| 5742 | | I INDUSTRIAL SCHOO | |
|---|--|--------------------|---|
| NUMBER ENGLISH NAME 3/95 Mary | Martin | AGENCY | Chippewa, |
| Cuch Lake INDIAN | AME HO | DME ADDRESS Bear | * 0 |
| PARENTS LIVING OR DEAD FATHER. MOTHER. | Dull 1 | 9 5'62" 149 | lieu Minn. FORCED INSP. FORCED EPXR. SEX 2 37 343 9 |
| ARRIVED AT SCHOOL 10-27-1910 | Three years | april 5, 19 | CAUSE OF DISCHARGE Poor health |
| TO COUNTRY | | NAME AND ADDRESS | FROM COUNTI |
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| | | THE SHAW-WALKER | CO., MUSKERIA. 79104 |
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PHYSICAL RECORD,

| | CAR | LISLE INDIAN SCHO | OL. | |
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| NAME OF PUPIL | marte | in Man | 1 | DATE 28/10 19/0 |
| AGE/9 YEARS | NEW ST | UDENT. TRIBE | hiff | DATE #8/10 19/0 |
| DEGREE OF INDIAN B | LOOD | | | |
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| PALPATION 90 | rm | el | | |
| PERCUSSION. 22 | nm | ul, | | |
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| RESO | NANCE N | nul | | |
| AUSCULTATION | MURMUR. | normal | | *************************************** |
| HEART SOUNDS | Good | 2 | | |
| (Insp. | 97 | | | |
| MENSURATION EXP. | 343 | RESPIRATION | 18 | Pulse 72 |
| TEMPERATURE | degs | HEIGHT 5 | 石之の | N. WEIGHT 149 5 LBS. |
| Vision 202 | 100 1 | Vaccination | Dor | down |
| MENSTRUATION | non | nal | | |
| FAMILY HISTORY: | I Statement | I Was a Marine and American American | | |
| | Living. | Condition of Health. | Dead. | Cause of death. |
| FATHER | | | 2fes | . Consumption |
| MOTHER | | | Zjes | Consumption drounded |
| () | 1 | ? | | |
| BROTHERS | / | | | |
| (5 | /) | | | |
| SISTERS | | ? | | |
| PERSONAL HISTORY: | 1 | | | * |
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| REMARKS: | | | 1 | |

| HOSPITAL RECORD (150 | 244 | PHYSICAL |
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BRIEF.

APPLICATION OF FOR THE ENROLLMENT OF IN THE INDIAN SCHOOL AT NAME OF AGENCY FROM WHICH PUPIL CAME: Date of enrollment, Term of enrollment, _____ NAME OF COLLECTING AGENT: Position, 6-870

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

123h

| nitrom man to | 1 | ; Jema | le, | date of birth | mar wh | 1891; |
|--|---|--|--------|------------------|-----------|----------------------------|
| (Name of child.) | | (Se: | x.) | | | |
| NAME OF FATHER. (Both Indian and English.) | LIVING OR DEAD. | TRIBE. | | BAND, | | DEGREE OF INDIAN BLOOD, |
| Dan Martin | hash | affin ? | ner | Leech I | ake | Jullahlan |
| NAME OF MOTHER. We that ge gab how equations and the second seco | Send | Shiphen | m | Leech : | lulze | Jull Blo |
| I, Parent, gordian, or n | | , do here | | ntarily consent | | |
| 0 | a period of . for Indian s | (Not less than 3.) chools. | years, | | gate myse | |
| enrollment in said school for all the rules and regulations The said child has been e | a period of for Indian sent in the part of Enrollment. | (Not less than 3.) chools. ne following so | years, | , and also oblig | gate myse | lf to abide by |
| enrollment in said school for all the rules and regulations The said child has been e | a period of for Indian senrolled in the | (Not less than 3.) chools. ne following so | years, | , and also oblig | gate myse | lf to abide by |
| enrollment in said school for all the rules and regulations. The said child has been e NAME OF SCHOOL. 1. 25 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | a period of for Indian sonrolled in the DATE OF ENROLLMENT. | (Not less than 3.) chools. ne following so DATE OF DISCHARGE. 1904 1908 | years, | , and also oblig | gate myse | GRADE. |

PHYSICIAN'S CERTIFICATE.

