



CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

5764

NUMBER 6173	ENGLISH NAME Joseph Katchenago	AGENCY	NATION Menominee					
BAND	INDIAN NAME Kitchenakow	HOME ADDRESS John Katchenago Breed, Wis.						
PARENTS LIVING OR DEAD		BLOOD Full	AGE 14	HEIGHT 5'3"	WEIGHT 100	FORCED MSP. 3 1/2	FORCED EPXR. 30	SEX. M.
FATHER, <i>L</i>	MOTHER, <i>L</i>	ARRIVED AT SCHOOL Sept. 27, 1910		FOR WHAT PERIOD Five years	DATE DISCHARGED Nov. 4, 1910	CAUSE OF DISCHARGE Illness		
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY	

THE SHAW-WALKER CO., MUSKEGON, 79104

Months in school before Carlisle, ..... 63

Grade entered at Carlisle, ..... 4

Grade at date of Discharge, .....

Trade or Industry, .....

Church, ..... Catholic

3501

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Joseph Katchewago DATE 9/28 19 10  
 AGE 15 YEARS { NEW RETURNED } STUDENT. TRIBE Menominee STATE Wisconsin  
 DEGREE OF INDIAN BLOOD Full  
 INSPECTION Normal

PALPATION Vocal fremitus increased on right  
 PERCUSSION Impaired resonance on right side  
posteriorly

AUSCULTATION { RESONANCE normal  
 RESP. MURMUR normal  
 HEART SOUNDS normal

MENSURATION { INSP. 31 1/2 RESPIRATION 22 PULSE 82  
 EXP. 30

TEMPERATURE 99 degs. HEIGHT 5 FT. 3 IN. WEIGHT 100 LBS.

VISION normal VACCINATION Sept 28 1910

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER	<u>yes</u>	<u>sick(?)</u>		<u>8</u>
BROTHERS {	<u>1</u>	<u>well</u>		
SISTERS {	<u>1</u>	<u>sick(?)</u>		
	<u>3</u>		<u>3</u>	<u>(?)</u>

PERSONAL HISTORY:

measles, whooping cough  
& colds frequently.

REMARKS:







3501

5-192 a.

BRIEF.

APPLICATION OF

*John Kitchua Kow*

FOR THE ENROLLMENT OF

*Joseph Kitchua Kow*

IN THE INDIAN SCHOOL AT

*Carleton, Pa*

NAME OF AGENCY FROM WHICH PUPIL CAME:

**Keshena Indian School Wisconsin**

*Winconsin Indian Reservation*

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

Term of enrollment, *Five* ( *5* ) years.

NAME OF COLLECTING AGENT:

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 U.S. Indian School  
Lansdale, Penn.  
of Joseph Kitchanakow; male; date of birth July 1 1905  
(Name of child.) (Sex.)  
Menominee  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>John Kitchanakow</u>	<u>Living</u>	<u>Menominee</u>	<u>—</u>	<u>full</u>
NAME OF MOTHER.				
<u>Louise Kitchanakow</u>	<u>Living</u>	<u>do</u>	<u>—</u>	<u>full</u>

I, John Kitchanakow, do hereby voluntarily consent and agree to his  
(Parent, guardian, or next of kin.)  
enrollment in said school for a period of Five 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>Catholic Mission School</u>	<u>1902</u>	<u>1910</u>	<u>transfer</u>	<u>5th grade</u>
2.				
3.				
4.				

John Kitchanakow  
(Parent, guardian, or next of kin.)  
P. O. address: Reshena  
Wis

Two witnesses:  
John Datterlee  
W A Eahart



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 26th day of Sept., 1900,

Lawrence W. White.

Physician at Keshena Indian Sch. 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 J. John Kitchewakow (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 26 day of Sept., 1900

A. J. Nichols  
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on \_\_\_\_\_, I made a careful examination of the physical condition of \_\_\_\_\_, the child named in the foregoing application, and found \_\_\_\_\_ to be \_\_\_\_\_

(As soon after arrival as possible.)

I therefore recommend that the said child be \_\_\_\_\_ enrolled in this school.

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

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 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.

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.

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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.



Tuberculosis -  
Lung Found

Patient

Joseph Katchunago

Carlisle, Pa.,

October 29, 1910

190

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	98								
4:00	98			12	Hypophosphites				
									Oct. 31, 1910.
				8:00	Hypophosphites	10	Egg nog		
				12:00	"	"	"		
									November 1, 1910.
2:00	98			8:00	Hypophosphites				
4:00	98			12:	"		3:00 Egg nog.		
				5:30	"		"		
									Nov. 2,
6:30	98			6:00	Hypophosphites				
4:00	98			12:	"		3:00 Egg nog		
				5:30	"		"		
6:30	98								Nov. 3, 1910
6:30	98 <sup>b</sup>				Hypophosphites				
4:00	98				"		3:00 Egg nog		



