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BRIEF.

Application of

Harriet Chinault

FOR THE ENROLLMENT OF

Della Chinault

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Della Chinault 316 Hursley Ave, Sault Ste Marie, Mich.

Date of enrollment, *October 24*, 191*2*

Term of enrollment, *Five* (*5*) 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, Pennsylvania, of Sella Chinault, Female, I, Harriet Chinault (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Sault Ste. Marie P. O., State of Michigan, do hereby voluntarily consent and agree to her enrollment in said school for a period of five 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 Sault Ste. Marie, Mich. on Feb 21, 1895 (Date.) that the father, Samuel Chinault, was a white Indian of the _____ (Name of father.) (Is or was.) (Degree.)

Tribes located at _____ Agency; that he left the tribe about _____; (Approximate date.)

that the mother, Harriet Chinault, is a 1/2 Indian of the Chippewa (Name.) (Is or was.) (Degree.)

Tribes located at Missaugie Agency, and left the tribe about 1891; (Approximate date.) 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>Mt. Pleasant Ind. Sch.</u>	<u>Mt. Pleasant, Mich.</u>	<u>1907</u>	<u>1912</u>	<u>graduation</u>	<u>8th</u>

This 25 day of October, 1912
Two witnesses:

Henry Watson Harriet Chinault
(Parent, guardian, or next of kin.)
Jos. Dion P. O., Sault Ste. Marie, Mich.

(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.

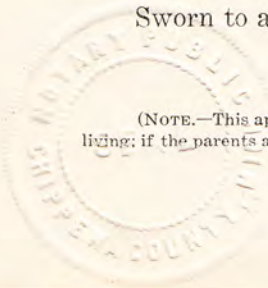
I, Harriet Chinault, do hereby swear that the statements made in the above application are true.

Harriet Chinault
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 30th day of October, 1912

John M. Mchoris
Notary Public
Chippewa County Michigan
My Commission expires Oct 14, 1914

(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, George J. Dickison, a practicing physician of Sault Ste Marie Michigan, do hereby certify that I have carefully examined Della Chinault,

the child named in this application, and find that she 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 28th day of October, 1912 George J. Dickison, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, Wm Hollis, a Insurance Solicitor, of Sault Ste Marie Mich, do hereby certify that I am personally acquainted with Harriet Chinault who makes the foregoing application; that I believe ^{her} statements therein are true; that I am acquainted with Della Chinault; that _(Name of Child.)

she is known and recognized in the community in which she lives as an Indian; that in my opinion she can not receive proper and adequate schooling at home for the reason that she is

unable to furnish proper means her father being deceased

This 28 day of Oct, 1912 Wm Hollis

VOUCHER No. 2.

I, John McMahon, a Attorney at law of Sault Ste Marie Mich, do hereby certify that I am personally acquainted with Harriet Chinault, who makes the foregoing application; that I believe ^{her} his statements therein are true; that I am acquainted with Della Chinault; that _(Name of child.)

she is known and recognized in the community in which she lives as an Indian; and that in my opinion she cannot receive proper and adequate schooling at home for the reason that her mother

is unable to furnish the means to provide her with clothes & board. her father being dead.

This 30th day of October, 1912 John McMahon

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.



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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2826	ENGLISH NAME Della Chenuelt	AGENCY —	NATION Chippewa					
BAND —	INDIAN NAME —	HOME ADDRESS Nami Chenuelt Pauleto Mami Mith						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, D.	MOTHER, L.	14	17	5'-6 $\frac{3}{4}$ "	116 $\frac{1}{4}$	33	29	F.
ARRIVED AT SCHOOL Nov. 20, 12	FOR WHAT PERIOD Five years	DATE DISCHARGED July 13, 1915	CAUSE OF DISCHARGE Termination of lease.					
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
5-1-13	H. F. Street, Warberth Pa.					8-29-13		
5-1-14	Miss Martha Beach, Dupel Hill, Pa.					8-27-14		
6-14-15	On leave							

THE SHAW-WALKER CO., MUSKOGEE 121071

Months in school before Carlisle, 40

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

Miles to school 1/2

num. 4408

NAME Della Chumant

Sex { ~~Male~~
Female.

Tribe { ~~11~~
1/4 } Chippewa State Michigan

Nov 25, 1912

Age 17 years Respiration Condition of, Eyes O.K.

Height 5' ft. 6 3/4 ins. Mensuration { Insp. 33 Ears O.K.

Weight 116 1/4 lbs. Exp. 29 Throat O.K.

Temperature 98 Vaccination Yes Cervical glands O.K.

Pulse 88 Vision Skin O.K.

Inspection not very well developed.

Palpation normal

Percussion normal

Auscultation normal

Heart systolic murmurs transmitted to axilla

(Menstruation) regular

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			Yes.	paralysis
Mother	Yes	good		
Brothers	none		none	
Sisters	1	"	none	

Personal history bronchitis, measles, rheumatism 3 yrs ago.

