

USC MANIFEST **Int'l Falls, Minn.** Date **SEP 22 1945** Form No. **A-16**

Family name **Kielcewski** Given name **Alice** Accompanied by **Ethel Lou Mother-Kielcewski**  
 nee **Kenny** **Kenny**

Born **Dec. 15, 1922**

CIV. No. **---** Place and date of issue **---** Section and subdivision **---** Quota country charged **---** I.P. No. **---**  
 Date of birth **---** Age **22 Yrs.** Sex **F** Mar. S. **M** Occupation **Housewife** Race **W** Y **---**  
 Place of birth **Bois Fort, Minn., USA** Language or languages **---** Nationality **Scotch-Indian USA** Last permanent residence **700 Church St., Ft. Frances, Ont., Can.**

Name and address of nearest relative or friend in country whence applicant came  
**Mother, Ethel Lou Kenny, 700 Church St., Fort Frances, Ont., Can.**

Ever in U.S. from **Birth** to **1923** Where **Bois Fort, Minn.** Days said by **Self**  
**Yes** **Nov. 9, 1943** **Oct., 1944** **Duluth, Minn.**

Destination, and name and complete address of relative or friend to join there  
**1220-7th Ave., International Falls, Minn.; joining no one**

Money shown **\$6.00** Ever arrested and deported, or excluded from admission **No** Purpose in coming and time remaining **Reside permanently**

Height **5 ft. 4 in.** Complexion **Dark** Hair **D. Brn.** Eyes **Brn.** Distinguishing marks **Scar on right wrist**

Port of origin **---** Name of steamship **---** Con. No. **---**

Exempt by **POH** Previously examined at **Int'l Falls** Date **11/9/43** Previous disposition **Adm. USC Ret'g.** Present disposition, F.I. **Adm. USC Ret'g.** Arrived by **Bridge**

U. S. Department of Justice, Immigration and Naturalization Service. Form I-648 (Ed. 1941) 16-1270  
 (Old 146)

Forwarded to Chicago in duplicate 9/25/45.

*Ethel Lou Kenny*

*Alice Kielcewski*

Records of this office show admission on Nov. 9, 1943, as  
 USC returning at which time documents were presented showing  
 birth in the U.S. It is claimed to have never been granted and that  
 not to lose her citizenship.

REMARKS AND EMPLOYMENT

Part of day absent

MEDICAL CERTIFICATE

Examined for and date	Examination	Examination	Examination	Examination	Examination
Examination	Examination	Examination	Examination	Examination	Examination

REPRODUCTION REPORT 2-11

MANIFEST

Part of Int'l Falls, Minn

Date JUN 9 - 1946

Serial No. 47

Name McPherson

Given name Arnold George

Accompanied by Alone

Born Oct 25 1927

C.I.X. No.          Place and date of issue          Section and subdivision          Date country changed          P.V. No.         

Place of birth (town, county, state) Northwood, Minnesota  
Age 18 Yrs. Sex M H. 5.0 I.          Occupation          Race           
Languages or dialects English Nationality Canadian Last permanent residence (town, county, state) Northwood, Minnesota

Names and addresses of family members and country whose application           
Father, Brown Mother, Lake, Carl  
Country of birth U.S. U.S.

Has U.S. Visa Yes Verint. S. Int'l Falls Self  
Has U.S. passport Yes Int'l Falls Minn - Show  
Ever arrested and deported, or excluded from admission no no no

Height 5.9 Weight          Complexion          Eyes Blue between eyes - faded  
Scars and date of landing, and name of steamer         

Signature AGM Date          Previous disposition          Arrived by Boat

U.S. Department of Justice, Immigration and Naturalization Service.         

Expedited to Chicago in duplicate 7/5/46

Remarks and endorsements  
Group of boys with a father called up the  
8 months last winter, the other 9 the  
months last he was in jail for  
months.         

Medical certificate  
Date reported          Date of birth           
Place of birth          Date of issue           
Name of physician          Signature         

Medical certificate  
Date reported          Date of birth           
Place of birth          Date of issue           
Name of physician          Signature

SPECIAL CERTIFICATE  
 No. 11-7-62  
 11-7-62

11-7-62  
 11-7-62

A bill of sale is hereby made, this 11th day of July, 1962, for Disorderly  
 conduct, found guilty and in full over night, No other arrests.  
 [Signature]

[Signature]  
 [Signature]

U.S. DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 2/24/62  
 2/24/62

TO BE FILED FOR BUREAU OF INVESTIGATION  
 2/24/62  
 2/24/62

[Signature]  
 [Signature]

2/24/62  
 2/24/62

**U. S. Indian**

**MANIFEST** - Int'l Falls, Minn. Date **Sept. 6, 1941** Birth No. \_\_\_\_\_

Family name **Lenny** Given name **Ethel Lou** Accompanied by \_\_\_\_\_

Jan. 1, 1897

Q.L.V. No. \_\_\_\_\_ Planned date of issue \_\_\_\_\_ Dates and subdivisions \_\_\_\_\_ Quota country charged \_\_\_\_\_ A.P. No. \_\_\_\_\_

Place of birth (town, country, etc.) **Minn.** Age **40** Yrs. Sex **F** Occupation **Dress maker** Race **Wh** Yes

Place of residence (town, country, etc.) **Int'l Falls, Minn.** Last permanent residence (town, country, etc.) **700 Church St. Ft. Frances, Ont.**

