

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4034

NUMBER <u>2648</u> 3277	ENGLISH NAME <u>Rosy Copough</u>	AGENCY <u>Shawnee</u>	NATION <u>Potawalonne</u>					
BAND	INDIAN NAME	HOME ADDRESS <u>Elij. Copough. Shawnee Okla.</u>						
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.
FATHER. <u>L.</u>	MOTHER. <u>L.</u>	<u>7/16</u>	<u>16</u>	<u>5-3 1/2</u>	<u>134</u>	<u>35 1/2</u>	<u>33</u>	
ARRIVED AT SCHOOL <u>Apr. 10, 11</u>	FOR WHAT PERIOD <u>Three years</u>	DATE DISCHARGED <u>June 4, 1914</u>		CAUSE OF DISCHARGE <u>Time out</u>				
TO COUNTRY <u>7-8-12</u>	PATRONS NAME AND ADDRESS <u>Ezra Burr, Jacksonville, N.J.</u>					FROM COUNTRY <u>8-30-12.</u>		

THE SHAW-WALKER CO., MUSKIEGH. 79104

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at discharge,

Trade or Industry,

Church,

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NAME Rose Copanugh Sex Male. Female.

Tribes Full Potowatomic State Ont. Date Sept 11, 1911

Age 16 years Respiration R Condition of, Eyes OK

Height 5 ft. 3³/₄ ins. Ears OK

Weight 134 lbs. Mensuration { Insp. 35¹/₂
Exp. 33. Throat OK

Temperature 98.2 Vaccination Sept 11 - 11 Cervical glands OK
5 times

Pulse 74 Vision OK Skin OK

Inspection OK

Palpation OK

Percussion OK

Auscultation OK

Heart OK no murmurs.

(Menstruation) OK.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>well</u>		
Mother	<u>yes</u>	<u>"</u>		
Brothers				
Sisters	<u>3</u>	<u>"</u>	<u>1</u>	<u>measles.</u>

Personal history measles, small pox,

Present condition good

Elmer 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.

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5-192 a

of Rosy Copough Female April 20, 1895
Cit. Ind.

1/2

APPLICATION OF Living Joseph Copough

Elizabeth Copough

3/8

FOR THE ENROLLMENT OF Living Elizabeth

Rosy Copough

the

IN THE INDIAN SCHOOL AT Elizabeth Copough

Carlisle

NAME OF AGENCY FROM WHICH PUPIL CAME:

Shawnee

Date of enrollment, Aug. 16, 191 1

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

of Rosy Copaugh; Female; date of birth April 26, 1895;

(Name of child.)

(Sex.)

Cit. Pot.

(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Joseph Copaugh</u>	<u>Living</u>	<u>Cit. Pot</u>		<u>1/2</u>
NAME OF MOTHER.				
<u>Elizebeth</u>	<u>Living</u>	<u>"</u>		<u>3/8</u>

I, Elizebeth Copaugh, do hereby voluntarily consent and agree to the

(Parent, guardian, or next of kin.)

enrollment in said school for a period of three years, and also obligate myself to abide by all the rules and regulations for Indian schools.

(Not less than 3.)

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Chilocco</u>			<u>Time expired</u>	
2. <u>Shawnee</u>				<u>fifth</u>
3.				
4.				

Elizebeth Copaugh

(Parent, guardian, or next of kin.)

P. O. address: Shawnee, Okla.

Two witnesses:

Champion
James Ode

GOVERNMENT 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 16th day of August, 1911

R. J. Hamilton

Physician at Shawnee

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

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 _____ (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

This 16 day of Aug., 1911

J. A. Bunting

Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

I hereby certify that on _____, I made a careful examination of the physical condition of _____ (As soon after arrival as possible.) _____, 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 _____

Nonreservation 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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent 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. 6-870

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May 25th, 1914.

Mrs. Elizabeth Orbaugh,

Pawhuska, Oklahoma.

My dear Madam:

This is to advise that your daughter Rose will be entitled to return home after the close of school this week and that arrangements are being made to have her leave here on June the 4th with the other girls who are to start for their homes on that date. At her request transportation to your present home at Pawhuska will be provided for her use.

Very respectfully,

NKM.

Supervisor in Charge.

Copy to Superintendent Buntin.

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May 28th, 1914.

May 25th 1914

*Mrs. E. C. Copaugh,
Pawhuska, Okla.*

Mrs. E. Copaugh,
Pawhuska, Oklahoma.

My dear Madam:

I have noted the contents of your favor of May the 25th, but must advise that your daughter Rose misrepresented things when she stated that an expenditure of \$5.00 would have to be incurred enroute home for a night's stay in Kansas City. Her transportation will be provided at Government expense and out of the \$15.00 that has already been sent to her she should have saved the small amount that will be required to pay for incidental expenses enroute home.

Rose has been seen at the office this afternoon in regard to this matter and she has been told that no other funds can be secured for her now before she leaves here for your home.

Very respectfully,

HKM.

Supervisor in Charge.

Tawhuska, Okla.

May 25th 1914

W. H. K. Meyers,
Carlisle Penn.

Dear Sir:

We just received a letter from our daughter Rosa Copough and she has informed us that she is in need of more funds before she can come home, as she tells me that she must have at least ~~\$5⁰⁰~~ more and we have already sent her ~~\$15⁰⁰~~ and I should think that when a student's term has expired she is entitled to her home coming expenses and she says

she would have to stay over
night in Kansas City and must
have at least \$5⁰⁰ for that
and we must know about it as
we do not intend to send her
any more money and you will
have to do the best you can
by her, and we certainly expect
her when the other students
arrive here. Goodbye,

Resp.

Mrs. E. Copaugh
Margaret Copaugh

Cawhuska Okla
Feb. 10, 1917

Superintendent

U. S. Indian School
Carlisle, Pa.

Dear Sir

I received the check
for \$9.16 Feb. 8, 1917

Respd

Rose Cough.

4034

February 5, 1917

~~Miss Rose Copah,~~
c/o Mrs. Elizabeth Copah,
Pawhuska, Okla.

Dear Miss Copah:

On checking over the pupils' bank accounts at this school, I find that you have a balance of \$2.16 and I am enclosing a check for that amount. Please acknowledge receipt of the check. I am enclosing a franked envelope, which requires no stamp, for your reply.

With kind regards and best wishes, I am

Yours very truly,

Chief Clerk in Charge.

LG

Enc.