

3847  
NUMBER  
BAND  
35

CARLISLE INDIAN INDUSTRIAL SCHOOL.  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

AGENCY		NATION					
James Leyon		Onondaga					
BAND	INDIAN NAME	HOME ADDRESS					
		Amelia Leyon Onondaga N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
			4-4	61	25	23	M
FATHER, LIVING	MOTHER, LIVING	FOR WHAT PERIOD		DATE DISCHARGED	CAUSE OF DISCHARGE		
ARRIVED AT SCHOOL		5 years		July 4 <sup>th</sup> , 1902	Demanded Lincoln Term out		
June 29 1900							
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

Months in school before Carlisle, *From Lincoln Inst.*

Grade entered at Carlisle, *1st*

Grade at date of Discharge, *2nd*

Trade or Industry, *Quil work*

Church, .....

Read at 536 CARLISLE INDIAN INDUSTRIAL SCHOOL.  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

NUMBER <b>3247</b>	ENGLISH NAME <i>James Lyon</i>	AGENCY	NATION <i>Onondago</i>						
BAND	INDIAN NAME	HOME ADDRESS <i>Emily Lyon, E. Onondago, N.Y.</i>							
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX	
FATHER, <i>Dead</i>		MOTHER, <i>Living</i>	<i>Full</i>	<i>14</i>	<i>4-10½</i>	<i>90</i>	<i>36</i>	<i>24½</i>	<i>M</i>
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE					
<i>Aug. 30, 1904</i>	<i>Five years</i>	<i>6-23-'09</i>		<i>Times out</i>					
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY			
<i>Mar. 31-05</i>	<i>Mrs. Kate Slonaker, Jersey Shore, Pa.</i>					<i>9-1-05</i>			
<i>7-13-05</i>	<i>L. E. Walton Solisbury, Pa.</i>					<i>Transferred</i>			
<i>8-31-06</i>	<i>John R. Cushman, Robbinsville, N.J.</i>					<i>9-2-06</i>			
<i>Apr. 15-07</i>	<i>H. A. Hellyer Penns Park Pa.</i>					<i>AUG 31 1907</i>			

SHAW-WALKER MUSKOGON 5178

Grade \_\_\_\_\_

Grade \_\_\_\_\_

Months \_\_\_\_\_

Months in school before Carlisle, *60*

Grade entered at Carlisle, *4th*

Grade at date of Discharge, \_\_\_\_\_

Trade or Industry, *Printer*

Church, *Methodist*

Conduct \_\_\_\_\_

Sent here by *Miss Carter*

Re-admitted 5536

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 42-26 6006	ENGLISH NAME James F. Lyon	AGENCY Onondaga	NATION Onondaga					
BAND	INDIAN NAME	HOME ADDRESS Emily Lyon, (mother) R. F. D #5 Syracuse, N. Y.						
PARENTS LIVING OR DEAD		BLOOD 1/2	AGE 18	HEIGHT 5' 8"	WEIGHT 136	FORCED INSP. 32	FORCED EPX. 30	SEX m.
FATHER, D	MOTHER, R							
ARRIVED AT SCHOOL Nov. 18, 1909.	FOR WHAT PERIOD Three Years	DATE DISCHARGED 5-24-12	CAUSE OF DISCHARGE Failed to return					
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY	
5-4-10	E. G. Goodman, Jersey Shore, Pa.						8-31-10	
4-22-11	" " " "						9-30-11	
4-24-12	Home on leave							

THE SHAW-WALKER CO., MUSKOGEE, 79114

Months in school before Carlisle, 108

Miss. Ed. Home, Phila., Pa. 1st yr.

Carlisle - 1901-1904 4th "

" 1904-1909 8th 1st yr.

Grade entered at Carlisle, 8th

when 1st discharged - 2nd yr.

Grade at date of Discharge, .....

Trade or Industry, .....

Church, Methodist

Fr. Lincoln Inst.

