
BRIEF

Application of

James Crouse

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Route 5 Syracuse N.Y.

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

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



Application for Enrollment in a Non-Reservation 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 James P. Crouse, Male, I, Mother Mrs Susan Crouse (Name of child.) (Sex.) (Parent, Guardian, or next of kin.) of Syracuse #5 Rd P. O., State of N. Y., do hereby voluntarily consent and agree to his enrollment in said school for a period of Three years, and also obligates (Not less than three.) and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Indian Village on Aug 3rd 1900 (Date.) that the father, Minnie Crouse, was a Full Indian of the Seneca (Name.) (Is or was.) (Degree.) Tribe located at Salamanca Agency; that he left the tribe about deceased; (Approximate date.) that the mother, Susannah Crouse, is a Full Indian of the Onondaga (Name.) (Is or was.) (Degree.) Tribe located at Indian Village Agency, and left the tribe about ; (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>Onondaga Day School</u>	<u>Indian Village</u>	<u>1906</u>	<u>X</u>	<u>X</u>	<u>6th</u>

This 25 day of August, 1916

Two witnesses:

Dan Russell Hill
Minnie A. Fellows

Susan Crouse
(Parent, guardian, or next of kin.)
P. O.

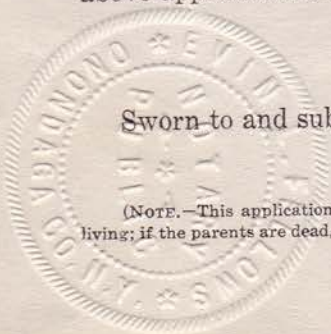
(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, Susan Crouse, do hereby swear that the statements made in the above application are true.

Sworn to and subscribed before me this 25th day of August, 1916

(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.)



Susan Crouse
(Signature of applicant) (Parent, guardian, or next of kin.)
75th Street
Even P. Fellows
Notary Public

Certificate of Physician.

I, A. Ernest Guk, a practicing physician of Medicine, do hereby certify that I have carefully examined Jarius Crouse, 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 25 day of August, 1916

A. Ernest Guk, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, Minnie A. Fellows, a housewife of So. Onondaga, N.Y., do hereby certify that I am personally acquainted with Susan Crouse who makes the foregoing application; that I believe her statements therein are true; that I am acquainted with Jarius Crouse; that 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 he has passed out of the Indian School on the Onondaga Reservation

This 25th day of August, 1916

Minnie A. Fellows

VOUCHER No. 2.

I, Martin Day, a Merchant of So. Onondaga, do hereby certify that I am personally acquainted with Susan Crouse, who makes the foregoing application; that I believe her statements therein are true; that I am acquainted with Jarius Crouse; that 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 He has passed out of the Indian School on the Onondaga Reservation

This 25 day of August, 1916

Martin Day

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.



4322

NAME Jairus Crause Sex { Male. Female. }
 Tribe { Full } Onondago State New York Date Sept 5th, 1916
 Age 16 years Respiration 18 Condition of, Eyes negative
 Height 5 ft. 6 ins. Mensuration { Insp. 34 Ears negative
 Weight 112 lbs. { Exp. 30 1/2 Throat 4
 Temperature 99.2 Vaccination Sept 5th, 1916 Cervical glands Palpable
 Pulse 90 Vision good Skin Negative
 Inspection Fair development - very thin
 Palpation Negative
 Percussion 4

Auscultation 4
 Heart Normal
 (Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>Yes</u>	<u>Bright's</u>
Mother	<u>Yes</u>	<u>Good</u>		
Brothers	<u>2</u>	<u>Good</u>		
Sisters	<u>2</u>	<u>"</u>		

Personal history Measles, whooping cough,

Present condition Very thin. Seems to be subject to attacks
resembling angina pectoris. Condition not good.
Walter Lindtloff, 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.

Age _____ Sex $\left\{ \begin{array}{l} \text{Male.} \\ \text{Female.} \end{array} \right.$ Tribe $\left\{ \begin{array}{l} \text{Full} \\ 1/ \end{array} \right.$ Residence _____
(On _____, 19____)

6-1955

Sept 18th 1916

Mr. Wagon

Jarius Crouse is up and about.

The attack from which he suffered seems

Sept. 25th, 1916.

