

Carlisle, Pa.

Jan. 8th, 1914.

Mr. B. A. Martindale,
Clerk in Charge, The Omaha Agency,
Macy, Nebr.

My dear Sir:

I thank you for the information you conveyed to me in your letter of January the 5th, regarding the return home of Raymond Wolfe.

It is hoped the young man can be returned to Carlisle to complete his period of enrolment and any efforts you can make to accomplish the same will be appreciated.

Very truly yours,

HKM.

Superintendent.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

Omaha Agency, Macy, Nebraska.

January 5, 1914.

M. Friedman, Supt.,

Carlisle, Pennsylvania.

Dear Sir:

This is to advise you that Raymond Wolf has
arrived here about one week ago.

Respectfully,

BA. Martindale
Clerk in Charge.

BAM/F.

NAME Raymond Way.

4008

Sex Male. Female.

Tribes Full # Omaha State Nebraska Sept. 22, 1913

Age 19 years Respiration 20 Condition of, Eyes

Height 5 ft. 10 1/2 ins. Mensuration { Insp. Ears

Weight 147 1/4 lbs. { Exp. Throat

Temperature 98. Vaccination Sept. 22, 13 Cervical glands

Pulse 84 Vision Skin

Inspection

Palpation

Percussion

Auscultation

Heart

(Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	Good		
Mother			yes	?
Brothers 3	yes	Good	Two	?
Sisters 1	yes	"	None	

Personal history Small Pox, Measles.

Present condition

....., 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.

4008

5-192 a.

BRIEF.

Duplication of

APPLICATION OF

FOR THE ENROLLMENT OF

Raymond Halpe

IN THE INDIAN SCHOOL AT

Carlisle Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Omaha

Date of enrollment, Sept. 1, 1913

Term of enrollment, Three (3) 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 Carlisle Pa

of Raymond Waage; M; date of birth 1893;
(Name of child.) (Sex.)
Omaha
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>David Waage</u>	<u>L</u>	<u>Omaha</u>		<u>Full</u>
NAME OF MOTHER.				
<u>Julia Waage</u>	<u>L</u>	<u>Omaha</u>		<u>Full</u>

I, _____, do hereby voluntarily consent and agree to _____
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of _____ 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>Chamberlain</u>	<u>1905</u>	<u>1908</u>		<u>fourth grade</u>
2. <u>Washburn</u>	<u>1909</u>	<u>1911</u>		<u>fifth "</u>
3. <u>Genoa</u>	<u>1912</u>	<u>1913</u>		<u>sixth "</u>
4.				

(Parent, guardian, or next of kin.)

P. G. address: Raymond Waage

Two witnesses:

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 23 day of August, 1913.

Susan La Flesche Picotte, M.D.

Physician at _____ 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 _____ was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 23 day of Aug, 1913

John S. Gaur
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 _____

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.

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.

4008

NAME Raymond Wolf Sex Male Female

Tribes Full # Omaha State Nebraska Sept. 22, 1913

Age 19 years Respiration 20 Condition of, Eyes _____

Height 5 ft. 10 1/2 ins. Mensuration { Insp. _____ Ears _____

Weight 147 1/4 lbs. { Exp. _____ Throat _____

Temperature 98° Vaccination Sept. 22. 13 Cervical glands _____

Pulse 84 Vision _____ Skin _____

Inspection _____

Palpation _____

Percussion _____

Auscultation _____

Heart _____

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	Good.		
Mother			yes.	?
Brothers <u>3</u>	yes	"	Two.	?
Sisters <u>1</u>	yes	"	no.	

Personal history Small Pox. Measles.

Present condition _____

_____, M. D.

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4104

NAME Mike Yellow Kidney Sex Male. Female.

Tribe Full Blackfoot State Montana Date March 11th, 1914

Age 21 years Respiration 20 Condition of, Eyes Normal

Height 5 ft. 10 ins. Ears Negative

Weight 146 lbs. Mensuration { Insp. 38 1/2 Exp. 34 1/2 Throat "

Temperature 98 Vaccination Negative - Performed Cervical glands "

Pulse 66 Vision Good Skin "

Inspection Good development

Palpation Negative

Percussion Percussion note duller of right apex

Auscultation Negative

Heart Negative

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Good health</u>		
Mother	<u>Yes</u>	<u>" "</u>		
Brothers				
Sisters	<u>1</u>	<u>Good health</u>		

Personal history Chicken pox

Present condition Good health

Walter Prudtloff, M. D.

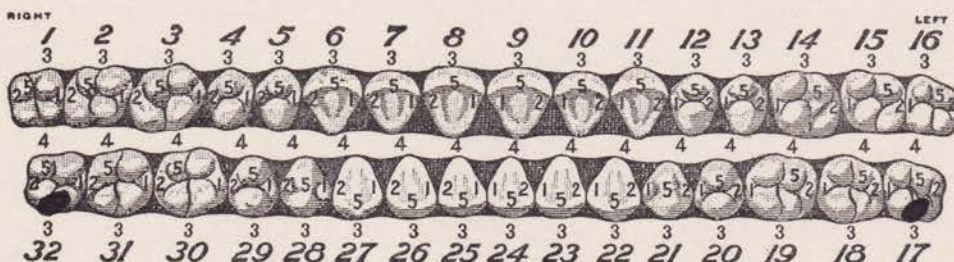
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PUPIL'S DENTAL RECORD.

Name Raymond Wolfe Age 18 Sex M
 School Carlisle Indian Training
 Date of examination October 23rd 1913., 191



NO.	SUB. NO.	CONDITION OF TEETH, AND WORK REQUIRED.	WORK ACTUALLY DONE.	DATE, 191
32	3	Good Filling	Amalgam	10/23/13
17	3	Filling	Amalgam	10/23/13
		Cleaning	Cleaning	10/23/13

6023

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 5011	ENGLISH NAME Raymond Woefe	AGENCY Omaha	NATION Omaha				
BAND	INDIAN NAME	HOME ADDRESS Leavie Woefe Father - Walthill, Neb.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX. M
FATHER, L	MOTHER, NO	full	19				
ARRIVED AT SCHOOL Sept. 20, 1913	FOR WHAT PERIOD Three years	DATE DISCHARGED Jan. 22, 1914	CAUSE OF DISCHARGE Deceit				
TO COUNTRY 12-22-13	PATRONS NAME AND ADDRESS Ran					FROM COUNTRY	

THE SHAW-WALKER CO., MUSKOGEE 121077

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Presbyterian

658

Dec. 30th, 1913.

Mr. Daniel Wolfe,
Walthill, Nebraska.

My dear Sir:

This is to report to you that your son ^{wife} Raymond deserted from this school on the 22nd of this month and that we have not succeeded in learning anything at all regarding him since that time.

If he arrives at your home or you find out where he is I would thank you to notify me. Our efforts to locate him can then be discontinued or it can be decided what other action should be taken.

Very respectfully,

HKM.

Superintendent.

Copy to the Superintendent.