

4188

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4439 6239		ENGLISH NAME Ahskie Sousea			AGENCY		NATION Navajo		
BAND		INDIAN NAME			HOME ADDRESS Glin nes Bah Fort Defiance, Arizona				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPX.	SEX.	
FATHER, D		MOTHER, L	Full	18	5 1/2	134 1/2	38	32 1/2 M.	
ARRIVED AT SCHOOL 11-5-1910		FOR WHAT PERIOD Until June 14 Three years 1914		DATE DISCHARGED June 8, 1914		CAUSE OF DISCHARGE Time out			
TO COUNTRY		PATRONS NAME AND ADDRESS						FROM COUNTRY	
4-6-11		Samuel Hibb, R. F. D., Langhorne, Pa.						No. 4-28-11	
Dr. 4-28-11		Lillian Flowers, Edgewood, Pa.						4-31-11	
9-1-11		Ruben Mayberry, Chippensburg Pa. RFD						9-4-11	
9-11-12		A. M. Bates, Mechanicsburg Pa.						Jan. 28-14	

THE SHAW-WALKER CO., MUSKIEGON, 79/04

Months in school before Carlisle, ⁵⁴.....

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Presbyterian

Miles to school - 45

4188

CARLISLE INDIAN SCHOOL

No. 4439	NAME.	AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.
	Ohskie Soubea	18	Narajo	Full	Fort Defiance Ariz.

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)	To COUNTRY	FROM COUNTRY	DATE DISCHARGED
		On entering here.	At date of this report.					
Nov. 5, 1910	54		No. 4	45m				
April 1914			No. 4				1-28-14	6-8-14

Resby
~ 1639 ~

Progress from _____ to _____
(Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade								
Academic standing*								
Industrial standing* (Department)								
Musical: Band standing*								
Vocal standing*								
Orchestra standing*								
Department standing*								
Physical condition								

Remarks:

Application for Enrollment in a Non-Residential School

963

BRIEF.

Application of

Aske Sousa

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Navaho Agency, Ariz

Date of enrollment

Dec. 27th

191

Term of enrollment

One

(*1*)

years

Printed by Carlisle Indians.

(until June, 1914)

Application for Enrollment in a Non-reservation 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 Aske Soussa ; M. ; date of birth _____
(Name of Child) (Sex)
Navaho
(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
	D	Navaho		4/4
NAME OF MOTHER	Z.	"		4/4

I, Aske Soussa, do hereby voluntarily consent and agree to my enrollment in said school for a period of one 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.				
2.				
3.				
4.				

Aske Soussa
(Parent, guardian, or next of kin)

P. O. address: Ft. Defiance

Two Witnesses:

Harvey K. Meyer

Arizona

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find.....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.....day of....., 19.....

.....
Physician at.....Agency.

CERTIFICATE OF AGENT OR 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.....
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This.....day of....., 19.....

.....
Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

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 is living, and if neither of them is 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.

This form is to be used only in transfers from reservations, or Indian schools, to nonreservation schools.

994

5-192 a.

BRIEF.

APPLICATION OF

Glin - Nes - Bah

FOR THE ENROLLMENT OF

Ahskie Sousea

IN THE INDIAN SCHOOL AT

Carlisle Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Navaho Agency N. M.

Date of enrollment, _____, 190

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 Carman
Pa
of Ahshki Sousea ; Male ; date of birth 1892 ;
(Name of child.) (Sex.)

(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Hastern Iso</u>	<u>Dead</u>	<u>Navaho</u>		<u>Free</u>
NAME OF MOTHER. <u>Glin nes Bah</u>	<u>Living</u>	<u>"</u>		<u>"</u>

I, Glin nes Bah (Parent, guardian, or next of kin.) do hereby voluntarily consent and agree to the enrollment in said school for a period of Three (Not less than 3.) years, and also obligate myself to abide by 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>Navaho</u>	<u>1904</u>	<u>1910</u>	<u>Transferred</u>	<u>Second</u>
2.				
3.				
4.				

Glin nes Bah (Parent, guardian, or next of kin.)

P. O. address: Fort Defiance

Arizona

Two witnesses:

W A Worley

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 1st day of November, 1910

A. M. Higginbotham

Physician at Navaho 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 Shui nee Pah was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 1 day of November, 1910

Peter Paquette

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 _____, 1910

School Physician.

SPECIAL NOTE.

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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.)

. 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.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

663

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Trosy Askhe DATE 11/6 1910

AGE 18 YEARS { NEW / RETURNED } STUDENT. TRIBE Navaho STATE Ariz.

DEGREE OF INDIAN BLOOD Full

INSPECTION Body developed

PALPATION Normal

PERCUSSION Dull at right apex

AUSCULTATION { RESONANCE Normal / RESP. MURMUR

HEART SOUNDS Normal

MENSURATION { INSP. 97 1/2 / EXP. 94 3/4 RESPIRATION 20 PULSE 80

TEMPERATURE 97 4 degs. HEIGHT 5 FT 8 1/2 IN. WEIGHT 183 LBS.