H. Ernest Gek, M. D.,

R. F. D. 5, Syracuse, N. Y.

My dear Sir:

Jarius Crouse, one of the boys we enrolled here recently from Syracuse, New York, after you had pronounced him to be in fit physical condition to do school work here, had to be admitted to our school hospital in a serious condition a very few days after he arrived here. Later, at my request, our school physician submitted a report as follows:

"Jarius Crouse is up and about. The attack from which he suffered seemed to be an angina pectoris, and he says that he has had them before. Jarius's health is not good."

As it puts me into an embarrassing situation to ask the Office at Washington for authority to send him to his home on account of ill health so soon after he was admitted here I desire to be advised how extensive an examination into the condition of the boy's health was made before you certified to the fact that he "is in proper physical condition to attend school". Trusting I shall hear from you soon in the envelope I enclose, I remain,

Very truly yours,

HKM.

Superintendent.

Sept 18th., 1916

Mr. Crouse is up and about,

the attack from which he suffered seemed
to be an angina pectoris, and he
says that he has had them before.
Fairer's health is not good.

Respectfully,

Walter Lindtloff M. D.

embarrassing
situation

should not have
been transferred

appearance

HOSPITAL REPORT

191

Admitted:

Discharge:

M.

School Physician.

APPOINTMENT CARD

Name of Student

James Crouse,

Due at Hospital

Arrived at Hospital

Left the Hospital

Left Quarters for { work } at
 { school }

Reported for { work } at
 { school }

Remarks:

estimate of cost \$ 10.00

September 28, 1918.

Mrs. Susan Crouse,
R.F.D. #5, Syracuse, N. Y.

Dear Madam:

Your son Jarius needs some dental work done to properly preserve his teeth. We have had temporary fillings made by a local dentist but he reports that it will require an amount of \$10.00 to pay for all the work Jarius needs on his teeth.

Kindly advise me if you will send Jarius \$10 to pay for this work in order that the necessary arrangements can be made with the dentist. Please give this matter your prompt attention.

Very sincerely,

Superintendent.

OHL

Syracuse, New York
R. F. D. No. 5

October 28, 1916.

Mrs. Susan Crouse,

Syracuse, N. Y., RFD 5.

My dear Mrs. Crouse:

I am sorry that it was necessary to send your son Jairus home so soon but as I wrote you before the attacks of heart trouble which he had compelled me to take this action.

I have your letter of the 26th inst. relative to the \$10 which you sent to pay for some dental work. The dentist examined Jairus' teeth and made an estimate of about what it would cost to give him the proper attention. He said it would cost him about \$10. I am returning the money order which you sent to you. I trust that Jairus will improve in health and that he will yet be able to continue his schooling.

Very truly yours,

D/B

Superintendent.

Encl.

Syracuse, New York

P. F. D. No. 5-

Oct. 5, 1916

Dear Sir,

We received your letter last Friday stating that we send you money for Jairus' dental work, we believe it is a good thing and so we are sending a money order to you to pay for the trouble of caring for his teeth.

Yours truly,

Mrs. Susan Crouse

(Hoff for
Jairus)

Syracuse, New York
V.P. F. D. No. 5

October 26, 1916

Supt. P. H. Lipps,
Carlisle School

Dear Sir,

you wrote a letter
to me on the 28th of
last month, and told us that
Gairus needed some dental
work to preserve his teeth,
and also you had some
temporary fillings made
by a local dentist. Gairus
states that no one ever
fixed his teeth and I
wish to find out more
about this matter without

delay. All of The Carlisle
boys have told us that in
case a student gets sick
the government pays for their
transportation.

I want you to realize
that I work hard for my
money, and that \$10.⁰⁰/₁₀₀
will mean a whole lot
to me this coming winter.
I have to even do
washings for other family
to collect that money
which I sent you and
you never wrote back to
tell us whether you received
the money or not.

Kindly advise me

By return mail what your
ideas are so that I
may bring this matter
before our Indian Agent
which we always do in a
case like this.

Please give this
matter your prompt
attention.

Very Sincerely,

Mrs. Susan Crouse

Jarvis Crouse

SO. ONONDAGA, N. Y.,

Sept. 27 1916

Mr. O. H. Lippis.

Dear Sir - Your letter of the 25th received
and would like to say that when I examine
children who are going to your school I
look for contagious diseases and give them
only a superficial Physical Exam.

