

4535

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 57621	ENGLISH NAME John Default	AGENCY	NATION Chippewa				
BAND	INDIAN NAME	HOME ADDRESS Margaret Default, Odanah, Wis.					
PARENTS LIVING OR DEAD	BLOOD 1/4	AGE 16	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX. M.
FATHER L.	MOTHER L.						
ARRIVED AT SCHOOL Oct. 21, 1916	FOR WHAT PERIOD Three Yrs.	DATE DISCHARGED 11-8-16	CAUSE OF DISCHARGE Leave request				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

SHAW-WALKER, MUSKEGON, MICHIGAN. 47444

Months in school before Carlisle, 84

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

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CARLISLE INDIAN SCHOOL

No. 5621	NAME. Default, John	AGE. 16	TRIBE. Chippewa	DEGREE OF INDIAN BLOOD. $\frac{1}{2}$	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. Odanah, Wis.
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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.)	To COUNTRY	FROM COUNTRY	DATE DISCHARGED				
10-21-16	84			1								

NOV. - 8 1916

Catholic

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:

BRIEF

Application of

Mike Default.

FOR THE ENROLLMENT OF

John Default

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

La Pointe Agency, Wisconsin.

Date of enrollment..... 191.....

Term of enrollment..... (.....) years

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 John Default; Male; date of birth March 21, 1900.
(Name of Child) (Sex)

Chippewa
(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Mike Default</u>	<u>Alive</u>	<u>Chippewa</u>	<u>La Pointe</u>	<u>1/4</u>
<u>Margaret Default</u>	<u>Alive</u>	<u>Chippewa</u>	<u>La Pointe</u>	<u>1/4</u>

I, Margaret Default, do hereby voluntarily consent and agree to John Default his

enrollment in said school for a period of three (3) 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
<u>1 St. Mary's Odanah, Wis.</u>	<u>Sept. 1907</u>	<u>June 1916</u>	<u>Finished</u>	<u>Eight.</u>
<u>2</u>				
<u>3</u>				
<u>4</u>				

Margaret Default
(Parent, guardian, or next of kin)

P. O. address: Manah

Two Witnesses:

Wisconsin.

Ronald S. Haciday,
Elizabeth DeFoe.

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 17 day of Oct, 1916

H. H. [Signature]

Physician at [Signature] 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 mother
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 18th day of Oct, 1916

[Signature]
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.

NAME John De For Sex Male. Female.

Tribe { Full } Chippewa State Wisc 10/17, 1916

Age 16 years Respiration 21 Condition of, Eyes O.K.

Height 5 ft. 10 ins. Mensuration { Insp. 38³/₄ Ears O.K.

Weight 145 lbs. { Exp. 30 Throat O.K.

Temperature 98³/₅ Vaccination No. Cervical glands OK

Pulse 78 Vision Yes Skin Clear

Inspection Good development

Palpation Normal

Percussion Normal

Auscultation Normal

Heart Megalic

(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>ii</u>	<u>yes</u>	<u>good</u>		
Sisters <u>iii</u>	<u>yes</u>	<u>good.</u>		

Personal history Measles, Mumps, Whooping Cough.

Present condition Good.

H. S. Smith, 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.

Odanah, Wis.

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October 31, 1916.

Mrs. Margaret Default,

Odanah, Wisconsin.

Dear Mrs. Default:

I have your letter relative to the return home of your son John who recently enrolled as a pupil here. Before taking any action in this matter I must have the recommendation of Mr. Everest and have, therefore, written to him in this mail. When I hear from him I will write you what I shall do regarding your son.

Very truly yours,

D/B

Superintendent.

Odanah, Wis.

Mr. O. H. Lipps, Oct. 28, 1916.

Sir:

We thought that we could get along with our son Johnnie De Fal but we can't. We want him to come home at once because we have a good job for him here. We are going to send him money for his fare sometime.

next week. Please let
him come. Get him
ready so he can come
home whenever he
gets his fare.

Mrs. Margaret Default,
Odanah,
Wis.

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December 4, 1916.

Mr. R. B. Lamb,
Willmar, Minn.

Dear Sir:

Replying to your inquiry relative to John
De Foe, I have to advise that John came here this fall
but was dissatisfied and returned to his home at Odanah,
Wisconsin less than a month ago.

Very truly yours,

D/B

Superintendent

Wellman Dean

Dec. 2 - 1916

Supt.

Carlisle Pa.

Dear Sir:- Will you kindly inform me if you have a John Beane at your school. I am very much interested in him and should like to know if he is there and how he is getting along in his studies.

Yours

R. B. Lamb

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Odanah, Wis.
Nov. 8, 1916.

Supt.
Carlisle, Pa.

Dear Sir:-

I am writing
to you once more
about my son John.
I would like to have
him come home
as soon as possible
because we can not
get along without

saw,

Yours,

Mrs. Margaret DeFault

him.²

I went over to see the agent about him coming home and the agent said that he was going to write to you and tell you what I want him home for. I wish you would leave him come home at once. I've already sent him money for his fare home.

Hoping that you will send him home

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5-354.

CASE RECORD.

NAME John Default Sex Male. Female.

Tribe Chippewa State Wisconsin Oct 23rd, 1916

Age 16 years Respiration 22 Condition of, Eyes Normal

Height 5 ft. 9 3/4 ins. Mensuration { Insp. 36 Ears negative

Weight 133 lbs. { Exp. 32 Throat normal

Temperature 98.2 Vaccination Oct 23rd, 1916 Cervical glands u

Pulse 80 Vision Good Skin u

Inspection Fair development

Palpation

Percussion Negative

Auscultation

Heart Normal

(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>1</u>	<u>Good</u>		
Sisters	<u>3</u>	<u>Good</u>		

Personal history Mumps, measles, whooping cough, pneumonia,
typhoid fever,

Present condition

Walter Rendtorff, M. D.

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