

4269

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 5285	ENGLISH NAME Herbert McPherson	AGENCY	NATION Menominee				
RACE	INDIAN NAME	HOME ADDRESS Mother - Cecelia McPherson, Neyit, Wis.					
PARENTS LIVING OR DEAD	BLOOD 2 3/4	AGE 15	HEIGHT 5-10	WEIGHT 129	FORCED INSP. 36	FORCED EXPR. 33	SEX. M
FATHER	MOTHER	ARRIVED AT SCHOOL Oct. 10, 1914		FOR WHAT PERIOD Five years	DATE DISCHARGED Nov. 22, 1914	CAUSE OF DISCHARGE Deserted	
TO COUNTRY 10-23-14	PATRONS NAME AND ADDRESS Ran					FROM COUNTRY	

SHAW-WALKER, MUSKOGEE, MICHIGAN 43445

Months in school before Carlisle..... 36

Grade entered at Carlisle.....

Grade entered at Menominee.....

Teacher at Carlisle.....

Church..... Catholic

20 mi. to school

4269

CARLISLE INDIAN SCHOOL

No. <u>5285</u>	NAME. <u>McPherson, Herbert</u>	AGE. <u>15</u>	TRIBE. <u>Menominee</u>	DEGREE OF INDIAN BLOOD. <u>3/4</u>	NAME OF AGENCY, AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. <u>Leopold, Wis.</u>
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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.)		
<u>10-10-14</u>	<u>36</u>	<u>5</u>	<u>20</u>		To COUNTRY	FROM COUNTRY	DATE DISCHARGED
					<u>10-23-14-R</u>		<u>11-22-14</u>
							<u>cash.</u>

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: _____

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ORIGINAL

5-192

BRIEF.

APPLICATION OF

Cecilia McPherson

FOR THE ENROLLMENT OF

Herbert McPherson

IN THE INDIAN SCHOOL AT

Carlisle

POST-OFFICE ADDRESS OF APPLICANT:

Neopis wis

Date of enrollment, _____, 19

Term of enrollment, *five* (*5*) years.

NAME OF COLLECTING AGENT:

H. S. Neale

Position, *Supt. & Sp. Dis. Agt.*



6-571

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 Herbert McPherson, Male, I, Cecelia McPherson of Neopit P. O., State of Wis, do hereby voluntarily consent and agree to his enrollment in said school for a period of _____ 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 Marmette Wis on May 9-1899 that the father, George McPherson a _____ Indian of the _____ Tribe located at Reshena Agency; that he left the tribe about _____; that the mother, Cecelia McPherson is a full Indian of the Menominee Tribe located at Reshena Agency, and left the tribe about still in Reshena; 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>Mission</u>	<u>Reshena</u>		<u>1913</u>		
<u>gout</u>	<u>do</u>	<u>1912</u>	<u>1913</u>		
<u>Day</u>	<u>Neopit</u>	<u>1910</u>	<u>1912</u>		

This 7 day of Oct, 1916

Two witnesses: James Minton P. O., Cecelia McPherson (Parent, guardian, or next of kin.)

(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, Cecelia McPherson, do hereby swear that the statements made in the above application are true.

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

Sworn to and subscribed before me this 7 day of October, 1916

Notary Public My Commission expires June 30, 1917

(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, W.F. Ragan, a practicing physician of Neopit Wis, do hereby certify that I have carefully examined Herbert McPherson the child named in this application, and find that he 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 6 day of October, 1914 W.F. Ragan, 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 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 Cecelia McPherson was voluntary, and I recommend the transfer of said child.

Dated at Keshena, Wis.,

[Signature]
Supt. and Spl. Disb. Agent.
(Official title.)

this 6th day of October, 1914.

(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.

I, Peter Lockwood, a Merchant, of Neopit Wis, do hereby certify that I am personally acquainted with Herbert McPherson who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Herbert McPherson; 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

No Public school facilities within reach

This 6 day of Oct, 1914 Peter Lockwood

I, C. A. Douthett, a _____ of _____ (Business, calling, or profession.)

_____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Hubert M. Pherson; 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 _____, 19 _____

C. A. Douthett

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 _____, 19 _____

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.

NAME Herbert McPherson

Sex { Male.
Female.

Tribes { Full } Menominee State Wis

Oct 6, 1914

Age 15 years Respiration 20

Condition of, Eyes Granulation

Height 5 ft. 10 ins. Mensuration { Insp. 36

Ears Normal

Weight 129 lbs. { Exp. 33

Throat Large Tonsils

Temperature 98.8 Vaccination yes

Cervical glands Normal

Pulse 80 Vision Normal

Skin Normal

Inspection Normal

Palpation Normal

Percussion Normal

Auscultation Normal

Heart Normal

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	47	good		
Mother	36	Fair		
Brothers 3	30	good	unknown	Don't know
	7	good		
Sisters 4	24	Poor T.B. suspect	one year	Don't know
	26	good		
	27	good		

Personal history Typhoid when seven years old

Present condition good, except takes colds easily

W. F. Ragan, 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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NAME Herbert Mc Pherson Sex Male Female
 Tribe ^{EnH} 314 Murumitic State Wis Oct 14th, 1914
 Age 15 years Respiration 16 Condition of, Eyes Conjunct
 Height 5 ft. 10 3/4 ins. Mensuration { Insp. 95 1/2 Ears Negative
 Weight 131 lbs. { Exp. 92 Throat Negative
 Temperature 98 Vaccination Positive Cervical glands Truble in
 Pulse 68 Vision Good Palpable past
 Skin Negative

Inspection _____
 Palpation _____
 Percussion _____
 Auscultation _____
 Heart _____
 (Menstruation) _____

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>2</u>	<u>Good</u>	<u>1</u>	<u>!</u>
Sisters	<u>3</u>	<u>2 Good</u> <u>1 Tubercular</u>	<u>3</u>	<u>1 Tuberculosis</u> <u>2 ?</u>

Personal history Mumps, Typhoid fever,
 Present condition _____

Walter Rindtuff, M. D.

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