

# CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

5006

NUMBER 3115	ENGLISH NAME Nellie Sanderville	AGENCY Blackfeet	NATION Piegan
BAND	INDIAN NAME	HOME ADDRESS Tom Kigo Browning, Mont.	
PARENTS LIVING OR DEAD	BLOOD 7/8	AGE 17	HEIGHT WEIGHT FORCED INSP. FORCED EXP. SEX.
FATHER Z.	MOTHER D.		
ARRIVED AT SCHOOL Sept. 9, 1916	FOR WHAT PERIOD Three yrs.	DATE DISCHARGED	CAUSE OF DISCHARGE
TO COUNTRY 2-12-17	PATRONS NAME AND ADDRESS On leave (Phila.) Rtd.	FROM COUNTRY 2-19-17	
6-2-17	Outing - Wm C. Sullivan, Mt. Holly, N.J.	6-26-17	

SHAW-WALKER, MUSKOGEE, MICHIGAN. 43445

Months in school before Carlisle. 30

Grade entered at Carlisle.

Grade at date of Discharge,

Church Catholic

Cach.

(Date)

(Date)

Remarks:



5-192a

BRIEF.

APPLICATION OF

*Tom Kyo*

FOR THE ENROLLMENT OF

*Nellie Sanderville*

IN THE INDIAN SCHOOL AT

*Carlisle*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Blackfoot*

Date of enrollment, \_\_\_\_\_, 191

Term of enrollment, *three* (*3*) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

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 Nellie Sanderville, Female, age 17; date of birth \_\_\_\_\_;  
(Name of child.) (Sex.)  
Black feet.  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Tom Sanderville</u>	<u>Living</u>	<u>Piegans</u>		<u>3/4</u>
<u>Tom Kiyo</u>				
NAME OF MOTHER.				
<u>Mary Sanderville</u>	<u>Dead</u>	<u>"</u>		<u>Full</u>

I, Tom Kiyo, do hereby voluntarily consent and agree to the  
(Parent, guardian, or next of kin.)  
 enrollment in said school for a period of 3 years, and also obligate myself to abide by  
(Not less than 3.)  
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

	NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1.	<u>Mission</u>	<u>1911</u>	<u>1912</u>	<u>Changed to</u>	<u>2nd</u>
2.	<u>Cut Bank</u>	<u>1912</u>	<u>1916</u>	<u>Vacation</u>	<u>3rd</u>
3.					
4.					

Tom Kiyo  
(Parent, guardian, or next of kin.)

P. O. address: Browning Mont  
Heart Butte

Two witnesses:

Laura A. Lemman  
Dr. Archie McCleister



NAME Nellie Sauderville Sex ~~Male~~ Female  
 Tribe <sup>FuH</sup> Piegion State Montana Date Aug 8th, 1916  
 Age 11 1/2 years Respiration 18 Condition of, Eyes Trachoma?  
 Height 5 ft. 3 ins. Ears fair Condition  
 Weight 117 lbs. Mensuration { Insp. 34 Throat Tonsils  
 Exp. 32  
 Temperature 98.4 Vaccination yes Cervical glands negative  
 Pulse 72 Vision fair Condition Skin normal  
 Inspection Well nourished - well proportion  
 Palpation Negative  
 Percussion Negative  
 Auscultation Normal Condition  
 Heart Good Condition  
 (Menstruation) Normal

#### FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Living - Good</u>			
Mother				
Brothers	<u>1 Brother - Good health</u>			
Sisters	<u>1 Sister - Good health</u>			

Personal history Had measles 2 Mos. ago, Pneumonia last year,  
Whooping Cough - 3 years ago - Otherwise she has  
Always been fairly healthy  
 Present condition Good health

Archie McCallister, 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  $\begin{cases} \text{Male.} \\ \text{Female.} \end{cases}$  Tribe  $\begin{cases} \text{Full} \\ | \end{cases}$  ..... Residence .....  
(On ....., 19...)

[illegible]



### 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 8<sup>th</sup> day of August, 1916

Archie M. Callister M.D.

Physician at Blackfoot 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 Tom Rupp  
(Parent, guardian or next of kin.)  
was voluntary.

(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.)

Does not live in vicinity of public school

I recommend the transfer of the said child.

