

4265

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4934	ENGLISH NAME John Sewey	AGENCY	NATION Pennoscot	
BAND	INDIAN NAME	HOME ADDRESS Cerry, Me.		
PARENTS LIVING OR DEAD	BLOOD Full	AGE 18	HEIGHT 5-7 1/2	WEIGHT 133
FATHER,	MOTHER,	FORCED INSP. 37	FORCED EXPR. 33	SEX. M.
ARRIVED AT SCHOOL Jan. 26, 15	FOR WHAT PERIOD One year	DATE DISCHARGED Oct. 14, 1914	CAUSE OF DISCHARGE Termination of lease	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
4-9-15	W. H. Snyder Kersserville Pa.			Red 4-16-15 Not reported
4-13-15	John M. Breece, Richboro RFD 34			
4-8-14	John M. Breece, Richboro, Pa.			7-28-14
9-14-14	On leave			

THE SHAW-WALMER CO. MUSKOGEE 121071

Months in school before ~~enrollment~~ ..... 8

Trade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, ..... Catholic

Miles to school, .....

CARLISLE INDIAN SCHOOL

4265

No. 4934 NAME. John Lewey AGE. 18 TRIBE. Penobscot DEGREE OF INDIAN BLOOD. Full NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. Perry, Me.

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
Jan. 26, 1913	18	u	u	u	To Country	FROM COUNTRY	DATE DISCHARGE
Sept. 1913	u	u	Nov 10	u	4-8-14	8-28-14	
" 1914	u	u	G.II-a	u	9-14-14 = L		10-14-14

Cathol  
~ 1638 ~

Progress from \_\_\_\_\_, (Date) \_\_\_\_\_, to \_\_\_\_\_, (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: \_\_\_\_\_

new. entered June 25-1913

NAME John Levey. Sex  Male.  Female.  
 Tribe  Full Pasmaguda State Maine Feb 21, 1913  
 Age 18 years Respiration 19 Condition of, Eyes O.K.  
 Height 5 ft. 7 1/2 ins. Mensuration { Insp. 37 Ears appear to be slightly deaf.  
 Weight 133 lbs. { Exp. 33 Throat enlarged.  
 Temperature 98 Vaccination 2-21-13 Cervical glands O.K.  
 Pulse 72 Vision \_\_\_\_\_ Skin O.K.  
 Inspection Fairly well developed  
 Palpation O.K.  
 Percussion O.K.  
 Auscultation O.K.  
 Heart Mitral Systolic murmur transmitted to left side.  
 (~~Menstruation~~) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			Yes	T. B.
Mother			"	T. B.
Brothers	1	good	1	infancy
Sisters	0		2	"

Personal history Mumps.  
 Present condition as above.

H B Zuber, 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.



NO.

NO. ....

# United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 1914 .....

TRIBE .....

FULL. ONE .....

NAME John Sewey .....

AGE .....

DIAGNOSIS .....

ADMITTED March-21-14 .....

DISCHARGED March-29-14 .....

RESULT Recovered .....

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

REMARKS:

Dr. Rendtorff.

Patient *John Lewis*

Carlisle, Pa. *March-27-1914*

Physician *Dr. Rindtorff*

Address

Nurse *Ladie & Margaret*

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>8:00 A.M.</i>	<i>97 <math>\frac{3}{5}</math></i>	<i>74</i>	<i>18</i>		<i>March-28-14</i>				<i>In Bed.</i>
<i>4:00</i>	<i>96 <math>\frac{7}{5}</math></i>	<i>72</i>	<i>18</i>		<i>" " "</i>				
<i>8:00</i>	<i>97</i>	<i>60</i>	<i>18</i>		<i>Mar. 29-14</i>				

1525

NO. ....

# United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 1913.

TRIBE .....

FULL. ONE .....

NAME John Levey

AGE .....

DIAGNOSIS Tonsillitis

ADMITTED Oct 24

DISCHARGED Oct 26

RESULT good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. B. Allen

E. Meyer

REMARKS:

Case No. ....

**DIAGNOSIS**

*Familial*

Revise .....

Notes of Case

Name *John Lervey* M.F.

Age ..... S.M.W.

Nativity .....

Occupation .....

Residence .....

Date of admission *Oct 24<sup>th</sup> '13*

Diet *1130 G.M.*

Treatment

*Throat swab.  
g. bar.  
Soft diet.*

Result .....

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	
BOWELS NUMBER OF MOVEMENTS	1	1	1	1	1																								
Urine Daily Amt		1	1	1																									
F.																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
96°																													
95°																													
Day of Dis.																													
Pulse.	<i>104</i>	<i>84</i>	<i>80</i>	<i>70</i>	<i>70</i>																								
Resp.	<i>26</i>	<i>25</i>	<i>20</i>	<i>20</i>	<i>18</i>																								
Date.	<i>24</i>	<i>25</i>																											

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Published by J. B. Lippincott Company, Philadelphia, Pa.