Patient Joseph Wachenago Carlisle, Pa., October 21, 1900 Physician Dr. C. S. De Foney  
 Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					Oct. 21, 1910.				
6:00	98	72		8:00	Pepsin and nux	10:00	Eggnog.		
4:00	98	72			8-12-6	300	Eggnog.		
					Oct. 22, 1910.				
6:30	98	72		8:00	Pepsin and nux				
4:00	98	74			8-12-6	10:00	Eggnog.		
					Oct. 23, 1910.				
6:30	98	72		8:00	Hypophosphites.	300	Eggnog.		
4:00	98	72			8-12-6	10:00	Eggnog.		
						300	Eggnog.		
					Oct. 24, 1910.				
6:30	98	72		8:00	Hypophosphites				
4:00	98	74			8-12-6	300	Eggnog.		
					Oct. 25, 1910.				
6:30	98	74		8:00	Hypophosphites				
4:00	98	72			8-12-6	300	Eggnog.		
					Oct. 26, 1910.				
6:30	98	72		8:00	Hypophosphites				
4:00	98	74			8-12-6	300	Eggnog.		
					Oct. 27, 1910.				
6:30	98	72		8:00	Hypophosphites	10:00	Eggnog.		
					8-12-6				



Patient Joseph Hatcherago Carlisle, Pa., Oct. 17, 1910 Physician Dr. C. S. DeFoney

Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					Oct. 17, 1910.				
6:00	98	72		8:00	Pepsin and muc.	10:00	Eggnog		
					5 grs of antyprine,				
4:00	98	72			and 5 drops of	3:00	Eggnog		
					carbonate creasote				
					8-12-6.				
					Oct. 18, 1910				
6:00	98	72		8:00	Pepsin and muc	10:00	Eggnog		
					5 grs of antyprine				
4:00	98	72			and 5 drops of	3:00	Eggnog		
					carbonate creasote.				
					8-12-6				
					Oct. 19, 1910				
6:00	98	72		8:00	Pepsin and muc	10:00	Eggnog		
					5 grs. of antyprine				
4:00	98	72			and 5 drops of	3:00	Eggnog		
					carbonate creasote				
					8-12-6				
					Oct. 20, 1910				
6:00	98	72		8:00	Pepsin and muc. 5 grs				
					of antyprine and 5				
					drops of creasote				
					8-12-6				



Patient Joseph Katchenago, Carlisle, Pa., Oct 14 - 17 1910

Physician Dr. D. W. Foney  
Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6:00	99	74		<del>8:00</del>	Oct. 14, 1910.				
4:00	100 <sup>6</sup>	76		8:00	Pepsin and nux	10:00	Eggnog		
					Five grs of antipyrine and 5 drops of carbonate creasote - 8-12-6.	3:00	Eggnog.		
					Oct. 15, 1910				
6:00	99	73		8:00	Pepsin and nux.				
					Five grs. of antipyrine and 5 drops of carbonate creasote	10:00	Eggnog.		
					T.i.d. 8-12-6.				
4:00	98	72				3:00	Eggnog		
					October 16, 1910.				
6:00	99	73		8:00	Pepsin and nux	10:00	Eggnog		
					Five grs. of antipyrine and 5 drops of carbonate creasote - 8-12-6.	3:00	Eggnog.		
4:00	98	72							
					Oct. 17, 1910		Eggnog		
					Oct. 18, 1910		Eggnog		



Patient Joseph Katchenago Carlisle, Pa., Oct-8, 1910 Physician

Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
6.00	98 <sup>c</sup>			8.00	Hypop.	10.00	Eggnog.		
	-			12.00	Hypop.	3.00	Eggnog.		
4.00	101 <sup>2</sup>			4.00	Hypop.				
4.00	101 <sup>2</sup>				Oct-9, 1910.				
6.00	98 <sup>4</sup>			8.00	Hypop.				
4.00	101			6	Hypop.	3.00	Eggnog.		
					Oct. 10, 1910.				
6:00	98	72		8:00	Hypop.				
						10.00	Eggnog.		Full tray for
4:00	99	72		12:00	Hypop. - Five	3:00	Eggnog		Supper
				6	grs. of antipyrine				
					and 5 drops of				
					carbonate creasote.				Full tray for
					Oct. 11, 1910.	10.00	Eggnog.		breakfast
6:00	98	72		8:00	Pepsin and muc.	3:00	Eggnog.		
4:00	102 <sup>4</sup>	84			5 grs. of antipyrine				
					and 5 drops of				
					carbonate creasote				
					at 8-12-6				
					Oct. 13, 1910				Full tray for
						10.00	Eggnog.		breakfast.
					Oct. 14, 1910		Eggnog.		



Patient

Joseph Kitchinago

Carlisle, Pa.,

Oct. 3, 1910. 190

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	102			8.00	Hypop.				
				12.00	"	10.00	Egg-nog.		
4.00	1032			4.00	Hypop.	3.00	Egg-nog.		
					Oct. 4, 1910.				
6.00	1014			8.00	Hypop.				
				12.00	Hypop.	10.00	Egg-nog.		
.00	1026			4.00	Hypop.	3.00	Egg-nog.		
					Oct. 5, 1910.				
6.00	998			8.00	Hypop.	10.00	Egg-nog.		
				12.00	Hypop.	3.00	Egg-nog.		
4.00	1014			4.00	Hypop.				
					Oct. 6, 1910.				
.00	100			8.00	Hypop.	10.00	Egg-nog.		
				12.00	Hypop.	3.00	Egg-nog.		
6.00	1028			4.00	Hypop.				
				12.00	Hypop.				
4.00				4.00	Hypop.				
					Oct. 7, 1910.				
6.00	998			8.00	Hypop.	10.00	Egg-nog.		
				12.00	Hypop.	3.00	Egg-nog.		
4.00	1014			4.00	Hypop.				