Present condition Good except for heart

H. B. Hale, 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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OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student *Della Chinault* Home Address _____ Tribe *Chippewa*

Age at Entrance *17* Date of Entrance *11-20-'13* Shop _____ JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR AVERAGE

Patron _____ Locality _____ Days in School _____

Address *H. P. Street* R. R. Station _____ Conduct _____

Recommended by _____ Grade in School _____ Ability _____

Grade of Home _____ Church _____ Health _____

Date of Outing *5-1-13* Date Returned _____ Wages _____ Earnings _____

Marsha E. Beach _____

Duxel Hill, Pa. _____

5-1-14 - 8-27-14 _____

Ex Ex _____

ly gd _____

ly Ex _____

10.00 10. _____

April 15th, 1915.

Mrs. Harriet Chinsault,
Sault Ste. Marie, Michigan.

Dear Madam:

I have received your letter of the 10th instant and have noted that the condition of your health makes it imperative that your daughter Della be returned home.

It is to be regretted that Della will have to give up her school work at this time, but since you are in need of her help it will be arranged as you desire. Enclosed herewith you will find a blank upon which a formal request for leave of absence for Della may be submitted to me.

It has been learned that the cost of transportation from Carlisle to Sault Ste. Marie is now \$23.60, and in view of the fact that your daughter's period of enrolment does not terminate this year you would be requested to send what is required to provide transportation for her.

Very truly yours,

Supervisor in Charge.

HKM.

*Please let me know
how to help
Mrs. Chinsault*

Sault-Ste-Marie Mich

April 10 1914.

Dear friend Mr Lipps

through your kindness
I would like to have
my Daughter Della come
home for good this
Summer I am all alone
and always sick. She
would be a great help
to me.

Please let me know

if I have to pay her
way home and what
is the fare

Thanking you for all
your kindness to
my Daughter please
let me hear from you
soon

your friend.
Mrs Harriet - Chivault
316 Hursley ave

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June 11th, 1915.

Mrs. Ewing:

Della Chinault is to leave for her home on train at 8.22 on Monday evening of next week. You will please have her reported "on leave".

Della should be provided with a generous lunch for one day, because she has but little money for incidental expenses.

Very respectfully,

HKM.

Superintendent.

(Copy to Mr. Kirk.)

Mr. Kirk:

Please send a conveyance as is required to get Della to the train specified above.

Respectfully,

HKM.

Superintendent.

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June 11th, 1915.

Mrs. Harriet Chinault,

316 Hursley Ave., Sault Ste. Marie.

My dear Madam:

Your daughter Della has deposited a sufficient amount to pay for her transportation from Carlisle to Sault Ste. Marie and so arrangements are being completed at her request to have her leave here on Monday evening of next week. She will be provided with transportation to her destination over the lines of the Michigan Central from Toledo, Ohio, and should arrive shortly after noon on Wednesday, June the 16th.

It is to be regretted that Della has to give up her school work at this time, but it is hoped she can give you the help of which you are in need just now.

I would thank you to let me hear from you after she has arrived at your home.

Very respectfully,

HKM.

Superintendent.

Information regarding pupils to test eligibility and whether in need of Federal aid.

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Date of report April 28 1910

Name of child Wella Chinault Age 19 Grade 7th

Home post office Sault Ste, Marie, Michigan

Tribe Chippewa Degree of Indian blood Quarter

How many acres of land do you own none Location

What is the annual income from your land

Do you have any other income no! How much

Is your father living no!

Father's name Samuel Chinault

Home post office

Tribe White Degree of Indian blood none!

Is he a citizen He was!

How much land does he own Allotment No

What is its estimated value

What is the annual income from his land

Does he have any other income

If so, how much

Does your father pay taxes on land or personal property

Is your mother living Yes!

Mother's name Harriet Chinault

Home post office Sault Ste, Marie, Michigan

Tribe Chippewa Degree of Indian blood Half

Is she a citizen Yes

How much land does your mother own Three acres Allotment No Don't know

What is its estimated value Don't know!

What is the annual income from her land... *I don't know.*
Does she have any other income... *no!*
If so, how much...
Does your mother pay taxes on her land or on personal property... *Yes!*
With whom do you make your home... *My mother*
How many rooms in the house... *Six*
How many live in the house... *Two*
How far is your home from nearest public school... *Quarter of a mile*
Why do you not attend that school... *My mother couldn't afford to
keep me in school.*
How many teachers employed there... *I don't know!*
How many grades maintained... *Twelve*
How many months of school each year... *10 months*
Did you ever attend a public school... *Yes!*
If so, how long... *Four years* Where... *Sault Ste Marie Mich*
How many brothers of school age have you... *none!*
How many sisters of school age have you... *none!*
Are they in school...
Where...

Remarks and recommendations of superintendent with reference to eligibility and need of Federal aid:

Superintendent.

NOTE.—One of these blanks should be filled out by each pupil at Government boarding schools, preferably with the assistance of the superintendent or some one designated to act as his representative. If the superintendent is of opinion from the information given that the pupil is entitled to enrollment he should so indicate by signing the blank in the proper place and filing in the individual pupil's folder. In the case of pupils concerning whose eligibility or need of Government aid there is some doubt, superintendents should make proper remarks and recommendations in the space indicated and forward the form to the Indian Office for consideration.