

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Grant, Margaret DATE Mar 15 19 10

AGE 7 YEARS NEW STUDENT. TRIBE Superna STATE N. D.

DEGREE OF INDIAN BLOOD 1/2

INSPECTION Fair development. Small enlarged gland on right side of neck.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 34 1/2 RESPIRATION 18 PULSE 120 (nervous)  
EXP. 30

TEMPERATURE 99.4 degs. HEIGHT 5 FT 4 3/4 IN. WEIGHT 135 LBS.

VISION 10/10 VACCINATION good

MENSTRUATION Regular.

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>Yes</u>	<u>good</u>		
MOTHER	<u>Yes</u>	<u>good</u>		
BROTHERS {	<u>4</u>	<u>2 good</u> <u>2 gland. tuberculosis</u>	<u>5</u>	<u>?</u>
SISTERS {	<u>1</u>	<u>Good</u>	<u>4</u>	<u>?</u>

PERSONAL HISTORY:

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

Mar 15 - 1910

Good

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## PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Grant, Margaret* DATE *Feb. 7, 1910*AGE *7* YEARS *NEW* RETURNED *STUDENT.* TRIBE *Shippewa* STATE *N. D.*DEGREE OF INDIAN BLOOD *1/2*INSPECTION *Fair Development. Enlarged gland on one side on right side of the neck.*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE *Normal*{ RESP. MURMUR *Normal*HEART SOUNDS *Normal*MENSURATION { INSP. *35* RESPIRATION *32* PULSE *80*  
EXP. *31*TEMPERATURE *99* degs. HEIGHT *5* FT *4* IN. WEIGHT *129 1/2* LBS.VISION *10/20* VACCINATION *good scar 1903*

MENSTRUATION

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>Good</i>		
MOTHER	<i>yes</i>	<i>Good</i>		
BROTHERS {	<i>4</i>	<i>2 Good</i> <i>2 glandular tuberculosis</i>	<i>5</i>	<i>?</i>
SISTERS {	<i>1</i>	<i>Good</i>	<i>4</i>	<i>?</i>

PERSONAL HISTORY: *I had stomach trouble 1 yr. ago.*

REMARKS:





3949

Name Grant, Margaret Age 21 Deg. Ind. blood 1/2  
Address c/o John B. Grant, Belcourt, North Dakota.

Information from Supt. Carlisle, Date June 30 1910  
State N. D. Agency Turtle Mountain Tribe Chippewa.

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

- |              |                  |
|--------------|------------------|
| 1. Housework | 2. Laundry work. |
| 3.           | 4.               |

Remarks: Employed at Devil's Lake, N. D. 9/2/13.

Name Brave, Mary N. 3949 Age \_\_\_\_\_ Deg. Ind. blood \_\_\_\_\_  
Address \_\_\_\_\_

Information from \_\_\_\_\_ Date Jan 1914  
State \_\_\_\_\_ Agency \_\_\_\_\_ Tribe \_\_\_\_\_

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Remarks: Advised to return to school.

Department of the Interior.



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 Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

Dear Mr. Friedman  
 I reached home  
 safe and I am  
 very happy.  
 I miss Carlisle  
 very much. Every  
 thing here is quite.  
 I found my  
 people well and  
 happy to see me.  
 Love yours.  
 Marg. Grant.

3949

# CARLISLE INDIAN INDUSTRIAL SCHOOL

## DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <u>2481</u> <u>3080</u>	ENGLISH NAME <u>Marg. Grant</u>	AGENCY <u>Turtle Mt.</u>	NATION <u>Chippewa</u>	
BAND	INDIAN NAME	HOME ADDRESS <u>Mrs. Baptist Grant, Belcourt, N. Dak.</u>		
PARENTS LIVING OR DEAD	BLOOD <u>1/2</u>	AGE <u>Born</u> <u>1-1-92</u>	HEIGHT <u>5' 4"</u>	WEIGHT <u>129</u>
FATHER, <u>L</u>	MOTHER, <u>L</u>	FORCED INSP. <u>35</u>	FORCED EPXR. <u>31</u>	SEX. <u>F</u>
ARRIVED AT SCHOOL <u>Feb. 6, 1910.</u>	FOR WHAT PERIOD <u>Three years</u>	DATE DISCHARGED <u>June 11, 1913</u>	CAUSE OF DISCHARGE <u>Time out</u>	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
<u>4-7-'10</u>	<u>Mrs. Alice Stroud, Jenkintown, Pa.</u>			<u>7-19-'10</u>
<u>8-30-'10</u>	<u>A. M. Fenimore, Mt. Holly, N. J.</u>			<u>11-27-'10</u>

THE SHAW-WALKER CO., MUSKOGEE, N. 79104

Months in school before Carlisle, 36  
 Ft. Totten, N. D. 8-28-'02 - 6-30-'05 3rd. gr.  
 Day Sch. 9-1-'06 - 6-30-'08 4th. gr.  
 Grade entered at Carlisle, Normal - 2nd.