Miles to sch. "

624

**BRIEF.**

**Application of**

*James F. Lyon*

FOR THE ENROLLMENT OF

*James F. Lyon*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST OFFICE ADDRESS OF APPLICANT:

*Syracuse, New York R. F. D. #5*

Date of enrollment, \_\_\_\_\_, 190

Term of enrollment, *Three years* ( *3* ) 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, Pa., of James F. Lyon, male, I, Emily Lyon of Syracuse P. O., State of New York, do hereby voluntarily consent and agree to his enrollment in said school for a period of 3 years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Onondaga Res. on June 19, 1891; that the father, George Lyon, was a full Indian of the Onondagas Tribe located at Onondaga Agency; that he left the tribe about \_\_\_\_\_; that the mother, Emily Lyon, is a \_\_\_\_\_ Indian of the Onondagas Tribe located at Onondaga Agency, and left the tribe about \_\_\_\_\_; 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.
Miss-Educational Home	Phila., Pa.	1900	1901	Good	1
Gov. Carlisle	Carlisle, Pa.	1901	1904	term out	4
"	"	1905	1909	"	8

This 19 day of October, 1909

Two witnesses:

Martie Day  
Victory Day

Emily Lyon  
(Parent, guardian, or next of kin.)

P. O., Syracuse N. Y. RFD #3

(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, Emily Lyon, do hereby swear that the statements made in the above application are true.

Emily Lyon  
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 8 day of November, 1909

Oliver Nichols  
Notary Public

(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, H. Ernest Gak, a practicing physician of South Broadway

, do hereby certify that I have carefully examined James Syon  
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 18 day of October, 1909 H. Ernest Gak, M. D.

**Vouchers of Disinterested Persons.**

VOUCHER NO. 1.

I, \_\_\_\_\_, a \_\_\_\_\_, of \_\_\_\_\_,  
(Business, calling, or profession.)

do hereby certify that I am personally acquainted with \_\_\_\_\_  
who makes the foregoing application; that I believe his state-  
ments therein are true; that I am acquainted with \_\_\_\_\_; that  
(Name of Child.)  
he is known and recognized in the community in which he lives as an Indian; that in my opinion  
he can not receive proper and adequate schooling at home for the reason that \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_

VOUCHER NO. 2.

I, \_\_\_\_\_, a \_\_\_\_\_, of \_\_\_\_\_,  
(Business, calling, or profession.)

do hereby certify that I am personally acquainted with \_\_\_\_\_  
who makes the foregoing application; that I believe his state-  
ments therein are true; that I am acquainted with \_\_\_\_\_; that  
(Name of child.)  
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 \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_



## 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 \_\_\_\_\_, 190\_\_\_\_\_

*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.

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Leyon James DATE 17/12 1908

AGE 16 YEARS  NEW  RETURNED  STUDENT. TRIBE Onondaga STATE Ny

DEGREE OF INDIAN BLOOD \_\_\_\_\_

INSPECTION Hair development. Chest some  
coast feet.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE \_\_\_\_\_  
RESP. MURMUR normal

HEART SOUNDS \_\_\_\_\_

MENSURATION { INSP. 32 1/2 RESPIRATION 22 PULSE 76  
EXP. 29

TEMPERATURE 98.5 degs. HEIGHT 5 FT. 7 IN. WEIGHT 128 1/2 LBS.

VISION 19/20 VACCINATION good Per 17/2/08

**FAMILY HISTORY:**

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	?
MOTHER	yes	good		
BROTHERS {	1	good		
SISTERS {			?	?

**PERSONAL HISTORY:**

Has had cough with greyish  
expectoration for past two years.

REMARKS: \_\_\_\_\_



HOSPITAL RECORD.....

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EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Lynn, James DATE 12/21 1917

AGE 18 YEARS } ~~NEW~~ RETURNED } STUDENT. TRIBE Genadeq STATE N. Y.

DEGREE OF INDIAN BLOOD Full

INSPECTION Fair development.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal  
 { RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 32 1/2 RESPIRATION 22 PULSE 68  
 { EXP. 30

TEMPERATURE 98 degs. HEIGHT 5 FT. 8 IN. WEIGHT 136 1/2 LBS.

