

4421

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 5566		ENGLISH NAME Abner Benton			AGENCY		NATION Choctaw		
BAND		INDIAN NAME		HOME ADDRESS G. W. Dukes, Talihina, Okla. Whitesboro, Okla.					
PARENTS LIVING OR DEAD		BLOOD full	AGE 14	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX M	
FATHER		MOTHER		ARRIVED AT SCHOOL Sept. 23, 1916		FOR WHAT PERIOD Three years		DATE DISCHARGED Nov. 10, 1917	CAUSE OF DISCHARGE Termination of leaves
TO COUNTRY 10-12-17		PATRONS NAME AND ADDRESS On leave						FROM COUNTRY	

SHAW-WALKER, MUSKOGEE, MICHIGAN. 49445

Months in school before Carlisle. 3 yrs.

Grade entered at Carlisle.

Grade at date of Discharge.

Trade or Industry.

Church. Methodist

2 mi. to pub. school

5-192 a

SUPERVISOR OF SCHOOLS  
 SEP 7 - 1916  
 MUSKOGEE, OKLA.

Phys-  
cut

B R I E F

APPLICATION OF

*G. W. Surces*

FOR THE ENROLLMENT OF

*Abner Bentore*

IN THE INDIAN SCHOOL AT

*Carlisle Pa.*

*Charles Pa.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

DATE OF ENROLLMENT

TERM OF ENROLLMENT

( ) Years,

NAME OF PERSON ARRANGING FOR THE TRANSFER:

*Henry J. Cooper*

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 Pa.  
of Abner Benton ; M. ; age 14 ; date of  
(name of child) (sex)  
birth Choptaw ; Tribe \_\_\_\_\_

NAME OF FATHER	LIVING or Dead	TRIBE	DEGREE of Indian Blood
Both English and Indian <u>Wisley Benton</u>	<u>Dead</u>	<u>Chop</u>	<u>Full</u>
Name of mother <u>Wiley Benton</u>	<u>Dead</u>	<u>Chop</u>	<u>Full</u>

I, G. W. Dukes, do hereby  
(Parent, Guardian or next of kin)

voluntarily consent and agree to his enrollment in  
said school for a period of 3 years, and also

Not less than 3

oblige myself to abide by all the rules and regulations for Indian Schools.

The said child has been enrolled in the following schools

NAME OF CHILD	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
<u>1. [Name]</u>		<u>not dis</u>		
<u>2. Jones</u>	<u>1913 &amp; 1914</u>	<u>Expire</u>		<u>3</u>
<u>3. [Name]</u>	<u>1914 &amp; 15-16</u>	<u>"</u>		<u>4</u>

G. W. Dukes  
Parent, Guardian, or next of kin,

TWO WITNESSES:

E. A. Hale

P. O. Address; Tali hina  
Olea.

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 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 \_\_\_\_\_; was voluntary.

Parent, Guardian or next of kin)

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend the transfer of the said child.

This 5<sup>th</sup> day of September, 1916

*approved Sept. 20-1916.*

*A.S. Nyby*

*Hugh P. Warren*

Agent or Superintendent,

**SUPERVISOR** CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on \_\_\_\_\_ as soon after arrival as possible

I made a careful examination of the physical condition of \_\_\_\_\_, the child named in the foregoing application, and found \_\_\_\_\_ to be \_\_\_\_\_

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

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

\_\_\_\_\_  
School Physician,

PHYSICIAN'S CERTIFICATE

I hereby certify that I have this day examined the above named child herein proposed for transfer to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a permanent disability of other pupils.

Carlisle, Pa.

of \_\_\_\_\_

Physician at \_\_\_\_\_ Agency

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT

The Enrollment of Indian Pupils in nonreservation schools is governed by the "Rules for the Indian Service, 1913" Section 12, 13, 14, 15, 18, 19, 36, 112, 113, 114, 117, 118, 124 (b)

The Rules should be consulted before filling out the application blanks.

I have examined the child named in this certificate and find him/her to be in good health and fit to attend school.

I recommend the transfer of the said child to this day of \_\_\_\_\_ 1913  
Approved this 20th day of \_\_\_\_\_ 1913  
Agent or Superintendent  
\_\_\_\_\_

I have examined the physical condition of the child named in this certificate and find him/her to be in good health and fit to attend school.  
\_\_\_\_\_

I therefore recommend that the said child be enrolled in this school.  
This day of \_\_\_\_\_ 1913

*Did not go*

APPLICATION FOR ENROLLMENT IN A HONORARY INDIAN SCHOOL  
I hereby certify that the above named pupil is a member of the  
tribe of the \_\_\_\_\_ and is a resident of \_\_\_\_\_  
and is of suitable age and physical condition to attend  
the school and in consideration of the Government of the  
United States, I hereby certify that the above named pupil  
is eligible for enrollment in the United States Indian School at \_\_\_\_\_

Name of child \_\_\_\_\_  
(name of child)