Grade at date of Discharge, 3rd

Trade or Industry, .....

Church, Catholic

Phys. cert signed at Devils  
Lake Ag.

cert. of bonded supt.  
signed by C. M. Ziebach,  
Supt. Ft. Totten.

miles to sch. 5



3949

NAME.

TRIBE.

PARENT OR GUARDIAN.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

Mrs. Baptiste Grant,  
Belcourt, N. Dak.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM  
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room  
No.

Neatness

Conduct.

Ability.

Conduct.

Jul. '10  
Jan. '11  
July '11  
Dec. '11.

3

V. Good

V. Good

Gen.

V. G.

Good

Good

V. G.

G

G

3

Good

Good

L

F

G.

M.

M.

4 1/2

Good

Good

Gen.

G.

G.

G.

V. G.

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BRIEF.

APPLICATION OF

John Baptiste Grant

FOR THE ENROLLMENT OF

Margaret Grant

IN THE INDIAN SCHOOL AT

Carlisle Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Turtle Mountain Reservation,  
Fort Totten School.

Date of enrollment, February, 1900

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 Margaret Grant; Female; date of birth January 1, 1892;  
(Name of child.) (Sex.)  
Turtle Mountain Chippewa  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>John Baptiste Grant</u>	<u>Living</u>	<u>T. Mt. Chipp.</u>	<u>Turtle Mountain</u>	<u>half</u>
NAME OF MOTHER.				
<u>Margaret Grant</u>	<u>Living</u>	<u>Chippewa</u>	<u>Turtle Mountain</u>	<u>Half</u>

I, John Baptiste Grant, do hereby voluntarily consent and agree to her  
(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. <u>Fort Totten, N.D.</u>	<u>8-28-02</u>	<u>6-30-05</u>	<u>Expiration of term</u>	<u>3rd</u>
2. <u>Day School,</u>	<u>9-1-06</u>	<u>6-30-08</u>	<u>"</u>	<u>4th</u>
3.				
4.			<u>Margaret Grant</u>	

John Baptiste Grant  
(Parent, guardian, or next of kin.)  
 P. O. address: Belcourt, N. Dak.

Two witnesses:

Harry Mump  
Kareis



### 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 30th day of January, 1910

C. S. Hamilton

Physician at Devils Lake 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 John Baptiste Grant was voluntary, and I recommend the transfer of the said child.  
(Parent, guardian, or next of kin.)

This 31st day of January, 1910

C. M. Giebach

~~Agent or~~ Superintendent.

### CERTIFICATE OF SCHOOL PHYSICIAN.

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

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

This \_\_\_\_\_ day of \_\_\_\_\_, 190

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.



### INDORSEMENTS.

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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; 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.

NAME Margaret Grant Sex ~~Male~~ Female.

Tribe ~~Full~~ Chippewa State N. Dak. Aug 26, 19 11

Age 17 years Respiration R Condition of, Eyes.....

Height 5 ft. 5 ins. Ears.....

Weight 170 lbs. Mensuration { Insp. 34 1/2

Temperature 98.2 Vaccination..... Throat.....

Pulse 72 Vision..... Cervical glands One enlarged

Skin.....

Inspection.....

Palpation.....

Percussion.....

Auscultation.....

Heart.....

(Menstruation) O.K.

#### FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Good</u>		
Mother	<u>Yes</u>	<u>Good</u>		<u>Lymphatic I.B.</u>
Brothers	<u>3</u>	<u>one has</u>	<u>1</u>	<u>" I.B.</u>
Sisters	<u>—</u>		<u>—</u>	

Personal history Generally in good health except occasional outbreaks of sore glands in throat

Present condition Is gaining wt. continuously. One mass of glands at L of left jaw.

E. Hess, 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.



Name Margaret GrantAge 17Sex Female.Tribe ChippewaResidence Carlisle Pa.(On Aug 26, 1917)

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
1917							History, progress, and termination of the disease.
	T.	P.	R.	(C.C. Struven & Enlarged) gland in lump.			
Aug	26	98	100	Regaining wt.	Syr. Iodid. F.E. T. & D.		
"	27	98	80	Has had no <del>sub.</del> subj. symptoms			
"	28	98	100	except an unusually rapid pulse			
"	29	98	100	Rapid pulse, no other symptoms.			
"	30	98	98				
Sept	5	98	82		T.B. B.F.		
"	5	99	114	Rapid pulse again prominent - From m-		Liquor Diet	
Sept	6	100	108	to high but was extremely sick			
"	7	99	105	had to go to bed. Vomited.			
"	7	99		Is up today. feeling much		Free diet.	
"	7	98		better.			

