5880

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
3708	John Desautel		Spokane Tosh

BAND	INDIAN NAME	HOME ADDRESS
		John Desautel, Miles, Wash.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHTH	WEIGHT	FORCED INSP	FORCED EXPR.	SEX.
FATHER Living	MOTHER Living	¼	17	5-7¼	159	39	36½	M

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Oct-21-1906		Oct-27-1906	Ill health

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY

THE SHAW-WALKER CO., MUSKEGON-CHICAGO 33877

Has pulmonary tuberculosis (fairly well advanced)

Months in school before Carlisle,.....

Grade entered at Carlisle,.....

Grade at date of Discharge,.....

Trade or Industry,.....

Church.....

Brought here by Jas. E. Henderson

1989

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child.....John.....Desautel.....Indian name is .....Name of Father.....John D. Desautel

Name of Mother.....Isabel Desautel (dead).....Tribe.....Lower Spokane

Reservation,.....Lower Spokane.....Degree of Indian blood of child.....one half.....

Is either parent white, if so, which?.....Are either or both allotted?.....

On what reservation?.....Age of child,.....17.....What

reservation school attended?.....Fort Spokane.....How long?.....5 years.....

If ever enrolled in a non-reservation school, name of school,.....

When?.....How long?.....If ever

dismissed from a school, where?.....; when?.....

and for what reason?.....

(Signed.).....John Desautel.....

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,.....John D. Desautel..... parent, guardian or next of kin of the above-named child,.....John Desautel....., do hereby consent to.....his.....

transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at..Fruitland, Washington.....on the.....5th.....

day of.....October.....,1906.

(Signed.).....John Desautel.....

(Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named.....John Desautel.....

.....9.....and have found.....him.....physically sound, and recommend

the transfer so far as.....his.....health conditions are concerned. Dated at.....Wilder, Wash.....

on the.....5th.....day of.....Oct.....,1906.

(Signed.).....Alonzo D. Snyder.....

School Phys.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

Wilder, Wash., Oct. 10th.....,1906.

The statements concerning the above named.....John Desautel.....are believed by me to be correct, and I hereby recommend the transfer.

(Signed.).....Wm. McA. Webster.....

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.

Card made. Nov-2-06.
S. M. Bayard home

Fruitland Wash.
March 10, 1913

Dear mr Friedman

By your letters I see that you do not know that my son John Desautel is dead he died the spring after he left there that was in 1907. My daughters Melinda & Lucille are with their sister Mrs Ted Butler of Rockford Bay Idaho on the Coeurdelene lake. Just got a letter from them they are well and enjoying themselves.

Wishing you success
I am Your Truly
mr John Desautel
Miles, Wash.

'Y AND E' ROCH.

1989. REPORT AFTER LEAVING CARLISLE

44I037 3M-1-09

NAME AT CARLISLE John Decantel

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1910					