

4037

THE SHAW-WALKER CO., MUSKEGON, 79104

81

[illegible]

.....

.....

.....

Catholic
~ 1639 ~

(Date)

(Date)

Remarks: _____

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *(Mrs) Clara N. Crawford*
11 Plymouth Place, Merchant-
ville, N. J.

Pupil's name *Julia Hardin*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease *_____*

Name and address of the physician in attendance *_____*

Does the pupil have a cough? *No*

For how long has he had it? *_____*

Give the pupil's weight *122 pounds*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks: *Chronic constiveness is*
the only ailment, for which
I have given phosphate
of soda.

Date *July 1st 1913*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address

Mrs. C. M. Crawford
Merchantville, N. J.

Pupil's name

Julia Hardiss

General health of the pupil

Very good

Has pupil been ill the past two months?

No

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough?

No

For how long has he had it?

Give the pupil's weight

1.23

Has the pupil any trouble with the eyes?

No

Are the eyelids inflamed?

No

Remarks:

Health has been very
good

Date

August 29th, 1913-

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs. C. N. Crawford,
Merchantville N. J.*

Pupil's name *Julia Hardin*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease *None*

Name and address of the physician in attendance *—*

Does the pupil have a cough? *No*

For how long has he had it? *—*

Give the pupil's weight *123½*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No.*

Remarks: *General Health very
good - she has improved
very much with the
outing.*

Date *July 28th, 1913*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... *Jane A. Walter, Glenside, Pa.*

Pupil's name..... *Julia Hardin*

General health of the pupil..... *Good*

Has pupil been ill the past two months?..... *No*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?.....

For how long has he had it?.....

Give the pupil's weight..... *122 lbs*

Has the pupil any trouble with the eyes?..... *No*

Are the eyelids inflamed?..... *No.*

Remarks:.....

Date..... *July 1, 1912*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address.....

James A. Walter Glenside

Pupil's name.....

Julia Hardin

General health of the pupil.....

Good

Has pupil been ill the past two months?.....

No

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?.....

No -

For how long has he had it?.....

Give the pupil's weight.....

124 lbs

Has the pupil any trouble with the eyes?.....

No

Are the eyelids inflamed?.....

No.

Remarks:.....

Date.....

Sept. 1 - 1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

Hello Dearest; don't be
 surprised if you see I
 and "Blanch" coming in
 and going behind those
 "logs" again. No Rep. we both
 have been there before. hah
 why we ran off to another
 town and went to a dance
 from 2-4. Just got back &
 Blanch's Country Mother
 is "saying" she knows
 all about it. I don't know
 how she found it out.
 & "you can't expect any
 letters for we have been
 going over limit. All I
 can about is you. I
 hate to get in there
 again. any way well
 do our best. to get out
 of it. haha. I'm so nervous
 I can hardly hold this
 pen. I hate to go home. as I know

what's coming. mailed your
 letter this a. m. will write
 later and tell you all —

By
 Julia

THIS SIDE OF CARD IS FOR ADDRESS ONLY



Tommy La. Pennace,
 Oakdale Penna.
 Ind. School.

4037

NAME.

Julia Hardin

TRIBE.

Pottawatomie

PARENT OR GUARDIAN.

Mrs. Zoa Hardin Nancy

DATE ENROLLED.

Sept. 10, 1911

TERM.

Three years

AGE.

16

HOME ADDRESS

Shawnee, Okla.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

Dec. '11

Bus. G. Ex.

9. 9.

454

June 4th, 1914.

Superintendent,

Shawnee Agency,

Okla.

Dear Sir,

I have your favor of the 29th, ult. enclosing
checks of 20.00 each in favor of Maggie and Julia Hardin.

Respectfully,

W.H.M.

Supervisor in Charge.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Shawnee Indian Agency,
Shawnee, Oklahoma,
May 29th, 1914.

Mr. O. H. Lipps, Supervisor,
Carlisle, Pa.

