

153

BRIEF.

Application of

FOR THE ENROLLMENT OF

Norman C. Ground

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 191

Term of enrollment, *Five* (*5*) 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 Carlsruhe, Basen, of Norman C. Ground Male, I, Andrew Ground (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Basen P. O., State of New York, do hereby voluntarily consent and agree to his enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at The Reservation on June 30, 1897, (Date.) that the father, Andrew Ground is a full Indian of the Tribe (Name of father.) (Is or was.) (Degree.) Tribe located at New York Agency; that he ~~left~~ the tribe about not left; (Approximate date.) that the mother, Hannah Ground was a full Indian of the Oneida tribe (Name.) (Is or was.) (Degree.) Tribe located at Green Bay Agency, and left the tribe about one year ago; (Approximate date.) 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.
<u>Public on the Res.</u>	<u>The Reservation</u>	<u>1902</u>	<u>Jan 30 1906</u>	<u>vacation</u>	<u>fifth grade</u>

This fourteenth day of August, 1911
 Two witnesses: N. W. Flint

Andrew Ground
 (Parent, guardian, or next of kin.)

P. O., Basen New York,

(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.

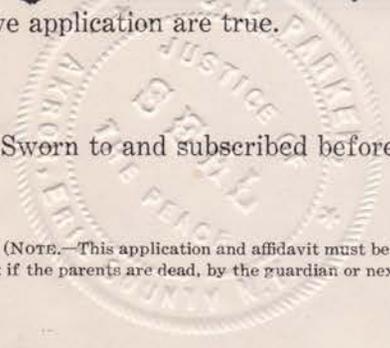
Andrew Ground do hereby swear that the statements made in the above application are true.

Andrew Ground
 (Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 21st day of August, 1911

A. D. Parker Justice of the Peace

(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.)



Have you attended public school?, *No. Yes*

Where? *At the Reservation.*

When? *Last term.*

How far do you reside from public school now? *1/4 of a mile.
Seven miles.*

Will you attend public school if you do not enroll at an Indian School? *No. Yes.*

What is your reason for not attending public school?

Public schools do not have various trades as Carlisle.

Why do you wish to attend at Carlisle?

I wish to learn the different trades which will be of some help to me.

What special trade do you desire to complete?

I wish to complete painting, and carpentering.

Can you provide for your own transportation to Carlisle? *~~Yes~~ No*

I, Albert E. Matt, a practicing physician of Akron, O.

do hereby certify that I have carefully examined Norman C. Ground

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 14 day of August, 1911 Albert E. Matt, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, N. W. Flint, a Merchant, of Akron, O.

do hereby certify that I am personally acquainted with Andrew Ground who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Norman C. Ground; that

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 they leave

no training schools here

This 14 day of Aug, 1911 N. W. Flint

VOUCHER No. 2.

I, C. C. Parker, a Justice of the Peace of Town of Westwood, Akron, O.

do hereby certify that I am personally acquainted with Andrew Ground, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Norman Ground; that

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 He is

quite well advanced in school & wishes to get a higher education & learn a trade

This 14th day of August, 1911 C. C. Parker

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 _____, 191_____

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.



NAME Norman Ground
 Tribe Seneca State N. Y. Sex Male Female
 Age 14 years Respiration _____
 Height 5 ft. 1 ins. Mensuration { Insp. 34
 Weight 99.4 lbs. { Exp. 29.5
 Temperature 99.4 Vaccination Sept 13-11 Condition of Eyes Susp. Trachoma
 Pulse 80 Vision _____ Ears OK
 Inspection OK Throat Enlarged tonsils
 Palpation Tactile faintness in OTM Rt. Lung. Cervical glands OK
 Percussion OK Skin OK
 Auscultation OK
 Heart OK. no murmurs.

~~(Menstruation)~~

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>well</u>		
Mother			<u>Yes</u>	<u>S.B.</u>
Brothers			<u>1</u>	<u>S.B.</u>
Sisters	<u>2</u>	<u>well</u>		

Personal history measles.
 Present condition good.

Elmer Hess, 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.

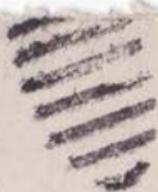
Ground, Norman

5846

Father Andrew Ground

4013

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



DISCARD

RETURN TO WRITER.

Mr. Norman C. Ground,
Basom
New York.



NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Norman Grou

AGE

DIAGNOSIS Tuberculosis

ADMITTED Jan 12

DISCHARGED Feb 19

RESULT Sent Home

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Frolic

REMARKS:

Patient Carlisle, Pa., Feb 18 191 7 Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	102	100		4:00	J. Q. & S.	3:00	Milk.		
						5:30	Full.		
					Feb 19.				
7:00	101 ⁴	90		5:00	J. Q. & S.	6:30	Coffee, toast,		
4:00	103	124		12:00	" "		meat, gravy,		
				4:00	" "		bread & butter.		
						1:00	Milk & Egg.		
						2:00	Soup, crackers		
							potatoes, meat		
							peas, egg, bread,		
							butter, milk.		
						3:11	milk & egg		

Patient Carlisle, Pa., *Feb 16* 191 *2* Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7:00</i>	<i>101</i>	<i>86</i>		<i>8:00</i>	<i>I. G. & S.</i>	<i>6:30</i>	<i>Oat meal,</i>		
<i>4h</i>	<i>101</i>	<i>120</i>		<i>12h</i>	<i>" " "</i>		<i>coffee, bread,</i>		
				<i>4h</i>	<i>" " "</i>		<i>butter, meat,</i>		
							<i>gravy, toast,</i>		
						<i>3h</i>	<i>egg & milk</i>		
					<i>Feb. 17.</i>	<i>11:30</i>	<i>Full.</i>		
<i>4:00</i>	<i>102</i>	<i>120</i>		<i>12h</i>	<i>I. G. & S.</i>	<i>18h</i>	<i>milk & egg.</i>		
				<i>4h</i>	<i>" " "</i>	<i>1:00</i>	<i>Full.</i>		
						<i>2:00</i>	<i>Milk.</i>		
						<i>5:30</i>	<i>Full.</i>		
					<i>Feb 18.</i>				
<i>7:00</i>	<i>100</i>	<i>110</i>		<i>8:00</i>	<i>I. G. & S.</i>	<i>6:30</i>	<i>Coffee, toast,</i>		
				<i>12:00</i>	<i>I. G. & S.</i>		<i>oat meal, meat,</i>		
							<i>gravy, bread,</i>		
							<i>butter,</i>		
						<i>10:00</i>	<i>milk</i>		
						<i>12:00</i>	<i>Potatoes, meat</i>		
							<i>gravy, corn, bread</i>		
							<i>butters, ice cream.</i>		

Patient Carlisle, Pa., Feb 14 1912, Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	101	96		8:00	S, g, & S,	6:30	Coffee, toast,		
4:00	102	120		12:00	" " "		egg, oat meal,		
				4:00	" " "		meat, gravy,		
						1:00	bread & butter,		
						1:20	milk & egg.		
						3:00	Full		
						3:00	Milk		
						5:30	Full		
					Feb 15				
7:00	101	104		8:00	S, g, & S,	6:30	Oat meal,		
4:00	102	120		12:00	" " "		bread & butter		
				4:00	" " "		meat gravy &		
							coffee.		
						1:00	milk		
						1:20	Full		
						2:00	milk		
						2:30	Gravy, meat,		
							apples, bread,		
							butter & tea		

Patient Carlisle, Pa., *Feb 10* 191 *2* Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
<i>7:00</i>	<i>101</i>	<i>120</i>		<i>8:00</i>	<i>J. J. S.</i>	<i>6:30</i>	<i>Coffee, toast,</i>		
<i>4:10</i>	<i>101</i>	<i>120</i>		<i>12:00</i>	<i>" "</i>		<i>eggs, meat, gravy,</i>		
				<i>4:10</i>	<i>" "</i>		<i>break, butter, oat</i>		
							<i>meal,</i>		
						<i>1:00</i>	<i>Milk Egg-</i>		
						<i>1:30</i>	<i>Milk, bread,</i>		
							<i>butter, crackers,</i>		
							<i>soup, meat,</i>		
							<i>gravy potatoes</i>		
							<i>jell, peas.</i>		
						<i>3:00</i>	<i>egg nog.</i>		
						<i>6:30</i>	<i>Full</i>		
<i>Feb 13.</i>									
<i>7:00</i>	<i>98</i>	<i>100</i>		<i>8:00</i>	<i>J. J. S.</i>	<i>6:30</i>	<i>Full</i>		
<i>4:00</i>	<i>103</i>	<i>120</i>		<i>12:00</i>	<i>" "</i>	<i>10:00</i>	<i>milk + Egg.</i>		
				<i>4:00</i>	<i>" "</i>	<i>1:20</i>	<i>Full</i>		
						<i>3:00</i>	<i>Milk - Egg</i>		
						<i>6:30</i>	<i>Full</i>		

