)

Tribe Oneida.

Present Address West De Pere. Wis. R#2.

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

Present Occupation Farming.

Remarks:

"Y AND E" ROCH. 563757 3M-2-11

REPORT AFTER LEAVING CARLISLE

3902

NAME AT CARLISLE Chauncey Powlas

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1914	Self	W. Depere, Wis.	Farmer		

Chauncy Powloss 3902 Ex-slave.

Money for - Agent's file	350
Patron H. H. Brown	334
Correspondence	2278
Mother correspondence	4465
Brother - Moses Powell	7945