VISION L 16/15 R 10/20 VACCINATION Good scar

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>4</u>		
SISTERS {	<u>4</u>	<u>3</u>		
			<u>1</u>	<u>?</u>

PERSONAL HISTORY: General health good

REMARKS:

NAME Aske Sousa 663
 Sex Male Female
 Tribe ^{ Full } Navaho 314 State Arizona Date Sept 6, 1912
 Age 20 years Respiration 18 Condition of, Eyes O.K.
 Height ft. ins. Mensuration { Insp. 38 Ears O.K.
 Weight 144 lbs. { Exp. 32 1/2 Throat O.K.
 Temperature 98.2 Vaccination Yes Cervical glands O.K.
 Pulse 72 Vision _____ Skin O.K.
 Inspection O.K.
 Palpation O.K.
 Percussion O.K.
 Auscultation O.K.
 Heart O.K.
 (Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>yes</u>	<u>unknown</u>
Mother	<u>yes</u>	<u>good</u>		
Brothers	<u>2</u>	<u>good</u>	<u>1</u>	<u>unknown</u>
Sisters	<u>3</u>	<u>good</u>	<u>1</u>	<u>unknown</u>

Personal history measles bumps

Present condition _____

H. B. Lake, 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 / } Residence _____

(On _____, 19____)

DATE.	SYMPTOMS.			TREATMENT.	DIAGNOSIS.	REMARKS.
19____	T.	P.	R.	History, progress, and termination of the disease.		
<p style="text-align: center;"><i>Sept 6 - 1917 - Examined for outing - OK.</i></p>						

NAME *Ahskii Eska Sousa*
 Sex { Male. Female. }
 Tribe { Full } *Navajo* State *Ariz.* *Sept. 7*, 19*10*
 Age *18* years Respiration *18* Condition of Eyes *No mackama*
 Height *5- 1. 9 1/2* ins. Mensuration { Insp. *35-* Ears *normal*
 Weight *126* lbs. { Exp. *31* Throat *normal*
 Temperature *98* Vaccination *Good* Cervical glands *norm.*
 Pulse *76* Vision *Good* Skin *"*
 Inspection *norm.*
 Palpation *"*
 Percussion *"*
 Auscultation *"*
 Heart *"*
 (Menstruation) *"*

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<i>yes</i>	<i>unknown</i>
Mother	<i>yes</i>	<i>good</i>		
Brothers	<i>2</i>	<i>good</i>		
Sisters	<i>3</i>	<i>good</i>	<i>1</i>	<i>unknown</i>

Personal history *Good for past six years at Fort Defiance School.*

Present condition *Good*

A. M. Higginbotham, 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.
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663
 REPORT OF Ashe Sousa pupil of Carlisle Indian
 School, who went 9/11/1912 to live with A.M. Bates
(Date) (Patron)
 of Mechanicusburg, Cumberland,
(Post Office) (County)
Pa, Mechanicusburg Railroad Station
(State)

Conduct Good
 Health Very good
 Ability Fair
 Cleanliness Good
 Economy Very good
 Situation of Room Second floor
 Condition of Room Very good
 Condition of Clothing Good
 Wages Fifteen dollars per mo.
 Are careful accounts kept by patron? yes
 Are careful accounts kept by pupil? No
 Number of days at school Five months
 Distance to school One half mile
 Grade or quality of school Non graded
 Name and address of teacher _____
 Qualifications of teacher _____
 In what grade was pupil at Carlisle? 3rd
 In what grade is pupil at present? 4th
 Attends what church and Sunday school? Catholic
 Distance to church One mile
 Is there a Catholic church in locality? yes
 Who compose patron's family? Man wife and child
 What other help is employed? One Indian boy
 Locality of home Near Mechanicusburg
 Home life and environments Very good
 Trade at school None
 Nature of work Farm work
 Pupil's age 20 Experience Two years

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

Ake tried two other homes before but could not be contented. He seems happy at this home and wishes to remain. He is a diligent worker but does not understand english well.

June 4th 1913

W. H. Dickey

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 *Alfred M Bater Mechanicsburg Pa.*

Pupil's name *Arkie Gausa*

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 *152.*

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

Are the eyelids inflamed? *No.*

Remarks: *—*

Date *December 31 - 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 Samuel M. Keith Langhorne Pa. Rd. 2

Pupil's name Archie Jones

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 _____

Has the pupil any trouble with the eyes? no

Are the eyelids inflamed? no

Remarks: _____

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 Alfred M Bates Mechanicsburg Pa.

Pupil's name Askee Sousa

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 144

Has the pupil any trouble with the eyes? No.

Are the eyelids inflamed? No.

Remarks: _____

Date November 29 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 *Alfred M Bates*

Pupil's name *Archie Sousa*

General health of the pupil *good at Present.*

Has pupil been ill the past two months? *he had the cold about ^{3 weeks} ago.*

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 *143.*

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

Are the eyelids inflamed? *No*

Remarks: _____

Date *May 5*

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 *Alfred M Bates mechanics bay Pa.*

Pupil's name *Askee Sousa.*

General health of the pupil *good.*

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

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? *no.*

For how long has he had it?