Dear Sir:-

In compliance with your telegram of May 26th in regard to the Hardin girls, I respectfully enclose herewith Treasurer check No. 2332 in favor of Maggie Hardin for \$20 and Individual Indian Money check No. 393 on the Shawnee National Bank in favor of Julia Hardin for \$20.

Yours respectfully,

John A. Buntin

Sup't. & Spl. Disbg. Agent.

FEP

Encl. Cks.

4037

July 16th, 1914.

Mr. John A. Buntin,

Supt. Shawnee, Okla.

Dear Sir,

At the time the girls Maggie and Julia Hardin left for home they owed their dentist and did not have funds to settle. Both promised to remit on arrival home but the remittance has not yet been received. Will you kindly call the matter to their attention and if possible secure a check in favor of Dr. H. M. Boyer for 1.50 from Julia Hardin and 4.50 from Maggie Hardin.

Respectfully,

W. H. M.

Supervisor in charge.

454

June 16th, 1914.

Miss Julia Hardin,
Shawnee, Oklahoma.

My dear Friend:

I take pleasure in transmitting herewith a letter from the Commissioner of Indian Affairs awarding you one of the third prizes that were given to students at this school in connection with the essay writing contest that was conducted during the past school year thruout the Indian School Service. I also enclose the emblem that represents the prize.

Let me congratulate you, hoping that what you learned in gathering the material for your essay broadened your views about the duties and responsibilities of citizenship.

Very truly yours,

HKM.

Supervisor in Charge.

4037

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Shawnee Indian Agency,
Shawnee, Oklahoma.

Aug. 31st, 1914.

August 21, 1914.

Superintendent,

Shawnee Agency,

Okla.

Dear Sir,

I have your favor of the 21st, enclosing checks aggregating \$6.00 in favor of Dr. H. M. Boyer in payment of dental bills of Julia and Maggie Hardin.

Very respectfully,

W. H. M.

Supervisor in Charge.

Check. 442 Maggie Hardin.	\$4.00
" 534 Julia Hardin	2.00

These checks have been duly endorsed to Dr. Boyer and I will thank you very much to make proper delivery of same.

Yours respectfully,

John A. Buntin

Sup't. & Spl. Disb'g. Agent.

Encl. One.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Shawnee Indian Agency,
Shawnee, Oklahoma.

August 21, 1914.

Mr. O. H. Lipps,
Supervisor in Charge,
Carlisle, Pa.

Dear Sir:-

In accordance with your letter of sometime ago,
I hand you herewith checks as follows, which have been
drawn for Maggie and Julia Hardin to pay Dr. Boyer for
their dentist bill:

Check. 442 Maggie Hardin,	\$4.50
" 554 Julia Hardin	1.50

These checks have been duly endorsed to Dr. Boyer
and I will thank you very much to make proper delivery of
same.

Yours respectfully,

John A. Burntin

Sup't. & Spcl. Disbg. Agent.

FEP
Encl. Cks.

454
DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Agency for the
Absentee Shawnee, Citizen
Pottawatomie and Mexican Kickapoo Indians.

November 24th, 1913.

Shawnee, Oklahoma,
November seventeenth,
Nineteen thirteen.

Superintendent,

Mr. M. Friedman,
Shawnee, Okla.

Dear Sir,

Superintendent,
Carlisle, Pa.
I have your favor of the 17th, enclosing checks of ten
and five dollars each in favor of Julia Hardin and Howard Foreman
respectively which have been handed to them.

Yours respectfully,
Respectfully,

W. H. M.
Supt. & Spcl. Del. Agent.

W.H.M.

Superintendent,

Also check for Howard Foreman, \$5.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Agency for the
Absentee Shawnee, Citizen
Pottawatomie and Mexican Kickapoo Indians.

Shawnee, Oklahoma,
November seventeenth,
Nineteen thirteen.

Mr.M.Friedman,

Superintendent,

Carlisle, Pa.

Dear Sir:

I hand you herewith check for \$10. for Julia Hardin,a
pupil in your school.