VISION..... VACCINATION Good year '04

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....			yes?	?
MOTHER.....	yes	Good		
BROTHERS {	1	"		
SISTERS {	1	Good	2?	

PERSONAL HISTORY:

Had pneumonia in 1908.

REMARKS:



## LYON CARLISLE GRADUATE.

Onondaga Indian One of Class of  
Twenty-three.

James F. Lyon of the Onondaga Indian Reservation is one of this year's graduates from the United States Indian Training and Industrial School at Carlisle, Pa. Commencement exercises began Sunday and are continuing through the week. There are twenty-three members in the graduating class. Lyon is a son of Mrs. George Lyon of the reservation and has been at Carlisle about six years.

The first Onondaga Indian to be graduated from Carlisle was Miss Delia Thomas, who died soon after the exercises about twenty years ago. Few Onondagas have been graduated from Carlisle. Lyman Kennedy, now in the East, is one of them.

Re-Admitted

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

R.F.D. #5

624

Name of Student

Gas. Lyons.

Home Address

Emily Lyon, Syracuse, N.Y. Tribe Onondaga

Age at Entrance

18

Date of Entrance

11-18-'09

Shop

JAN.

FEB.

MAR.

APR.

MAY

JUNE

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

TOTAL OR AVERAGE

Patron

Locality

Days in School

E. G. Goodman

Address

R. R. Station

Conduct

Y Y Y Y

Recommended by

Jersey Shore, Pa.

Grade in School

Ability

Y Y Y Y

Grade of Home

Church

Methodist

Health

Y Y Y Y

Date of Outing

5-4-10.

Date Returned

10-1-11  
8-31-10

Wages

Earnings

6. 6. 6. 6.

Cornman Ptg Co  
Carlisle, Pa.

July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June

Y Y Y Y  
Y Y Y  
Y Y Y

4.00 2.50 10. 10.

Y Y  
Y Y  
Y Y  
10. 10.

10-1-11



TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

Jan. 1, 19... to June 30, 19...

PUPIL

Jas. Lyon.

TRADE

Printing - Press No 16.

ABILITY

Above the average pupil.

CONDUCT

Splendid.

REMARKS

Will make a good workman.

INSTRUCTOR

E. H. Miller.

TRADE RECORD, CARLISLE.

95

PUPIL James Lyons.  
TRADE Printing.  
ABILITY Excellent - above average.  
CONDUCT Splendid.  
REMARKS A coming good workman.  
INSTRUCTOR E. H. Miller.



Readmitted.

g. 5. En. 624

NAME. *Jack F. Lyon* TRIBE. *Onondaga.* PARENT OR GUARDIAN.  
 DATE ENROLLED. *Nov. 18, 1909.* TERM. *Three Years.* AGE. *18* HOME ADDRESS. *Moth. Emily Lyon, R. F. D. #5 Syracuse, N. Y.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	

<i>Jan. '10</i>	<i>12</i>	<i>V. Good</i>	<i>Ex</i>	<i>Weld.</i>	<i>Med</i>	<i>V. gd</i>	<i>14</i>	<i>Good</i>	<i>Good</i>		
<i>July '10</i>	<i>13</i>	<i>V. G.</i>	<i>V. G.</i>	<i>Print</i>	<i>gd</i>	<i>F</i>		<i>V. gd</i>	<i>V. gd</i>	<i>gd</i>	<i>gd</i>
<i>Jan. '11</i>	<i>13</i>	<i>Ex</i>	<i>Ex</i>	<i>"</i>	<i>"</i>	<i>"</i>		<i>"</i>	<i>F</i>		
<i>July '11</i>	<i>14</i>	<i>Ex</i>	<i>Ex.</i>								
<i>Dec. '11</i>				<i>"</i>	<i>F</i>	<i>F</i>		<i>v. g.</i>	<i>v. g.</i>		

**READMITTED.**

NAME. <b>Lyon, James</b>		TRIBE. <b>Onondago</b>	PARENT OR GUARDIAN <b>Emily Lyon</b>	
DATE ENROLLED. <b>Aug. 30, 1904</b>	TERM. <b>5 years</b>	AGE. <b>14</b>	HOME ADDRESS. <b>E. Onondago, N. Y.</b>	