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C.  
42°  
41°  
40°  
39°  
38°  
37°  
36°  
35°





Patient *John Lerney*

Carlisle, Pa. *Oct 24*

191 *3*

Physician *Allen & Meuser*  
Nurse *Pearl Bonser*

Address .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>11:30<sup>am</sup></i>	<i>99.4</i>	<i>104</i>	<i>18</i>	<i>11:30</i>	<i>throat swab.</i>	<i>"</i>	<i>soft.</i>		<i>In bed.</i>
<i>5:00</i>	<i>99.5</i>	<i>89</i>	<i>25</i>	<i>1:00</i>	<i>"</i>	<i>"</i>			
				<i>2:00</i>	<i>"</i>	<i>"</i>			
				<i>3:00</i>	<i>"</i>	<i>"</i>			
				<i>4:00</i>	<i>"</i>	<i>"</i>			
				<i>5:00</i>	<i>"</i>	<i>"</i>			
				<i>6:00</i>	<i>"</i>	<i>"</i>	<i>5:30</i>		<i>Soft diet</i>
				<i>7:00</i>	<i>"</i>	<i>"</i>			
				<i>8:00</i>	<i>"</i>	<i>"</i>			
					<i>Oct-25-1913</i>	<i>6:30</i>			<i>Soft diet</i>
<i>7:00</i>	<i>97.4</i>	<i>80</i>	<i>20</i>	<i>7:00</i>	<i>Throat swab</i>				
				<i>8:00</i>	<i>"</i>	<i>"</i>			
				<i>9:00</i>	<i>"</i>	<i>"</i>			
				<i>10:00</i>	<i>"</i>	<i>"</i>			
				<i>11:00</i>	<i>"</i>	<i>"</i>	<i>12:00</i>		<i>Soft diet</i>
				<i>12:00</i>	<i>"</i>	<i>"</i>			
				<i>1:00</i>	<i>"</i>	<i>"</i>			
				<i>2:00</i>	<i>"</i>	<i>"</i>			
				<i>3:00</i>	<i>"</i>	<i>"</i>			
				<i>4:00</i>	<i>"</i>	<i>"</i>			
<i>5:00</i>				<i>5:00</i>	<i>"</i>	<i>"</i>	<i>5:30</i>		<i>Soft diet</i>
<i>5:00</i>	<i>99</i>	<i>72</i>	<i>20</i>	<i>6:00</i>	<i>"</i>	<i>"</i>			

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July 28th, 1915.

Mr. John Lewey,  
Chebeague Landing, Maine.

My dear Friend:

I have received your letter of recent date and will state in reply thereto that you may return to school about September the 5th as you desire to do. The regular school work for the year is to begin on September the 7th and you should be here on that date.

I enclose herewith a blank upon which an application for your enrolment may be submitted to me. It is especially necessary that you be carefully examined by some physician and that a report of his findings be noted on the blank that is being enclosed with the application blank, which is also to be returned to me.

There is being enclosed an extra blank upon which an application for your brother's enrolment may be submitted to me for consideration. It should be filled out before a Notary Public or a Justice of the Peace so that complete and definite information will be given. Do not bring your brother to Carlisle until an application for his enrolment has had consideration and you are advised what to do.

-2- Mr. John Lewey, Chebeague Landing, Maine.

Hoping that I can assist you further to carry out  
your wishes, I remain, with best wishes,

Your friend,

Encls.

HKM.

Acting Superintendent.

831

Nov. 19th, 1913.

Mr. Mc Kean:

John Lewey and Samuel Dana will have to sign applications for enrolment some time today, or else they will have to leave the school and the town without delay.

Respectfully,

HMM.

Superintendent.

Sept. 14th, 1914.

Mr. Wallace Lewey,  
Princeton, Maine.

My dear Sir:

This is to advise you that your nephew, John Lewey, has been given permission to leave this school to go to your home. He will leave here this evening and transportation to Boston has been procured for his use. John intends to take the boat from Boston to the point nearest your home, and he has sufficient funds to pay for his passage from Boston.

Very respectfully,

H.M.

Supervisor in Charge.

83/

Sept. 14th, 1914.

Mr. Griffiths:

John Lewey is to leave for his home on train  
at 5.39 this evening.

You will please have him reported "on leave".

Very respectfully,

HKM.