As regarding the Crouse boy would like
to say that I do not think any physician
no matter how skilled could make a
diagnosis of angina pectoris day or ~~within~~ weeks
before the patient is ill, furthermore if
I find a child well on my examination
I do not guarantee him to remain well for
any specified time Sincerely yours H. E. Gak

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

October 16, 1916.

Mrs. Susan Crouse
Syracuse, N. Y. RFD#5

Dear Madam:-

I have to inform you that it will be necessary to send your son, Fairus, home on account of the attacks of heart trouble which he has. He has had several attacks since he has been here and our school physician reports that they are entirely uninfluenced by any treatment.

I will have a representative of the school take him to Syracuse where you can meet him. I will let you know the exact time to meet him later.

Very truly yours

Superintendent.

NRD

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Carlisle, Pa.

Oct., 16th., 1916.

Supt. O. E. Lipps:

I must urge that Jairus Crouse be sent home. His attacks of angina come on periodically and entirely unexpectedly and they are entirely uninfluenced by any treatment. I consider that Jairus can have no possible benefit out of school.

Respectfully,

Walter Rindtorff M.D.

Write to people -
H. to id home.
Gov't pay fare.

4782

August 23, 1917.

Mrs. Lucinda L. George
RFD#5
Syracuse, N. Y.

Dear Madam:-

Replying to your letter of the 21st inst requesting that an application blank be sent to Jarius Crouse, I have to advise that under no consideration can I allow the return of this boy to Carlisle.

He was sent here last fall but I was compelled to send him home because of his frequent heart attacks which made it necessary for him to be in the hospital most of the time he spent here.

Very truly yours

Superintendent.

NRD

R.F.D. #5

Syracuse, N.Y.,

Aug. 21, 1917.

Mr. John Francis Jr.,
Carlisle, Pa.

My dear Sir: - Kindly send either
to me or, James Brouse an application
blank for Carlisle.

Very respectfully yours,
Lucinda L. George.

Syracuse N.Y.
September 4, 1917.

Mr. Jairus Crouse
RED#5
Syracuse, N. Y.

43221

Dear friend:-

I have your letter asking to return to Carlisle and have to inform you that I cannot take you back. Your health record here is such that I know it would not be wise to admit you again.

If you are in real earnest about going to school and getting an education, you can arrange to go to some day school near your home where you will be with your own people in case you should get sick again. I hope you may be able to do this.

Very truly yours

Superintendent.

NRD

Syracuse N. Y.

R. F. D. # 5.

Sept 1, 1917.

Dear Sir:-

It has been a very sad heart
when I was told by Miss J. George
that I could ~~not~~ go back why let
me tell I have been well when
at home for I am now. well
so I hope that you will take
me back for I tell the
truth to you for when
I was there I was so conscience
that I got sick for I am
well, I am further in sadness
on account of me not going
back so. I pray that there
will take me back for I know.
that I want see the hospital
any more, the touch that is
going from here makes me sad
to think that I am the only
one that is to ~~be~~ home ~~and~~ the will

Well in ways. I hope to hear
a pleasant letter from you. Sir.
I have been working on the
farms for some time and then
in machine shops of all kinds
and on account of my mother
with no education she wishes
me to know more for the future
help for her and I

So Mr. Thanks to You.

hope that Thou will let me
see the School again in happiness
instead of loneliness!

Truly Yours

Mr. James Purcell Prouse.
Syracuse N. Y.
Route 5 S. R. F. D. #5.

479

October 10, 1917.

Mrs. Susan Crouse
RFD # 5
Syracuse, N. Y.

Dear Madam:-

It has become necessary again to send your son Jairus home to you. The following is the report I have from our school physician this morning,-

"I wish to report that Jerry Crouse is suffering from tuberculosis and for the last few days has been subject to weak spells of fainting. Would suggest that the boy be sent back home at an early date".

I will send him to you accompanied by one of our employees within the next few days.

Very truly yours

Superintendent.

NRD

Copy to Mr. David R. Hill



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

October 10th 1917.

Mr. Jehn Francis Jr. Supt.

Dear Sir:-

I wish to report that Jerry Crouse is suffering from Tuberculosis and for the last few days has been subject to weak spells or fainting. Would suggest that this boy be sent back home at an early date.

Respectfully yours,

Edw. J. Menger
Physician..

Mrs Susan Crouse
R7D #5-