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct	Room No.	Neatness	Conduct	Ability.	Conduct.	
<i>Apr. '07</i>	<i>8</i>	<i>Ex.</i>	<i>Good</i>									<i>Good Good</i>
<i>Apr. '08</i>		<i>Ex.</i>	<i>Good</i>									<i>Fair Good</i>
<i>Jan. '09</i>	<i>11</i>	<i>V. Good</i>	<i>Ex</i>	<i>Print.</i>	<i>Ex</i>	<i>Ex</i>	<i>29</i>	<i>Good</i>	<i>Good</i>			
<i>July '09</i>	<i>12</i>	<i>Ex.</i>	<i>Ex.</i>	<i>"</i>	<i>V. Gd</i>			<i>"</i>	<i>"</i>			
<i>Jan '10</i>				<i>Teleq.</i>	<i>Med</i>	<i>Good</i>	<i>14</i>	<i>"</i>	<i>"</i>			

# TRADE RECORD, CARLISLE.

Jan 1, 19/0 to June 30, 19/0.

PUPIL

James Lyons

TRADE

Printing

ABILITY

Good Pressman

CONDUCT

Fine

REMARKS

Bright, energetic boy

INSTRUCTOR

E. H. Miller

NO. ....

5

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1911

TRIBE Sioux

FULL. ONE

NAME James Lyons

AGE

DIAGNOSIS Ingrown nail (left great toe)

ADMITTED Nov. 15

DISCHARGED Nov. 23

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. Kallen

Chas. E. Treibely

REMARKS:

Case No. \_\_\_\_\_

**DIAGNOSIS**

Revise \_\_\_\_\_

Notes of Case

Name *James Lyons* M.F.

Age \_\_\_\_\_ S.M.W.

Nativity *Alondaga*

Occupation *Student*

Residence *Truman School*

*Barbours P. A.*

Date of admission *Nov. 13*

Diet

Treatment

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	
BOWELS NUMBER OF MOVEMENTS	0	1	1	1	1	1	1	0																					
Urine Daily Amt																													
F.																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
97°																													
96°																													
95°																													
Pulse.	56	60	60	60	60	70	72	72																					
Resp.	20	20	20	20	20	23	20	23																					
Date.	16	17	18	19	20	21	22	23																					

Result \_\_\_\_\_

C. 42°  
41°  
40°  
39°  
38°  
37°  
36°  
35°

Patient James Lyons Carlisle, Pa., Nov 20 1911 Physician .....

Address ..... Nurse .....

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						3:30	Full diet		
					Nov. 21				
				8:00		6:30	" "		
						12:00	" "		
						5:30	" "		
					Nov. 22	6:30	" "		
						12:00			Did not eat
						5:30	<del>Full diet</del>		dinner.
					Nov 23				Did not eat
8:00	98	72				6:30			breakfast.

Patient James Lyons Carlisle, Pa., Nov. 13 1921 Physician .....

Address Carlisle Indian School Nurse W. Guest

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	98	56	20			6.30	full diet		
						12.00	"		
						5.30	"		
Nov 17									
7.00	98	60	20			6.30	"		
4.00	99	60	20			12.00	"		
						8.30	"		
Nov 18									
7.00	98	60	20			6.30	"		
						12.00	did not eat dinner		
						5.30	Full diet		
Nov 19									
7.00	98	60	20			6.30	"		
						12.00	"		
						5.30	"		
Nov 20									
7.00	98	60	20			6.30	"		
						12.00	"		

December 1st, 1915,

Mr. James Leyon,

Syracuse, N.Y.

Dear Sir,

There is enclosed herewith check for 14 cents which closes your account at Carlisle. Please sign the face of the check before presenting to bank for payment.

Respectfully,

W.H.M.

Superintendent.





5536

Lyon, James Ex. Stu

Phy. condition

122.3

Correspondence

26.27

Re-enrolled Nov. 1909.

~~54.35~~

Patron - E. G. Goodman

54.35

Mother - Mrs. Emily Lyon

122.3