Supervisor in Charge.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

831

Name of Student			Home Address												Tribe
Age at Entrance	Date of Entrance	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
18	1-26-'13		7	8	9	10	11	12	1	2	3	4	5	5	
Patron			Days in School												
N. F. Snyder															
Address			Conduct												
Kerrsville, Pa.			y												
Recommended by			Ability												
			y												
Grade of Home			Health												
			y												
Date of Outing			Earnings												
4-9-'13															
Date Returned															
4-12-'13															
John N. Breese															
Richboro, Pa. R.F.A.															
			y												
			y												
			y												
4-8-'14															
4-30-'13															
6-26-14															
8-30-'13															
8-26-14															
8-28-14															
Herb. W. Bloomfield															
Tullytown, Pa.			y												
			y												
			y												
6-26-14			15.00												
8-28-14			16												



# OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student

Home Address

Tribe

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

of Chebeque Landing Me.

John Lewis

July 27, 1915



hello Mr. Lepps.

and I just

the time drop you for  
times to you my friend  
and I melling come  
beach Carlisle Indian  
School again Mr. Lepps.  
in me come my  
Broth to Mr. Joe Lewis  
about Sept 5.  
Lepps. in me to Sept  
5. I was thinking about  
Carlisle all the time  
Lepps. I very sorry  
I let School let  
times my friend

please can you  
answer sometimes  
before you head home  
Eastport Me Next  
Month. in from  
your friend

John L. Curry

E. Chebogue

Landing

Maine

831

REPORT OF John Lewey pupil of Carlisle Indian School, who went Apr. 30 to live with John Bruce of Richbors, Bucks of Penna., Newtown, Pa. Pt R Railroad Station

Conduct Good

Health Good

Ability Good

Cleanliness Good

Economy Good

Situation of Room Access to whole house

Condition of Room Good

Condition of Clothing Good

Wages \$ 12 - with increase

Are careful accounts kept by patron? Yes

Are careful accounts kept by pupil? Yes

Number of days at school Attended Carlisle

Distance to school -

Grade or quality of school -

Name and address of teacher -

Qualifications of teacher -

In what grade was pupil at Carlisle? 4th

In what grade is pupil at present? "

Attends what church and Sunday school? Cath

Distance to church 3 mile

Is there a Catholic church in locality? Yes

Who compose patron's family? Man - wife and three children

What other help is employed? None

Locality of home Good

Home life and environments Fair

Trade at school Carpenter

Nature of work Farming

Pupil's age 19 yrs Experience None

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

A series of horizontal dotted lines for writing.

831

**BRIEF.**

**Application of**

*John Zervey*

FOR THE ENROLLMENT OF

*himself*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST-OFFICE ADDRESS OF APPLICANT:

*Princeton, Maine.*

Date of enrollment, *Nov. 20<sup>th</sup>*, 191*3*

Term of enrollment, *One* ( *1* ) years

# 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, Pa., of John Zewey, M., I, John Zewey (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Princeton P. O., State of Maine, do hereby voluntarily consent and agree to my enrollment in said school for a period of one years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Eastport, Me., on 1892; that the father, (Name of father.), was a (Is or was.) Indian of the (Degree.) Tribe located at \_\_\_\_\_ Agency; that he left the tribe about \_\_\_\_\_; (Approximate date.)

that the mother, (Name.) was a (Is or was.) Indian of the Tassanawaddy (Degree.) Tribe located at \_\_\_\_\_ Agency, and left the tribe about \_\_\_\_\_; that (Approximate date.)

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.

This 20<sup>th</sup> day of Nov., 1913  
Two witnesses:

Harvey K. Meyer  
\_\_\_\_\_  
(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.)

John Zewey  
\_\_\_\_\_  
(Parent, guardian, or next of kin.)  
P. O., Princeton, Me.

## AFFIDAVIT.

I, \_\_\_\_\_, do hereby swear that the statements made in the above application are true.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_

(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, \_\_\_\_\_, a practicing physician of \_\_\_\_\_  
\_\_\_\_\_, do hereby certify that I have carefully examined \_\_\_\_\_,  
the child named in this application, and find that \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_, M. D.

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## Vouchers of Disinterested Persons.

### VOUCHER NO. 1.

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; that in my opinion  
he can not receive proper and adequate schooling at home for the reason that \_\_\_\_\_

---

---

This \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_

---

---

### 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 cannot receive proper and adequate schooling at home for the reason that \_\_\_\_\_

---

---

This \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_

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## Certificate of School Physician.

I hereby certify that on \_\_\_\_\_, I made a careful examination  
(As soon after arrival as possible.)  
of the physical condition of \_\_\_\_\_, the child named in the fore-  
going application, and found \_\_\_\_\_ to be \_\_\_\_\_

I therefore recommend that the said child be \_\_\_\_\_ enrolled in this school.

This \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_

\_\_\_\_\_  
*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 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 non-reservation 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.