Give the pupil's weight *139.*

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

Are the eyelids inflamed? *no.*

Remarks:

Date *October 1 1913.*

In case 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 Alfred M. Bates, Mechanic, Long Pt.

Pupil's name Archie Sousa.

General health of the pupil good

Has pupil been ill the past two months? No

Name of disease _____

Name and address of physician in attendance _____

Does the pupil have a cough? No.

For how long has he had it? _____

Give the pupil's weight 149

Has the pupil any trouble with the eyes? No

Are the eyelids inflamed? No.

Remarks: _____

Date November 1 - 1913.

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

663

April 9th, 1914.

Mr. Peter Paquette,
Superintendent, The Navajo Agency,
Fort Defiance, Ariz.

Dear Mr. Paquette:

Ahskie Sousea, who arranged to remain here for this additional year when his period of enrolment had terminated last year, came to me today with the report that his mother is ill and that she desires to have him return home.

Will you please advise me regarding the matter and recommend whether it is necessary for Ahskie to return home before the close of school in June?

Assuring you that your co-operation in this case will be appreciated, I remain,

Very truly yours,

HKM.

Supervisor in Charge.

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student		Home Address				Tribe											TOTAL OR AVERAGE
Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		R. R. Station	Grade in School	Conduct													
Address		Church	Health	Earnings													
Recommended by		Wages	Date of Outing	Date Returned													

4188

July 28th, 1914.

Superintendent,
Navajo Agency,
Fort Defiance, Ariz.

Dear Sir,

I have your favor of the 20th, relative to funds
of Aske Sousa and I enclãse herewith check for 19.65
closing his account.

Respectfully,

W.H.M.

Supervisor in charge.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Navajo Indian Agency,

Ft. Defiance, Arizona.

July 20th, 1914.

Supt. Carlisle School,
Carlisle, Pennsylvania.

Sir:

Ashkee Sousea, a Navajo boy recently returned from the Carlisle School and I understand has a small balance in bank under supervision. This can be used to advantage by him and if you will send same to this Office it will be delivered to him.

Respectfully,

P. Pasquette
Superintendent.

D

Carlisle Indian School Hospital.

Name

Ashe Souser

Age

Sex

Diagnosis

Eczema

Admitted

Discharged

Oct 17-11

Oct. 23-11

Days in Infirmary

Result

24

Improved

E. J. Stebbins

Resident Physician.

(OVER)

up the day

TREATMENT.

DIET.

Arsenous Iodide

1 tablet T.I.D.

Mag Sulfate to face

A meal

up 23.11.

MP -
To bed - keep w/dressing on

Date	Hr.	P.	R.	T.
Oct 17	4.00	6.6		98.8
"	8.20	6.6		98.4
"	8.45	7.5		98.4
Oct 21	8.00	6.8		98.8
"	8.55	6.8		98.8

4188

~~4188~~

May 27th, 1914.

Mr. Peter Paquette,
Superintendent, The Navajo Agency,
Fort Defiance, Ariz.

My dear Sir:

This is to advise that Ahskie Sousea and Alfred Hardy are to leave here with our party of home-going boys on Monday evening, June the 8th. Transportation to Gallup will be provided for their use.

Neither of the boys has had any too good a record here, but it is hoped they will settle down to some useful work and that favorable reports can be conveyed to me regarding them.

Very respectfully,

HKM.

Supervisor in Charge.

203

TRADE RECORD, CARLISLE.

PUPIL *Ashe Sousea.*

TRADE *Fireman*

ABILITY *Good*

CONDUCT *Good*

REMARKS

INSTRUCTOR *A. J. Weber.*

4188

Dec. 1st, 1914.

Mr. Peter Paquette
Superintendent, The Navajo Agency,
Fort Defiance, Ariz.

My dear Sir:

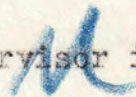
I attach hereto a check for \$1.50 to repay
Ahskie Sousea for a loan he made Joe Muggins while
both were yet enrolled here. I would thank you to
have the check delivered to Ahskie and to have him
acknowledge receipt of the same.

Very respectfully,

Encl.

HKM.

Supervisor in Charge.



4188

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Navajo Indian Agency,

Ft. Defiance, Arizona.

December 15th, 1914.

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

Dear Sir:

I acknowledge receipt of your letter dated
December 1st, enclosing check for \$1.50 to be handed Ahskie
Sousea, which will be done at the earliest possible date.

Respectfully,

Peter Paquette
Superintendent.

D

4188

NAME. <i>Ahskie Louise</i>		TRIBE. <i>Navajo</i>		PARENT OR GUARDIAN. <i>Glin nes Bah</i>								
DATE ENROLLED. <i>Nov. 5, 1910</i>		TERM. <i>Three years</i>		AGE. <i>18</i>								
DATE OF RECORD		ACADEMIC DEPARTMENT.		INDUSTRIAL DEPARTMENT.		DORMITORY.		OUTING		SPECIAL REMARKS.		
		ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.

Jan. '11
July '11
Dec. '11

N. 1 Good Fair

Eng. G. G.

5. V. 9.
7. 7.