Patient Carlisle, Pa., Feb. 9, 1912 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	112	120			J. G. & S.	1:00	Milk, Broth -		
				12:00	" " "	1:30	Potatoes, Soup,		
				4:00	" " "		meat, gravy,		
							beans, milk,		
							crackers, bread,		
							butter, mustard.		
						8:00	milk		
					Feb 10				
7:00	101	110		8:00	J. G. & S.	6:30	Coff. Toast, meat		gravy, oat meal, bread, butter
4:00	102	120		12:00	" " "	1:00	Milk & Egg.		
				4:00	" " "	5:00	Egg, toast, crackers -		
							soup, milk, potatoes,		
						8:00	egg & milk		
						5:30	Tea, toast, eggs, meat,		gravy, bread, butter
					Feb 11				
9:00	98	100		8:00	J. G. & S.	6:30	Coffee, toast, meat,		gravy, oat meal.
				10:00	" " "	1:00	Milk & egg		
4:00	106	100		11:00	" " "	3:00	Milk, bread, butter,		potatoes, meat,
							no cream corn		

Patient

Carlisle, Pa.,

Feb 7

1912

Physician

Address

Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						5:30	Full.		
					Feb 8.				
7:00	101	120				6:30	Oatmeal,		
4:00	104	120		12:00	J.D. & S.		gravy, meat,		
				4:00	" " "		bread, butter,		
							toast, eggs, coffee		
						10:00	Milk, Egg & brock.		
						12:00	Soup, potatoes,		
							tomatoes, bread,		
							butter, milk,		
							meat, gravy,		
						3:00	Milk, Egg & broth.		
						5:30	Tea, bread, peaches,		
							custard, meat,		
							gravy.		
						9:00	Milk		
					Feb 9.				
7:00	101	80		8:00	D.P.S.	6:30	Oatmeal, coffee, meat,	7:00	Slept well.
							gravy, bread.		

Patient Norman Ground Carlisle, Pa., Feb. 5 1912 Physician Dr. Allen
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
	1004	148		8:00	I. G. + S.	6:30	Full diet		
						1000	Milk.		
						1500	Full Soup, potatoes, meat, gravy, crackers, bread & butter milk.		
						300	Milk.		
						2:30	Potatoes, meat, gravy, eggs, tea, peaches break + butter.		
					Feb 7				
9:00	100	150				6:30	Coffee, meat, gravy, oat meat, bread, butter.		
4:00	103	145		12:00	I. G. + S.				
						1000	Egg + Milk		
						3:00	egg + milk		

Patient Norman Leonard Carlisle, Pa., Feb 3 1912 Physician Dr. Allen
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	101.6	120		8:00	S. G. & S.	6:30	Full diet		
				12:00	" " "	10.00	milk		
4:00	111.4	120		4:00	" " "	12.00	Full diet		
						3:00	egg noy.		
						5:30	Full diet		
						9:00	Raw egg and milk.		
Feb. 4									
7.00	101	128		8:00	S. G. & S.	6:30	Full diet		
				12.00	" " "	10.00	egg + milk		
4.00	103.2	120		4.00	" " "	12.00	Full diet		
						3.00	milk		
						5.30	Full diet		
						9.00	milk		
Feb 5									
7.00	101	120			S. G. & S.	6.30	Full diet		
				12:00	" "	10.00	milk		
				1:00	" "	12.00	Full diet		
						5:30	" "		

Patient Norman Ground Carlisle, Pa., 191 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7.00	101	120		12.00 4.00	I. g. S. z. i.	6.30	Full diet		
					" " "	10.00	Egg nog		
4.00	103 ^b	118				12.00	Full diet		
						3.00	Egg nog.		
						5.30	Full diet		
						9.00	Milk.		
					Jan 31				
7.00	101	124		8.00 12.00	I. g. S.	6.30	Full diet		
						10.00	Egg + milk		
4.00	103	120		4.00	" " " "	12.00	Full diet		
					Feb 1	9.00	Egg nog.		
7.00	101	98		8.00 12.00 4.00	I. g. S.	6.30	Full diet		
					" " "	11.00	egg + milk		
					" " "	12.00	Full diet		
						3.00	milk		
						5.30	Full diet		
7.00	99	68			Feb. 2	10.00	milk		
				8.00	I. g. S.	12.00	" "		
				12.00	" " "	3.00	milk		

Patient Carlisle, Pa., *Jan 26* 191 *2* Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	100			12. w	I. Q. S.	6:30	Full.	7:00	5 to clock to take pulse
4 w	102.2	130		4 w		10:00 19:00	Milk "		
						3:00	milk		
						5:30	Full.		
<i>Jan 27 '12</i>									
7:00	100 ²	68		8:00	I. Q. S.	6:30	Full.		
				12 w		10:00	Milk		
4 w	102	110		4 w		12:00	"		
						3:00	milk		
						5:30	"		
<i>Jan 28.</i>									
7:00	100	64		8:00	I. Q. S. Zi.	6:30	Full		
				12:00		10:00	milk.		
4:00	101	116		4:00	" " " "	12:00	"		
						3:00	milk		
						5:30	"		
<i>Jan. 29.</i>									
7:00	102	99		8:00	I. Q. Strych. Zi	6:30	Full.		
				12. w		10:00	Milk.		
4.0	101.6	120		4 w		12:00	Full.		
						3.00	Egg nog		
						5:30	Full.		
						9:00	Egg nog.		