This ..... day of ....., 191

L. E. ...  
Agent or Superintendent.

### CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on ....., I made a careful examination of the physical condition of .....  
(As soon after arrival as possible.)  
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.

### SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the reservation school records. The reservation superintendent should send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.



The enrollment of Indian pupils in nonreservation schools is governed by the "Rules for the Indian Service, 1913," sections 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.



## CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that Nellie Sanderville

(Name of student.)

has made the following record in Carlisle Indian School

(Name of school.)

## SUBJECTS—ACADEMIC AND VOCATIONAL.

## GRADE.

## RATING.

English

1V

78

General Exercises

78

Arithmetic

64

Geography

78

Physiology and Hygiene

79

Penmanship

81

Drawing

84

Effort

Deportment

## DETAILS SERVED.

## LENGTH OF TIME IN EACH.

## RATING.

Sewing

77

Cooking

68

and is ~~not~~ eligible to pursue work in the Fifth grade, academic; and

(Cancel one.)

grade or year vocational.

Superintendent.

Principal.



## CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that Nellie Sanderville  
(Name of student.)  
 has made the following record in Carlisle Indian School  
(Name of school.)

SUBJECTS—ACADEMIC AND VOCATIONAL.	GRADE.	RATING.
English	1V	78
General Exercises		78
Arithmetic		64
Geography		78
Physiology and Hygiene		79
Penmanship		81
Drawing		84

Effort \_\_\_\_\_

Deportment \_\_\_\_\_

DETAILS SERVED.	LENGTH OF TIME IN EACH.	RATING.
Sewing		77
Cooking		68

and is ~~not~~ eligible to pursue work in the Fifth grade, academic; and  
(Cancel one.)  
 \_\_\_\_\_ grade or year vocational.



DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

Blackfeet Agency,

Browning, Montana,

Feb. 26, 1917.

Mr. O. H. Lipps,

Supt. Indian School,

Carlisle, Pa.

Dear Sir:-

The parents of Nellie Sanderville and Irene Evans have been notified as to the contents of your letter of the 21st, and have been requested to remit \$19.66 each if possible. Probably Thomas Kiyo Sanderville, the father of Nellie could make this payment, but Irene Evans' mother is a widow, and I doubt if she can make the payment.

Very truly yours,

DEI

*C. Lewis*  
Superintendent.



## BOARD-PATIENTS

FROM \_\_\_\_\_ TO \_\_\_\_\_

## BOARD-NURSE

FROM \_\_\_\_\_ TO \_\_\_\_\_

APOTHECARY . . .

AMBULANCE . . .

GENERAL . . .

OPERATING ROOM . . .

TELEPHONE . . .

X-RAYS . . .

LABORATORY EX. . .

TOTAL

13 50

## Medico-Chirurgical Hospital 206

CHERRY STREET, SEVENTEENTH TO EIGHTEENTH

No. 40658

PHILADELPHIA, 3

Mo. 23

1917

Received from

Hellen Sanderville

Thirteen - 00

Dollars,

IN SETTLEMENT OF ACCOUNT ANNEXED.

\$

13 50

H. F. Davis

FOR MEDICO-CHIRURGICAL HOSPITAL



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March 22, 1917.

Mr. Thomas Sanderville,  
Browning, Mont.

Dear Sir:

Replying to your letter asking about your children, I have to advise that all three are in good health. The matron informs me that Nellie has had trouble with her eyes and is in the hospital for treatment, but that her general health is very good. The disciplinarians inform me that William and Charles Marceau, outside of colds which they have had this winter, are also in good health.

Trusting that this information is satisfactory,  
I am,

Very truly yours,

D:R

Superintendent.



Browning Mont  
March 5 1917

Oscar H Lipps  
Superintendent  
of Carlisle Pa.  
Dear Friend

I will write and ask  
you a few question I heard  
that Nellies eye are pretty bad  
and William is not well  
and I would like to know  
if this is so let me know  
at once so I know.  
if the Climate to agreed  
with they heath let I me  
know and I would for  
them to Come home ask  
next summer if the Climate  
to suit them and also  
Charles Marceau. Let me



at once. Mr Lippis it  
makes me feel bad to think  
of my children

And Mr Lippis will you  
please send me some of the  
boys photo so I can look  
at them how they drill  
and William and Charlie  
& Nellie pictures.

