

3982

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER ²⁷¹⁸ 3417		ENGLISH NAME Edith Rainey			AGENCY Fort Hall			NATION Shoshone		
BAND		INDIAN NAME			HOME ADDRESS Joseph Rainey Pocatello, Idaho					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.		
FATHER.	L	MOTHER.	L	1/2	16	5-1	110 1/2	35	32	M
ARRIVED AT SCHOOL Nov. 6, 1911		FOR WHAT PERIOD Three years			DATE DISCHARGED 5-27-13		CAUSE OF DISCHARGE Expelled			
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY		

THE SHAW-WALKER CO. MINNEAPOLIS 121021

Months in school before Carlisle,

Grade entered at Carlisle, ... 7th

Grade at date of Discharge,

Trade or Industry,

Church, Episcopal

NAME Edith Rainey Sex Male Female

Tribes ^{Fall} Shoshoni State Idaho Date November 2, 1911

Age 16 years Respiration 25 Condition of, Eyes Normal

Height 5 ft. --- ins. Mensuration { Insp. 34 Ears Normal

Weight 109 lbs. { Exp. 31 Throat Normal

Temperature 98.4 Vaccination Yes Cervical glands Normal

Pulse 78 Vision Excellent Skin Normal

Inspection Normal

Palpation Normal

Percussion Normal

Auscultation Normal

Heart Regular, Normal

(Menstruation) Regular

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Living</u>			
Mother	<u>Living</u>			
Brothers	<u>1 living</u>		<u>0</u>	
Sisters	<u>4 living</u>		<u>1 Dead.</u>	<u>Not known</u>

Personal history Excellent

Present condition Excellent

Henry R. Wheeler, 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 Edith Roney 538
 Sex { Female.
 Tribe { Shoshoni State Idaho Nov. 16, 1911
 Age 16 years Respiration _____ Condition of, Eyes Normal.
 Height 5 ft. 1 ins. Mensuration { Insp. 35
 Weight 110 lbs. { Exp. 32 Ears _____
 Temperature 98 Vaccination _____ Throat _____
 Pulse 82 Vision Normal Cervical glands _____
 Inspection well developed, robust girl Skin _____
 Palpation Normal
 Percussion _____
 Auscultation _____
 Heart Good.
 (Menstruation) Normal.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>Good</u>		
Mother	<u>"</u>	<u>"</u>		
Brothers <u>1</u>	<u>"</u>	<u>"</u>		
Sisters <u>4</u>	<u>"</u>	<u>"</u>	<u>1</u>	<u>Heart trouble</u>

Personal history always healthy.
 Present condition Excellent.

R. E. Dibley, 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.
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538

5-192

BRIEF.

Edith J. Rainey
Carlisle, Penn
Joseph Rainey, father
Idaho

APPLICATION OF

Joseph Rainey

FOR THE ENROLLMENT OF

Edith J. Rainey

IN THE INDIAN SCHOOL AT

Carlisle, Penn

POST OFFICE ADDRESS OF APPLICANT:

Ross Fork, Idaho

Date of enrollment, October, 1901, 190

Term of enrollment, three (3) years.

NAME OF COLLECTING AGENT:

Position, Joseph Rainey

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 Edith J. Rainey, I, Joseph Rainey, father of Pocatello P. O., State of Idaho, do hereby voluntarily consent and agree to her 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.

I further say that the said child was born at Ft. Hall Reservation on 1895; that the father, Jiseph Rainey, is a n^{1/2} Indian of the Shoshone Tribe located at Fort Hall Agency; ~~that he left the tribe about~~ that the mother, Annie Rainey, is a n^{1/2} Indian of the Shoshone Tribe located at Fort Hall Agency, and ~~left the tribe about~~; 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.
<u>Public School</u>	<u>Pocatello, Idaho</u>	<u>school age</u>	<u>June, 1911</u>		

This 31 day of October, 1911, 190

Two witnesses:

Edith Armstrong
Joseph York

Joseph Rainey
P. O., Pocatello, Idaho

(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, Joseph Rainey, do hereby swear that the statements made in the above application are true.

Joseph Rainey Father
(Signature of applicant) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 31 day of October, 1911, 190

Everett W. Estep
Deuph.

(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, Henry R. Wheeler, a practicing physician of Fort Hall Indian Agency, do hereby certify that I have carefully examined Edith J. Rainey, the child named in this application, and find that she 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 3 day of November, 1901 Henry R. Wheeler, M. D.

VOUCHER OF SOLICITOR FOR SCHOOL.

I hereby certify that I was present and witnessed the execution of the foregoing application made by _____; that its contents were explained or interpreted to _____ by _____; that I believe _____ understood the purport thereof; that I was present at the medical examination of the child named herein; that _____ resides with _____, in or near the town of _____; that the child can not have adequate and proper educational facilities at home for the reason that _____

Dated at _____

this _____ day of _____, 190 _____

(Official title.)

(NOTE.—This voucher must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.

VOUCHER NO. 1.

I, W. Waygood, a Clerk in Indian Service, of Roslyn, Idaho, do hereby certify that I am personally acquainted with Joseph Rainey who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Edith J. Rainey; 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 She desires industrial and moral training.

This 31 day of October, 1901 W. Waygood

VOUCHER NO. 2.

I, _____, a _____ of _____ (Business, calling, or profession.) _____, _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____ (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 can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190 _____

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 _____, 190 _____

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 special 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.

Patient *Edith Rainey*

Carlisle, Pa.,

*Dec 27*191 *2*

Physician

Francis

Address

Nurse

Bailey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>3 PM</i>	<i>102</i>	<i>112</i>		<i>3</i>	<i>Throat swab</i>	<i>3</i>	<i>milk</i>		
<i>5:30 PM</i>	<i>102</i>	<i>100</i>	<i>28</i>	<i>4</i>	<i>ton tab</i>	<i>4</i>	<i>"</i>		
				<i>5</i>	<i>throat swab</i>	<i>5</i>	<i>"</i>		
				<i>6</i>	<i>ton tab</i>				
				<i>7</i>	<i>throat swab</i>				
				<i>8</i>	<i>ton tab</i>				
				<i>9</i>	<i>then</i>				
<i>8 am</i>	<i>99.2</i>	<i>88</i>	<i>20</i>		<i>Dec. 28-17</i>	<i>10:00</i>	<i>milk</i>		
<i>5:30 PM</i>	<i>99</i>	<i>76</i>	<i>26</i>	<i>8:00</i>	<i>Lois tab. Salol + Phen</i>				
				<i>9:00</i>	<i>Throat Swab</i>				
				<i>10:00</i>	<i>Lois tab. Salol + Phen</i>				
				<i>11:00</i>	<i>Throat Swab</i>				
				<i>12:00</i>	<i>Lois tab. Salol + Phen</i>				
				<i>2</i>					
				<i>3</i>					
				<i>4</i>					
				<i>5</i>					
				<i>6</i>					
				<i>7</i>	<i>Throat swab.</i>				
				<i>8</i>	<i>ton tab. Salol + Phen</i>				