NAME OF FATHER OR MOTHER OR OTHER PERSON LIVING IN THE INDIAN BLOOD \_\_\_\_\_  
(both Indian and non-Indian)

APPLICATION OF \_\_\_\_\_

FOR THE ENROLLMENT OF \_\_\_\_\_

*Abner Benton*

AT THE INDIAN SCHOOL AT \_\_\_\_\_

*Carlisle*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Choctaw*

Date of Enrollment, \_\_\_\_\_, 19\_\_\_\_

Term of enrollment, \_\_\_\_\_ (\_\_\_\_) years,

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 Garfield.

of Abner Benton; male, Age 14 date of birth  
(name of child) (sex)

NAME OF FATHER (both Indian and English)	Tribe LIVING or DEAD	TRIBE	DEGREE OF INDIAN BLOOD
<u>Wesley Benton</u> name of mother	<u>dead.</u>	<u>Choc</u>	<u>7/8</u>

I, G. W. Duke, do hereby voluntarily consent and agree to his enrollment in said school for a period of 1 year years, and also obligate myself to abide by the and regulations for Indian Schools.

The said child has been enrolled in the following schools:

NAME OF CHILD	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
1. <u>Abner Benton</u>				<u>Grade</u>
2.	<u>Public School at Whiteboro,</u>			
3.			<u>manifestly</u>	
4.			<u>attended school.</u>	

G. W. Duke  
(Parent, Guardian or next of kin,)

TWO WITNESSES:

Joe Willy  
Joe Willy

P. O. Address Galibina  
Okla.

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 5<sup>th</sup> day of Sept. 1916

W E Van Cleave

Special Physician at Largo  
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 \_\_\_\_\_ was voluntary.

Parent, guardian, or next of kin,

(Here state whether the child within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it cannot attend such school)

I recommend the transfer of the said child.

This \_\_\_\_\_ day of \_\_\_\_\_ 1916

\_\_\_\_\_  
Agent or Superintendent,

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on \_\_\_\_\_  
(as soon after arrival as possible)  
I made careful examination of the physical condition of \_\_\_\_\_  
\_\_\_\_\_, the child named in \_\_\_\_\_

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

This \_\_\_\_\_ day of \_\_\_\_\_ 1916

\_\_\_\_\_  
School Physician,



PHYSICIAN'S CERTIFICATE

OF NONRESERVATION AND INDEMNITY FOR NONRESERVATION

I hereby certify that I have this day carefully examined the above named child and find him to be in proper physical condition to attend school, and not afflicted with any disease which would be a handicap to the child's education.

*[Handwritten signature]*  
Special Physician at Large  
CITY OF INDIANAPOLIS, INDIANA

The Enrollment of Indian Pupils in nonreservation schools is governed by the "Rules for the Indian Service, 1913," Section 12, 13, 14, 15, 18, 19, 36, 112, 113, 114, 117, 118, 124, (b)

The Rules should be consulted before filling out the application blanks.

*[Faint text, possibly mirrored bleed-through]*

*[Faint text, possibly mirrored bleed-through]*

Agent or Superintendent  
CERTIFICATE OF SCHOOL PHYSICIAN

I have carefully examined the physical condition of the child named in

I therefore recommend that the said child be enrolled in this school.  
This day of 19

School Physician



CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that

Abner Benton

(Name of student.)

has made the following record in

Carlisle Indian School

(Name of school.)

SUBJECTS—ACADEMIC AND VOCATIONAL.

GRADE.

RATING.

English (Oral)

11

81

Arithmetic

56

Reading

76

Spelling

96

Language

88

Effort

Department

DETAILS SERVED.

LENGTH OF TIME IN EACH.

RATING.

General Work

80

and is ~~ORIG~~ eligible to pursue work in the Third grade, academic; and

(Cancel one.)

grade or year vocational.

Superintendent.

Principal.

CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that Abner Benton (Name of student.)

has made the following record in Carlisle Indian School (Name of school.)

SUBJECTS—ACADEMIC AND VOCATIONAL.	GRADE.	RATING.
English (Oral)	11	81
Arithmetic		56
Reading		76
Spelling		96
Language		88

Effort

Department

DETAILS SERVED.	LENGTH OF TIME IN EACH.	RATING.
General Work		80

and is ~~not~~ eligible to pursue work in the Third grade, academic; and grade or year vocational.

September 26, 1917.

Mr. G. W. Dukes  
Talihina, Oklahoma.

Dear Sir:-

Our school physician Dr. Menger advises me this morning that your ward Abner Benton, has developed what appears to be a well established case of tuberculosis. He has been sick for several days. As soon as we can get him built up, he should be sent to some sanatorium. I would suggest that you make arrangements for him to go to the sanatorium at Talihina.

Will you please let me know as soon as you have arranged something definite. In the meantime we will take good care of Abner, try to build him up and keep you informed of his condition.

Very truly yours

Superintendent.

NRD

Copy to A.S. Wyly

October 16, 1917.

Mr. G. W. Dukes  
Talihina, Oklahoma.