Ans soon.

so I know about Nellie  
eyes

From ~~Nellie~~ Thomas  
Sanderville  
Browning  
Mont



DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SERVICE

Blackfeet Agency,

Browning, Montana,

Mar. 5, 1917.

Mr. O. H. Lipps,

Supt. Indian School,

Carlisle, Pa.

Dear Sir:-

Referring to your letter of February 21, 1917 relative to expenses incurred by Nellie Sanderville, and Irene Evans, I quote for your information from letter from Tom Kiyo, father of Nellie Sanderville:-

"In reply to yours of the 26th inst., asking me to remit \$19.66 incurred by my daughter, Nellie, who was sent to Philadelphia for eye treatment, from Carlisle School, I have the honor to invite your attention to Treaty stipulations wherein the United States guarantees to educate and procure medicine and medical attendance, and I do not think I ought to pay a cent for medical treatment of my daughter since Carlisle Indian School has received a liberal appropriation of \$151,250 and I think Congress has provided for such purposes therefore, I can see no way I should pay such a bill.

Yours truly,  
Tom Kiyo.

As advised before, Mrs. Evans cannot very well pay, and from the attitude of Mr. Kiyo, it is apparant he will not remit.

Very truly yours,

*C. L. Ellis*  
Superintendent.

DEI



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June 18, 1917.

Thomas Ferris, Supt.,  
Blackfeet Indian Agency,  
Browning, Mont.

Dear Sir:

I have your letter concerning  
Nellie Sanderville and have to say that  
I have written Miss Johnston, the outing  
agent for the girls, to see Nellie at once  
and recommend what should be done in her  
case.

She does not live very far from  
Philadelphia and we can arrange for her to  
see Dr. Fox, the eye specialist, again if  
necessary.

As soon as I hear from Miss Johnston  
I will write you again.

Very truly yours,

D:R

Superintendent.



## PUPIL'S HEALTH REPORT.

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This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address

Pupil's name

*Nellie Sanderville*

General health of the pupil

*Poor*

Has pupil been ill the past two months?

*Yes*

Name of disease

Name and address of physician in attendance

*Richard Barrington*

Does the pupil have a cough?

*Yes*

For how long has he had it?

*All of the time here*

Has the pupil lost weight?

If so, how much?

Has the pupil any trouble with the eyes?

*Yes*

Are the eyes inflamed?

*Yes*

Remarks:

*Returned her to school  
as Physician requested.*

Date

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.



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

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Confirmation of Telegram

*Mail to*

Browning, Mont., Aug. 23, 1918.

Peel, in charge, Carlisle Indian School,  
Carlisle, Pa.

Thomas Sanderville, father of Nellie and  
Willie, requests that they be returned home. Do  
they need money? Wire.

Campbell.

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

By .....  
Government rate.

**PAID—COLLECT**

.....  
Superintendent.

Per .....



CLASS OF SERVICE	SYMBOL
Telegram	
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 telegram. 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
Telegram	
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 telegram. Otherwise its character is indicated by the symbol appearing after the check.

RECEIVED AT

4P S 27 GOVT NITE

BROWNING MONT AUG 23 1918

PEEL

IN CHARGE CARLISLE INDIAN SCHOOL CARLISLE PA.

THOMAS SANDERVILLE FATHER OF NELLIE AND WILLIE REQUEST

THAT THEY BE RETURNED HOME DO THEY NEED MONEY WIRE

CAMPBELL

903AM AUG 24 1918

Telephone No.

Telephoned to

Time Delivered

By

To Be

Attempts  
to  
Deliver

*DeWich*

*9:30 am*

*By Dr* *To Be Mailed*



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## CERTIFICATE OF PROMOTION

June 14, 1918.

This certifies that Nellie Sanderville

(Name of student.)

has made the following record in Carlisle Indian School

(Name of school.)

## SUBJECTS—ACADEMIC AND VOCATIONAL.

## GRADE.

## RATING.

English

Fifth

72

General Exercises

"

71

Arithmetic

"

55

Geography

"

66

Physiology

"

82

Writing

"

81

Drawing

"

52

General Average

"

72

Effort

Deportment

## DETAILS SERVED.

## LENGTH OF TIME IN EACH.

## RATING.

Industrial

75

and ~~is~~ is not eligible to pursue work in the Sixth grade, academic; and

(Cancel one.)

grade or year vocational.