

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4159

NUMBER 2707 5756		ENGLISH NAME ^{Lilly} Lillian Cornelius		AGENCY Oneida		NATION Oneida			
BAND		INDIAN NAME		HOME ADDRESS Thomas Cornelius West De Pere Wis.					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, <i>L</i>		MOTHER, <i>L</i>	<i>Full</i>	<i>14</i>	<i>5-8</i>	<i>141</i>	<i>37</i>	<i>33½</i>	<i>F.</i>
ARRIVED AT SCHOOL <i>Oct. 27, 1911</i>		FOR WHAT PERIOD <i>Three years</i>		DATE DISCHARGED <i>June 4, 1914</i>		CAUSE OF DISCHARGE <i>Time out</i>			
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY		
<i>5-24-12</i>		<i>So hosp. at Philadelphia</i>					<i>5-28-12</i>		
<i>5-1-13</i>		<i>Dr. K. S. Hall, Ft. Washington, Pa.</i>					<i>5-29-14</i>		

THE SHAW-WALKER CO., MUSKOGEE 121071

Months in school before Carlisle, *45*

Grade entered at Carlisle, *3rd*

Grade at discharge,

Trade or Industry,

Church, *Episcopal*

Miles to school - *8*

REPORT OF Lillian Cornelius pupil of Carlisle Indian School, who went May 14/13 to live with Dr. Katherine Hall of Ft. Washington Pa. of Penn., Ft. Washington Railroad Station

Conduct Excellent

Health Excellent - Has gained 10 lbs.

Ability Excellent - Takes hold very well.

Cleanliness Quite tidy and neat.

Economy Very careful - not at all wasteful.

Situation of Room 2nd floor -

Condition of Room Excellent.

Condition of Clothing Excellent.

Wages 1/2 per mo.

Are careful accounts kept by patron? Yes.

Are careful accounts kept by pupil?

Number of days at school See report concerning school. Had been

Distance to school attending private school.

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle?

In what grade is pupil at present?

Attends what church and Sunday school? Episcopal

Distance to church About a square.

Is there a Catholic church in locality? In the vicinity of Ambler. about a mile.

Who compose patron's family? Dr. and Mrs. Hall and an elderly lady.

What other help is employed? Washwoman irregularly.

Locality of home Countryside.

Home life and environments Excellent and very beautiful surroundings.

Trade at school

Nature of work Gen'l helper.

Pupil's age 16 Experience First.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A series of horizontal dotted lines for writing.

REPORT OF Lillian Cornelius pupil of Carlisle Indian School, who went May 1-73 to live with Dr. Katharine S. Hall of Fort Washington Penn. of Fort Washington Montgomery Fort Washington Railroad Station

Conduct Excellent
Health Very good. Lillian had swollen glands which seem to be
Ability Very good. Disappearing
Cleanliness Very good
Economy Very careful.
Situation of Room 2^d floor, no window
Condition of Room Very good
Condition of Clothing Very good.
Wages \$3.00 per week.

Are careful accounts kept by patron? Yes.
Are careful accounts kept by pupil?

Number of days at school
Distance to school
Grade or quality of school
Name and address of teacher
Qualifications of teacher

In what grade was pupil at Carlisle?
In what grade is pupil at present?
Attends what church and Sunday school? Presbyterian
Distance to church Short distance
Is there a Catholic church in locality? Yes.

Who compose patron's family? Dr. and Mr. Hall and an elderly lady.
What other help is employed? Table clothes and Mr. Hall's linen sent to
Locality of home Countryside near town Laundry
Home life and environments Apparently excellent.
Trade at school
Nature of work Quil help.
Pupil's age 15 Experience

Dr. Hall says Lillian exceeds what she had any idea of in help to her. Is perfectly satisfied. Both are.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A series of horizontal dotted lines for writing.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student *Lillian Cornelius* Home Address

Tribe *Oneida*

Age at Entrance *14* Date of Entrance *10-27-'13* Shop
 Patron *Dr. N. S. Hall* Locality
 Address *Ford Washington, Pa.* R. R. Station
 Recommended by Grade in School
 Grade of Home Church
 Date of Outing *5-1-'13* Date Returned *5-29-'14* Wages

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	
										<i>E</i>	<i>E</i>	
									<i>r</i>	<i> </i>		
									<i>r</i>	<i> </i>		
											<i>D.</i>	

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student				Home Address							Tribe					
Age at Entrance	Date of Entrance	Shop		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Locality	Days in School													
Address		R. R. Station	Conduct													
Recommended by		Grade in School	Ability													
Grade of Home		Church	Health													
Date of Outing	Date Returned	Wages	Earnings													

523

5-192 a

APPLICATION OF

Thomas Cornelius

FOR THE ENROLLMENT OF

Lily Cornelius

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

ONEIDA, WISCONSIN.

Date of enrollment, _____, 191

Term of enrollment, *Three* (*3*) years.

NAME OF COLLECTING AGENT:

Position, _____

6-870

Departed 10/25/11

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, Pennsylvania

of Lily Cornelius ; ♀ ; date of birth 7/31/1897 ;
(Name of child.) (Sex.)
ONEIDA, WISCONSIN.
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Thomas Cornelius</u>	<u>L</u>	<u>Oneida</u>		<u>Full</u>
NAME OF MOTHER.				
<u>Mary Cornelius</u>	<u>L</u>	"		"

I, Thomas Cornelius, do hereby voluntarily consent and agree to her
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of three 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.
<u>Oneida Bdq</u>	<u>1905</u>	<u>1910</u>		<u>3^d</u>
2.				
3.				
4.				

Thos Cornelius
(Parent, guardian, or next of kin.)