Dear Sir:-

Will you please have your ward Abner Benton sign the enclosed check for \$4.25 and return the same to me. Abner will remember that this money was advanced for him by Mr. Peel, to whom the check is made payable.

Thanking you for giving this matter your attention and trusting that Abner reached home in good condition, I am

Very truly yours

Superintendent.

NRD

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

# WESTERN UNION TELEGRAM



NEWCOMB CARLTON, PRESIDENT

GEORGE W. E. ATKINS, FIRST VICE-PRESIDENT

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

RECEIVED AT

Western Union Building  
130 West High St.  
Carlisle, Pa.

*Phoned 805 AM*

1P S 12

TALIHINA OKLA 11PM OCT 5 1917

JOHN FRANCIS JR

CARLISLE PA

ARRANGEMENTS MADE ADMISSION ABNER BENTON TALIHINA HOSPITAL WHEN ABLE TO  
COME ANSWER

J H CRUTHIS

802AM OCT 6 1917

475

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SCHOOL  
CARLISLE, PA.

475  
Confirmation of Telegram

Mail to

October 6, 1917.

J.H. Cruthis  
Talihina, Oklahoma.

Abner Benton able to travel. Will send him to you  
upon receipt of funds for travelling expenses.

Francis, Superintendent

Western Union Collect Govt. Rate

Sent ..... M.  
(Eastern time.)

By .....  
Government rate.

PAID—COLLECT

.....  
Superintendent.

Per: .....



DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SCHOOL  
CARLISLE, PA.

Confirmation of Telegram

*Mail to*

Teal ihima, Okla.,

Oct. 6, 1917

John Francis, Jr.,  
Carlisle, Pa.

Arrangements made admission Abner Benton

Tealihima Hospital when able to come. Answer.

OFFICIAL BUSINESS

GOVERNMENT RATE { PAID  
COLLECT

J. H. Cruthis.

Charge.....

Sent ..... M.  
(Eastern time.)

By Western Union.  
(Name of Telegraph Company)

Paid.

.....  
Superintendent.

Per .....

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SCHOOL  
CARLISLE, PA.

Confirmation of Telegram

*Mail to*

Teal ihima, Okla.,

Oct. 6, 1917

John Francis, Jr.,  
Carlisle, Pa.

Arrangements made admission Abner Benton

Tealihima Hospital when able to come. Answer.

OFFICIAL BUSINESS

GOVERNMENT RATE  $\left\{ \begin{array}{l} \text{PAID} \\ \text{COLLECT} \end{array} \right.$

Charge.....

J. H. Cruthis.

Sent ..... M.  
(Eastern time.)

By Western Union.  
(Name of Telegraph Company)

Paid.

.....  
Superintendent.

Per .....

475-

October 6, 1917

Mr. J. H. Cruthis,  
Talihina, Oklahoma.

Dear Sir:

I am in receipt of your letter dated September 29, 1917 relative to Abner Benton and have to advise that the physician here reports Abner in very good condition at the present time. He recommends that Abner be sent to you as soon as you can furnish money to pay his traveling expenses. He is able to travel alone. I can have some one take him over to Harrisburg and put him on a slepper where you might arrange to meet him. I shall be glad to make further arrangement as soon as you deposit the necessary funds for his return home.

Alfred Pike, about whom you make inquiry, is here and getting along nicely.

Very truly yours,

Chief Clerk in Charge

D-ME

Talihina Okla. Sept 29th 1917.

Mr John Frances

Carlisle, Pa.

In Re Dukee.

Dear Sir.

Letter received concernig Abner benton and Governor Dukee requested me to write and say that as soon as you feel Abner Benton is able to return that if you think it necessary he will either come or send an attendant to bring Abner Benton home.

As Mr Dukee lives in the Country a letter or message to the writer will receive prompt attention and will let him know about the matter.

Regret this condition of the boy and we hope our lad Alfred Pike has arrived and is doing well.

Respectfully,

*J. H. Hutchis*

Good cond -  
travel to St. P.  
Send money -

JOHN FRANCIS, JR.,  
SUPERINTENDENT



DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SCHOOL

CARLISLE, PA.

October 16, 1917.

Mr. G. W. Dukes  
Talihina, Oklahoma.

Dear Sir:-

Will you please have your ward Abner Benton sign the enclosed check for \$4.25 and return the same to me. Abner will remember that this money was advanced for him by Mr. Peel, to whom the check is made payable.

Thanking you for giving this matter your attention and trusting that Abner reached home in good condition, I am

Very truly yours

*John Francis, Jr.*  
Superintendent.

Dear Sir:

NRD At the request of Abner Benton I am returning check for balance which you will please have Mr Peel send to Abner at Talihina Okla.

I am glad to report that Mr Stephens finds that Abner is improving rapidly and in fact he walked in town today a distance of three miles and seems to be getting in shape rapidly. He is anxious to get in shape to return to school as there is no school now in connection with our hospital.

Respectfully,