Yours respectfully,

John A. Burton
Supt.& SPcl.Dⁱsbg.Agent.

S.

Also check for Howard Foreman, \$5.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

obj. 454

Name of Student <i>Julia Hardin</i>		Home Address <i>Mrs. J. Haney - Shawnee, Tribb</i>		<i>Pottawatomie</i>												
Age at Entrance <i>16</i>	Date of Entrance <i>9-10-'11</i>	Shop		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron <i>Mrs. Hm. Walter</i>	Locality	Days in School		<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	
Address <i>Glenside, Pa.</i>	R. R. Station	Conduct												<i>4</i>	<i>5</i>	
Recommended by	Grade in School	Ability												<i>4</i>	<i>5</i>	
Grade of Home	Church	Health												<i>4</i>	<i>5</i>	
Date of Outing <i>5-2-'12</i>	Date Returned <i>8-30-'12</i>	Wages	Earnings											<i>6</i>	<i>6.</i>	

4 4
4 4
4 4
6 6

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

[illegible]

NAME Julia Hardin 4574
 Sex ☒ Male ☐ Female
 Tribe Pottawatomie State Okl. Date Sept 11, 19 11
 Age 16 years Respiration O.K. Condition of Eyes O.K.
 Height 5 ft. 3 ins. Ears O.K.
 Weight 122 ³/₄ lbs. Mensuration { Insp. 32 ¹/₂ Exp. 30
 Temperature 99 ²/₄ Vaccination Sept 11 Throat O.K. enlarged
 Pulse 80 Vision Cervical glands enlarged
 Inspection O.K. Skin O.K.
 Palpation O.K.
 Percussion O.K.

Auscultation O.K.

Heart O.K. normal

(Menstruation) O.K.

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>yes</u>	<u>Pneumonia</u>
Mother			<u>yes</u>	<u>Stomach trouble</u>
Brothers	<u>1</u>	<u>well</u>		
Sisters	<u>4</u>	<u>2</u>		

Personal history neg.

Present condition good.

Oliver 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 _____

Age _____ Sex { Male.
Female. } Tribe { Full
1/ } _____ Residence _____

(On _____, 19____)

454
5-192 a

APPLICATION OF

Eoa Haney

FOR THE ENROLLMENT OF

Julia Hardin

IN THE INDIAN SCHOOL AT

Carlisle

NAME OF AGENCY FROM WHICH PUPIL CAME:

Shawnee

Date of enrollment, **August 16th**, 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 Julia Hardin (Name of child.); Female (Sex.); date of birth November 1, 1895;

Cit Pott (Tribe)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Thomas Hardin</u>	<u>Dead</u>	<u>Cit Pot</u>		<u>1/4</u>
NAME OF MOTHER.				
<u>Lizzie Hardin</u>	<u>Dead</u>	<u>Cit Pot</u>		<u>1/2</u>

I, Zoa Hancy (Parent, guardian, or next of kin.), do hereby voluntarily consent and agree to the 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>Sacred Heart</u>	<u>1891</u>	<u>1910</u>		<u>8th</u>
2.					
3.					
4.					

Mrs Zoa Hardin Hancy
(Parent, guardian, or next of kin.)

P. O. address: Shawnee

Two witnesses:

Oklahoma

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 19th day of August, 1911

R. B. 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 next of kin
(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 22nd day of Aug., 1911

J. A. Buntin
Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

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 _____, 1911

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

INDORSEMENTS.

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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

Indian name *Julia Harden* " " G. *4037*
" " D.
Tribe *Pottawatomie* Age *16* Blood *$\frac{3}{8}$* *3 yrs.*
Agency *Shawnee. Okla.*
Father *Mrs. Joe Hardin Haney, Shawnee.*
Arrived *9-10-11* Departed *6-4-14* Cause *Time out.*
Class entered Class left
Trade Outing
Character
Married Deceased
Remarks
TAYMAN & LEBE MFG. CO., ROCHESTER, N. Y. 677915 6M 6-10 over ~503~

Julia Harden

PRESENT NAME