P. O. address: West Perry, Wis.
P. O. Route No. 2.

Two witnesses:

GOVERNMENT 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 12 day of Oct, 1911

J. A. Jones M.D.
Physician at Candia Wis

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

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 Thomas L. ...
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

.....
.....
.....
.....
.....

This 2 day of Nov, 1911

Joseph C. Stout
Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

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, 1911

.....
Nonreservation 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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent 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. 6-870

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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

4159

NAME. *Lillian Cornelius* TRIBE. *Ojibwa* PARENT OR GUARDIAN. *Thomas Cornelius*

DATE ENROLLED. *Oct. 27, 1911* TERM. *Three years* AGE. *14* HOME ADDRESS *West De Pere, Wis.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	

<i>Dec. '11.</i>				<i>Gen.</i>	<i>G.</i>	<i>Ex</i>		<i>V.G.</i>	<i>Ex.</i>			
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4159

Dec. 2nd, 1914.

Mrs. Elizabeth C. Rock,
West De Pere, Wisconsin.

Dear Madam:

I thank you for the offer you conveyed to me in your letter of November the 30th, but because only a very few more carefully selected and well recommended students can be admitted here this year I would not be justified in authorizing the expenses that would have to be incurred by you as an escort to a party of students.

The additional students that can yet be received this year should be the more mature young people, and it is believed that such should be able to travel unaccompanied.

Very respectfully,

HKM.

Supervisor in Charge.

(Copy to Superintendent Hart)

West De Pere, Wis.

Nov. 30, 1914.

Chgo. of Indian School,

Carlisle, Pa.

Dear Sir:

I am told there are quite a few who wish to go to Carlisle as inspectors. My sister Lillian Cornelius is one. If agreeable and convenient, I should like to bring the party to Carlisle.

Yours respectfully,
Mrs. Elizabeth Chas.

CARLISLE INDIAN SCHOOL

4159

No. <u>2707</u>	NAME. <u>Lillian Cornelius</u>	AGE. <u>14</u>	TRIBE. <u>Oneida</u>	DEGREE OF INDIAN BLOOD. <u>Full</u>	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. <u>Oneida</u>
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DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
		On entering here.	At date of this report.				
<u>Oct 27, 1911</u>	<u>45</u>			<u>8 mi</u>	To COUNTRY	FROM COUNTRY	DATE DISCHARGED
					<u>1</u>	<u>5-29-14</u>	<u>6-4-14</u>

Epis
~ 1639 ~

Progress from _____ (Date) _____ to _____ (Date) _____

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade.....								
Academic..... standing*								
Industrial..... standing* (Department)								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition.....								

Remarks: _____

AMBLER, PA.,

Nov. 15

19 12

D^r Hall

TO RAYMOND GAGE WILDRICK, D. D. S.

532 BUTLER AVENUE

FOR PROFESSIONAL SERVICES TO DATE: DR.

DURING THE MONTH OF

Oct.

FOR

Lillian Cornelius

Oct. 21 - upper left central
cement f. & roots filled - 2 50
upper left lateral - .75

Dec. 3 - lower rt. molar
treatment + filling - 1 50

\$ 4 75

RECEIVED PAYMENT

Dr. R. G. Wildrick
per
Mrs Wildrick

523
June 3rd, 1914.

Mr. Thos. G. Cornelius,

R. F. D. 2, West De Pere, Wis.

My dear Sir:

Your daughter Lillian will leave here tomorrow evening with the other girls who are entitled to return to their homes this year because their periods of enrolment have terminated. Transportation for her passage to De Pere will be provided for her use and when she has arrived at your home I would thank you to notify me to that effect.

Very truly yours,

HKN.

Supervisor in Charge.

Copy to Superintendent Hart.

415-9

June 24th, 1914.

Miss Lillian Cornelius,
West DePere, Wis.

My Friend,

I have your letter of the 22nd, and am enclosing herewith check for 18.61 closing your account. Please sign the face of the check before presenting for payment.

Your friend,

W.H.M.

Supervisor in charge.

W. Ketter, Wis.,

June 22, 1914.

Supt. of Indian School,
Carlisle, Pa.

Dear Sir:

As I have to get few
things before fourth of July,
I want to ask you how
soon my money will be
sent to me.

Sincerely,

Lillian Cornelius.

Dear

Dec. 3rd, 1914.

Miss Lillie Cornelius,
West De Pere, Wisconsin.

My dear Friend:

This is to acknowledge receipt of your favor of December the 1st, stating that you are now ready to return to Carlisle. Replying thereto this is to advise that I will gladly co-operate with Superintendent Hart to arrange for your reenrolment, but it is desired that a report be submitted to me by a physician relative to the condition of the swollen gland on your neck with which you were troubled last year. It is only fair to you not to bring you to Carlisle if your health will not permit the closer confinement that is necessary when you are in school.

Hoping that your vacation time has been pleasant in every way and that the arrangements desired by you can be made, I am,

Very truly yours,

EKM.

Supervisor  in Charge.

(Copy to Superintendent Hart.)

West De Pere, Wis.,
December 1, 1914.

- Sir:

I wish to make request
to return to Carlisle, I
came home last June
and I have waited only
because of a family
re-union my parents
wished for on Thanksgiving

Yours Truly,
Lillie Cornelius.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address Dr. Katharine S. Hall

Pupil's name Lillian Cornelius
Fort Washington Pa.

General health of the pupil Excellent.

Has pupil been ill the past two months? No.

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? No.

For how long has he had it?

Give the pupil's weight 105

Has the pupil any trouble with the eyes? No.

Are the eyelids inflamed? No.

Remarks: The enlarged glands on right side of pupil's neck have entirely disappeared. Eats & sleeps well. (Pupil has been with me two (2) months)

Date July 8. 1913