

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3984

NUMBER <u>2719</u> <u>34-8</u>	ENGLISH NAME <u>Hazel Rainey</u>	AGENCY <u>Fort Hall</u>	NATION <u>Shoshone</u>
BAND	INDIAN NAME	HOME ADDRESS <u>Joseph Rainey</u> <u>Pocatello, Idaho</u>	
PARENTS LIVING OR DEAD	BLOOD <u>1/2</u>	AGE <u>14</u>	HEIGHT <u>5-1 1/2</u>
FATHER,	MOTHER,	WEIGHT <u>119</u>	FORCED INSP. <u>33 1/2</u>
ARRIVED AT SCHOOL	FOR WHAT PERIOD <u>Five years</u>	DATE DISCHARGED <u>Sept-18. 1913</u>	SEX <u>I</u>
TO COUNTRY	PATRON'S NAME AND ADDRESS	CAUSE OF DISCHARGE <u>Termination of Lease</u>	
<u>5-24-12</u>	<u>Sent to hospital at Phila.</u>	<u>5-28-12</u>	
<u>5-25-13</u>	<u>Home on leave (pinkness)</u>		

THE SHAW-WALKER CO., NEW YORK 12507

Trade entered at Carlisle, 17th

Trade at date of Discharge,.....

Trade or Industry,

Church, Episcopal

NAME Hazel Parney Sex Female

Tribe Shoshoni State Idaho Date November 2, 1911

Age 14 years Respiration 26 Condition of, Eyes Normal

Height 5 ft. 1 ins. Ears Normal

Weight 117 lbs. Mensuration { Insp. 33 1/2 Throat Normal

Temperature 98.4 Vaccination Yes Cervical glands Normal

Pulse 84 Vision Excellent Skin Normal

Inspection Normal

Palpation Normal

Percussion Normal

Auscultation Normal

Heart Regular

(Menstruation) None

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 Good

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.

Age Sex { Male. } Tribe { Full } Residence
 { Female. } { 1/ }
 (On, 19..)

NAME Hazel Rainey 539
 Sex ☒ Male ☐ Female
 Tribe Shoshoni State Idaho Nov. 16, 1911
 Age 14 years Respiration _____ Condition of, Eyes normal
 Height 5 ft. 1 1/2 ins. Ears _____
 Weight 112 lbs. Mensuration { Insp. 33 1/2
 Exp. 29 1/2 Throat _____
 Temperature 98 Vaccination _____ Cervical glands _____
 Pulse 74 Vision normal Skin _____
 Inspection normal. well developed, robust girl
 Palpation _____
 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>yes</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.

C. E. Sprinkle, M. D.

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Name _____

Age Sex $\left\{ \begin{array}{l} \text{Male.} \\ \text{Female.} \end{array} \right.$ Tribe $\left\{ \begin{array}{l} \text{Full} \\ 1/ \end{array} \right.$ Residence

(On _____, 19____)

539

5-192

BRIEF.

APPLICATION OF

Joseph Rainey

FOR THE ENROLLMENT OF

Hazel M. Rainey

IN THE INDIAN SCHOOL AT

Carlisle, Penn

POST OFFICE ADDRESS OF APPLICANT:

Ross Fork, Idaho

Date of enrollment, _____, 190

Term of enrollment, five (5) years.

NAME OF COLLECTING AGENT:

Position, _____

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 Hazel M. 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 1897; that the father, Joseph Rainey, is a 1/2 Indian of the Shoshone Tribe located at Ft. Hall Agency; that the mother, Annie Rainey, is a full Indian of the Shoshone Tribe located at Ft. Hall Agency; 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>		<u>8th</u>

This 31 day of October, 1911, 190

Two witnesses:

Estelle Armstrong
Joseph C. York

Joseph Rainey father
(Parent, guardian, or next of kin.)
P. O.,

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

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

Evan W. Estep
Supl.

(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 Hazel M. 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.

W. H. Haygood, a Agent, Indian Agency, of Roosevelt, 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 Hazel M. 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 should have Indian and Moral training

This 21 day of Oct., 1901 W. H. Haygood

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 state-
 ments therein are true; that I am acquainted with _____; that
(Name of child.)
 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 _____, I made a careful exami-
(As soon after arrival as possible.)
 nation 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.

Epi.

(Date)

(Date)

(Department)

"Y & E" ~ 1640 ~