## REPORT OF

Margaret Grant

pupil of Carlisle Indian

School, who went

4-7

(Date)

to live with

Mrs. Alice Stroud

(Patron)

of

Jenbintown

(Post Office)

(County)

Pennsylvania, Jenbintown

(State)

Railroad Station

Conduct

Good

Health

11

Ability

11

Cleanliness

11

Economy

11

Situation of Room

3rd flm. (Excellent)

Condition of Room

Good condition

Condition of Clothing

11

11

Wages

\$6.00

Are careful accounts kept by patron?

Yes

Are careful accounts kept by pupil?

No

Number of days at school

Distance to school

4 blocks

Grade or quality of school

Graded excel -

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle?

4th

In what grade is pupil at present?

4th

Attends what church and Sunday school?

Cath -

Distance to church

1/2 mile

Is there a Catholic church in locality?

Yes.

Who compose patron's family?

Mr &amp; Mrs S. two child - 4-8-moth.

What other help is employed?

None

Locality of home

Grove

Home life and environments

Good

Trade at school

Nature of work

Genil House work

Pupil's age

16

Experience



Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

Patron of Inner years no girl for several years. Pleasant home, patron excellent house-keeper says so far Max. is satisfactory; she is willing and tries to please; is interested in her work and is learning to cook. Patron pleased with her. Max. likes her home very much. Thinks she will stay out for the winter.

May 19, 1910

Mellie S. Gaither

Lucile Bent

### Second Report.

Patron says Max. is a good faithful girl, but since weather has been so warm, she not being acclimated, her home being in N. Dakota, is often severely affected to the point of being prostrated by heat and of course, unable to do the work.

Margaret wants to return to school until fall, and then is willing in cooler weather to return to the country.

M. S. G.

July 13, 1910

3949

Margaret Grant  
Brake

PRESENT NAME



## INFORMATION REGARDING RETURNED STUDENTS ·

## PART 1

## REPORT BY NONRESERVATION SUPERINTENDENT OR RESERVATION SCHOOL PRINCIPAL

SCHOOL, Carlisle, Pa., June, 1913  
Name, Margaret Grant; Sex, F.; Age, 21; Deg. Indian Blood, 1/2  
Belongs: State, N. Dak.; Agency, Turtle Mt.; Tribe, Chippewa  
Home address, whose care, etc., John Baptiste Grant, Belcourt, N. Dak.  
Grade in school, 4; health, Good; height, 5 ft. 5 in.; weight, \_\_\_\_\_  
Number months instruction given pupil in each school department, including music, \_\_\_\_\_  
Course completed, \_\_\_\_\_; years in this school, 3  
Years spent in other schools and names of schools, 7th. Totter, 1902-1905  
Day School, 1906-8.  
Character and disposition, Good  
Recommended for what positions, suitability in order named: 1. House work  
2. Laundry-work; 3. \_\_\_\_\_; 4. \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_, Supt.

## PART 2

## REPORT BY RESERVATION SUPERINTENDENT

AGENCY, \_\_\_\_\_, 1913  
Date pupil returned from school, \_\_\_\_\_; employed since return as follows: \_\_\_\_\_  
Are home and local conditions favorable? \_\_\_\_\_  
Should he receive assistance to find employment? \_\_\_\_\_  
At what employment do you think he would do best? \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_, Supt.

3949  
1636 SPRUCE STREET  
PHILADELPHIA

December 18, 1912

Mr. M. Friedman,

Carlisle, Penna.

My dear Mr. Friedman:-

Margaret Grant has been thoroughly examined by me and I find a cataract of the right eye, with no light perception, so that an operation would be of no benefit. I understand she has already been operated upon.

Georgianna Bartlett had a tendency to trachoma, so that I performed a grattage operation.

Corrine Starr also came to see me and I performed a grattage operation on her lids.

I shall leave on Saturday for Florida to be gone two weeks.

Very truly yours,

L. Webster  
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# OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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Name of Student			Home Address													TOTAL OR AVERAGE	
Age at Entrance	Date of Entrance	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE		
Marg. Grant			Jno. Baptiste Belcourt, N.D. Tribe Chippewa														
18	2-6-10																
Patron Mrs. Alice Stroud			Days in School														
Address Jenkintown, Pa			Conduct														
Recommended by			Ability														
Grade of Home			Health														
Church Catholic			Earnings														
Date of Outing	Date Returned	Wages															
4-7-10	7-19-10																
J. M. Furmure			July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June														
Mount Holly, N.J.																	
8-30-10			Ret'd 11-26-10														