

2713-

Alice Homer
has no app. -

Jonas says there
was no time
to fill out one -

He is going to
send one to his
mother & get

her consent -

D n, certif, O.K.

Syracuse Sept 22 1905

This Certificate that I have this day
made a physical examination
of Alice Homer and find her
a good candidate, suitable
for admission to School of
Carthage.

W. H. Russell

No. _____

United States

Syracuse Sept 22 1905

To *O. L. Linn* Dr.

For Examination of
Alice Homer

DOLLS.	CTS.
2	00

Received at _____

of _____, U. S. Indian Agent,

$\frac{100}{100}$ dollars in full of above account.

WITNESS:

5821

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

Dead

NUMBER 2083		ENGLISH NAME <i>Alice Homer</i>			AGENCY		NATION <i>Onondaga</i>		
BAND		INDIAN NAME			HOME ADDRESS <i>R.F.D. No 51 Henry Homer, Syracuse, N.Y.</i>				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, <i>Living</i>		MOTHER, <i>Living</i>	<i>1/2</i>	<i>14</i>	<i>5' 2"</i>	<i>83</i>	<i>28</i>	<i>25 1/2</i>	<i>F</i>
ARRIVED AT SCHOOL <i>Sept. 23, 1905</i>		FOR WHAT PERIOD <i>5 years</i>		DATE DISCHARGED <i>6-22-'09</i>		CAUSE OF DISCHARGE <i>Dead.</i>			
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY		
<i>11-24-06</i>	<i>Deborah S. Allen, Media, Del. Co., Pa.</i>						<i>Transl.</i>		
<i>May 2-1907</i>	<i>Eliz. C. Freeman Norton Pa</i>						<i>5-28-07</i>		
<i>9-14-07</i>	<i>Mary O'Rielly Overbrook. Pa.</i>								
<i>2-3-'09</i>	<i>Out Reach (Sick consumpt.)</i>								

SHAW-WALKER MUSKEGON 5478

Months in school before Carlisle,

Grade entered at Carlisle, *1st*

Grade at date of Discharge, *1st*

Trade or Industry, *General Work*

Church, *Bath*

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Homer Alice DATE 12/9 1908

AGE 15 YEARS } NEW } STUDENT. TRIBE Ojibway STATE Ney

DEGREE OF INDIAN BLOOD _____

INSPECTION Slight development. Enlarged cervical gland

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE _____
RESP. MURMUR Normal

HEART SOUNDS _____

MENSURATION { INSP. 30 1/8 RESPIRATION 20 PULSE 96
EXP. 26 1/2

TEMPERATURE 100 degs. HEIGHT 5 FT. 3 1/2 IN. WEIGHT 102 LBS.

VISION 10/15- VACCINATION good. Rev. 12/21/08 + 1/20/09

MENSTRUATION Amenorrhoea for some time

FAMILY HISTORY:

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

PERSONAL HISTORY:

REMARKS:

HOSPITAL RECORD.

Entered hospital June 6-1909
with diagnosis of pulmonary.
Sent home Feb'y 17-1909.

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

CONSENT OF

.....
FOR THE ENROLLMENT OF

.....
IN THE INDIAN SCHOOL AT

.....
For the term of years

.....
Name of agency or place from which pupil came;
.....

Date of enrollment, 190.....

Date of discharge, 190.....

Cause of discharge, 190.....

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Alice Homer Indian name is _____
Name of Father Henry C. Homer
Name of mother Elizabeth Tribe Onondaga
Reservation Onondaga Degree of Indian blood of child 1/2
Is either parent white, if so, which? _____ Are either or both allotted? _____
On what reservation? _____ Age of child 14 years What reservation school attended? None How long? _____
If ever enrolled in a nonreservation school, name of school, _____
When? _____ How long? _____ If ever dismissed from a school, where, _____; when, _____ and for what reason? _____
(Signed.) Alice Homer

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts

CONSENT BLANK

I, Elizabeth Homer, parent, guardian or next of kin of the above-named child, Alice Homer, do hereby consent to transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
Dated at Syracuse, N. Y. on the _____ day of September, 1905
(Signed.) Elizabeth Homer
(Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named _____, and have found _____ physically sound, and recommend the transfer so far as _____ health conditions are concerned. Dated at _____ on the _____ day of _____, 190_____
(Signed) _____

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

_____, 190_____
The statements concerning the above-named _____ are believed by me to be correct, and I hereby recommend the transfer.
(Signed.) _____
U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.