| I hereby certify that I have this day carefully examined the for transfer and find Mes to be in proper physical condition | |
|--|---|
| with tuberculosis or any disease which would be a menace to the | |
| This 24 day of October, 1960 | |
| | n ar Cass Lake Sub Agency. |
| CERTIFICATE OF AGENT OR BONDED SUPE | ERINTENDENT. |
| I hereby certify that the statements made in the foregoing ap of my knowledge and belief, are true; that the consent of was voluntary, and I recommend the transfer of the said child. | oplication and certificate, to the best (Parent, guardian, or next of kin.) |
| This, 190 | |
| | Agent or Superintendent. |
| CERTIFICATE OF SCHOOL PH | YSICIAN. |
| I hereby certify that on(As soon after arrival as possible.) | , I made a careful exami- |
| nation 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, 190 | |
| | School Physician. |
| SPECIAL NOTE. | |
| This form must be executed in duplicate when a child is transferred from the Superintendent of the nonreservation school will retain the original for his in the Agency records. The agent will then send to the Commissioner of India | s files, and the duplicate shall be deposited |

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.

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 are living, and if neither of them are 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; but in all cases where the parents are living they should first be consulted.

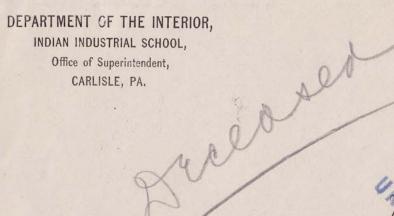
This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.















Mary Martin, Beaulieu, minn.

DEPARTMENT OF THE INTERIOR, INDIAN INDUSTRIAL SCHOOL, Office of Superintendent, CARLISLE, PA.

| | | 164 | 2 | | | | | | | | | | | | |
|--------------------|----------------------|-------------|----------|------------------------|----------|----------|-------------|----------|------------|----------|----------|----|------------------|----|--|
| Mary Date Enrolled | 72 | 2 + | , | TRI | BE. 1 | hour | 4 | PARI | ENT OR GUA | RDIAN. | | | | | |
| Mary | 1// | laru | n | 1 | July, | per. | | | | | | | | | |
| DATE ENROLLED | 2.72 | | TERM. | 28 | | A | GE. | HOM | IE ADDRESS | | 0 . | | | | |
| Det. o | 27, | 1910 | - | mu | e yea | ire | 19 | | | Bea | ulie | u, | Min | n. | |
| DATE OF RECORD | ACADEMIC DEPARTMENT. | | RTMENT. | INDUSTRIAL DEPARTMENT. | | | DORMITORY. | | | OUTING | | | SPECIAL REMARKS. | | |
| | ROOM NO. | Scholarship | Conduct. | Shop. | Ability. | Conduct. | Room No. | Neatness | Conduct, | Ability. | Conduct. | | | | |
| Jan' 11 July 7/ | 4/2 | m | 6x | L. | 24 | 54 | | M. | 2.9d | | | | | | |
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1642 CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

| NUMBER | ENGLISH | NAME | | | AGI | AGENCY | | | | | | | |
|-------------------------|---------|-----------------|------------|------------------|--------------------|-------------------------|-------------|----|------------------|-------------------|--|--------------|-------|
| 3195 | Mar | y Ma | rtin | | | Chippewa | | | | | | | |
| BAND | | INDIAN | NAME | | ног | HOME ADDRESS | | | | | | | |
| Leech Lake | | | | | | Beaulieu, Minn. | | | | | | | |
| PARENTS LIVING OR DEAD | MOTHER | | | | | HEIGHT WEIGHT FORCED II | | | ED INSP. | INSP. FORCED EXP. | | | |
| | Dead | | Bull | 19 | 5-6 | 5# | 149岁 | | 37 31 | | | F | |
| ARRIVED AT SCHOOL | | FOR WHAT PERIOD | | | | 5-6 149 37 3 | | | CAUSE OF DISCHAR | ARGE | | | |
| Oct. 27, 1910 3 years | | | | | APr11 5, 1911 Poor | | | | | r health | | | |
| MONTHS IN SCHOOL BEFORE | | GRA | DE ENTERED | GRADE AT DATE OF | DISCHARGE | TRADE | OR INDUSTRY | Сн | IURCH | | | | CHOOL |
| 72 | | | | | | | | (| Jathol | Lic | | | |
| TO COUNTRY | | | | P | ATRONS' N | ME AND AD | DRESS | | | | | FROM COUNTRY | 2 |
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| | | | | | | | Later State | | | | | | |

NAME AT CARLISLE Many Manhan

563757 3M-2-11

PRESENT NAME INFORMATION THROUGH DATE ADDRESS OCCUPATION ITEMS OF INTEREST GRADE