Patient Carlisle, Pa., Jan. 22 1912 Physician _____

Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
8:00	100	120		8-11	J. Q. S.	6:30	Soft.		
				12-11	" " "	10:00	milk		
						12:10	Soft		
4:00	100.6	120		4-11	" " "	3-11	Egg mag		
						6:00	Soft.		
						8:30	Milk		
Jan 23									
7:00	99	80		8:00	Iron quin stryck	6:30	Soft		
				12-11	" " "	10:00	milk		
						12:00	"		
				12-11	" " "	3:00	milk		
4-11	100.6	108		4-11	" " "	5:30	Soft.		
Jan 24									
7:00	100	108		12-11	J. Q. S.	6:30	Soft		
				4-11	" " "	10:00	Milk		
						13:00	Soft		
4-11	101.8	110				3-11	Beef tea		
						5:30	Soft		
Jan 25									
7:00	99	76		8:00	J. Q. S.	6:30	Soft.		
4-11	100.8			4:00	" " "	12:00	"		
						5:30	"		

Patient Carlisle, Pa., 191 Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				12 u	S. Q. S.	12:00	Soup, milk, break, sauce,		
4 u	101.2	114		4 u	"	6:00	potatoes, hominy Soft.		
					Jan 20				
9:20	98.4	80		5:00	S. Q. S. 31	6:30	Coffee, oat meat, gravy, bread.		
4:10	99	90		4:00	"	10:00	Milk		
						12:00	Soft diet		
						6:00	Soft.		
					Jan 21				
1:30	98	82		8:50	S. Q. S.	6:30	Soft		
				12:00	S. Q. S.	10:00	Milk		
4:00	100	86		4:00	S. Q. S.	12:00	Soft.		
						3:00	Milk		
						5:30	Soft.		
						9:00	milk		

Patient Norman Ground Carlisle, Pa., Jan 18 1912 Physician _____
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:30	98 ⁴	80		8 ⁰⁰ 12 n	I. q. S.	6:30	Milk, coffee.		
						10:00	Egg Nog.		
						12:00	Eggs, Soup, potatoes, beans, gravy, milk toast crackers.		
4:00	100.7	90		4 n		3:00	Egg nog.		
						5:30	Eggs, tea, gravy, potatoes, milk toast, prunes, bread.		
						9:00	Egg Nog.		
					Jan, 19 1912				
7:30	100	100		8 ⁰⁰	I. q. S.	6:30	Eggs, milk toast, gravy, coffee, oat meal.		
						10:00	Milk.		

Patient Carlisle, Pa., *Jan 15* 191 *2* Physician
 Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
4:00	99 ^b	70				5:30	Tea.		
						9:00	milk		
					<i>Jan. 16, 1912.</i>				
7:30	101	84		8:00	<i>Iron q. S.</i>	6:30	Milk, Coffee		
				12:00	" " "	10:00	Egg Nog.		
						12:00	Milk, Soup.		
7:00	104	76		4:00	<i>I. q. S.</i>	3:00	milk		
						5:30	Milk, Tea.		
						8:00	milk		
					<i>Jan. 17,</i>				
7:00	104	80		8:00	<i>I. q. S.</i>	6:30	Milk Coffee		
				12:00	" " "	10:00	Egg nog		
				7:00	" " "	12:00	Milk Soup.		
						3:00	Egg nog.		
						5:30	Milk, Tea.		
						9:00	milk		

Patient Norman Ground Carlisle, Pa., Jan 11 1912 Physician Dr. Trevelley
 Address _____ Nurse _____

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
						5:30	milk & tea		Give Tuberculin Injection
					Jan 12, 1912				
5:00	99	78	28			6:30	coffee		
						12:00	soup, milk		
4:00	98	80				3:00	milk		
					Jan 13, 1912				
7:00	100	90				5:30	Milk, Tea.		
						6:30	Milk, coffee		
						10:00	milk.		
						12:00	Milk Coffee.		
						3:00	milk		
4:00	100	78				5:00	Milk, tea.		
					Jan 14, 1912				
7:30	94	80				9:00	Milk, coffee.		
						10:00	milk		
4:00	101	88				1:00	milk.		
						3:00	Milk		
						5:30	Milk, Tea.		
					Jan 15				
5:00	100	86				6:30	Milk, coffee		
						3:00	milk		