Name and address of nearest relative or friend in country whence applicant came  
**Sons Clifford Kenney, 700 Church St. Fort Frances, Ont.**

Ever in U.S. From **Yes** 1892 to **1914** Where **Sept. 6, 1941 Minn.** Passage paid by **Self**

Destination, and name and complete address of relative or friend to be met there **Mrs. Christine Brissette, Int'l Falls, Minn.**

Money shown: **\$6.** Ever advanced and repaid, or advanced from subdivision **No** Purpose is comic, and time remaining **Visit - 1 day**

Build (see table) **Slk.** Height **5 ft 4 in** Complexion **Blk.** Hair **Blk.** Eyes **Blu** Distinguishing marks **Mole under left eye**

Support and title of landing, and name of steamer \_\_\_\_\_ Can. Im. Identification Card No. \_\_\_\_\_

Records by **Page** Previously examined at **Int'l Falls, Minn.** Date **Adm. 3(2)** Forwarded by **Adm. N.A. Indian Sr**

DISPOSITION REPORT A.I.T.

VISITORS ON TRANSIT

Reported on and date \_\_\_\_\_

Inspected on and date \_\_\_\_\_

Form No. \_\_\_\_\_

Date reported \_\_\_\_\_

Inspected and date \_\_\_\_\_

Date admitted \_\_\_\_\_

Form No. \_\_\_\_\_

Date issued if and date \_\_\_\_\_

INSPECTOR GENERAL

REMARKS AND ENDORSEMENTS

See attached papers, copies at Int'l Falls Indian Agency

Registered Indian

See file 100/1

Mrs. Ethel Lou Kenney in logs

MANIFEST of Int'l Falls, Minn. Date 2/29/52 Serial No.

Family name: McPherson Given name: George Harold Accompanied by: nil

Place and date of issue: [blank] Sex and date of issue: [blank] Section and subdivision: [blank] Quota country charged: [blank] E.P.No.: [blank] P.V.No.: [blank]

Place of birth (in own country, etc.): Rainy Lake, Ont, Canada Age: 31 Yrs. Sex: Male (M) or (F) Occupation: labor Race: W. B. Eyes: brn Hair: brn Complexion: dark

Language or dialect: English (N. A. I.) Nationality: Canada Last permanent residence (town, country, etc.): Rainy Lake, Ontario, Canada

Usual or principal nearest relative or friend in country whence applicant came: Alvin McPherson, wife, Rainy Lake, Ontario, Canada Where: [blank] Passage paid by: self

Ever in U.S. from: [blank] Yes, numerous times & places since birth. Name, rank and complete address of relative or friend to join them: Int'l Falls, Minnesota

Number of visits: None No No Purpose in coming and time remaining: visit an hour or two

Height: 105.3(4) Weight: 6 lbs. Eyes: brn Hair: brn Complexion: dark

Number of visits: None No No Purpose in coming and time remaining: visit an hour or two

Exempts by: HCN Previously examined at: [blank] Date: [blank] Previous disposition: [blank] Present disposition: Held BSI Arrived by: I.B. & Tbridge

U. S. DEPARTMENT OF JUSTICE, Immigration and Naturalization Service. Form I-548 (Old 148)

copies to DC + CC 2-29-52 cjk

REMARKS AND ENDORSEMENTS

5/14/52

Age of App. 2, 1929 AS ORGANIC CERTIFICATE 50 PER CENT IMPAIR

DATE OF EXAMINATION 2-29-52

U.S. DEPARTMENT OF JUSTICE, IMMIGRATION AND NATURALIZATION SERVICE

MANIFEST Part of International Mail, Minn 11-23 1951 Serial No. 0930/72  
 Budget Bureau No. 64-R225.1

Family name: **JOURDAIN** Given name: **Gilbert Joseph** Accompanied by:

used **Gilbert J. JORDAN** at work and on drivers license.

CITY No. **11-23-51** Place and date of issue: **St. Francis, Minn.** Section and subdivision: **Reserv.** Date country charged: **Canada** P.F.No. **11-23-51** P.V.No. **11-23-51**  
 Date of birth (year, month, day, etc.): **11-23-51** Age: **40** Sex: **M** Occupation: **Construction** Hair: **Yes**  
 Language or description: **English** Race: **Other NAT** Nationality: **Canadian** Last permanent residence (year, month, day, etc.): **300 Portland Ave. St. Paul, Minn.**

Name and address of nearest relative or friend in country where applicant came:  
 **Cousin Pat Jourdain same where near Grease Lake.**

Has U.S. Pass To: **Unknown** From: **11-23-51** Where: **Various, Minn.** Passes paid by: **Self**

Name and address of relative or friend to join there:  
**Mrs Clara YOUNG (Wife) Senier, Minnesota**

Money shown: **\$30.00** Ever arrested and deported, or excluded from admission: **NO NO** Purpose in coming and time remaining: **Reserve Residence**

Height: **5 ft. 11 in.** Complexion: **Dark** Hair: **Black** Eyes: **Bue** Distinguishing marks: **Scar above right eye**

Signature and date of landing, and name of steamship: **01-105.3(a)** Can. In. Identification Card No.

Inspected by: **DPE** Previously examined at: **Proof Stat.** Date: **11-23-51** Previous disposition: **Proof Stat.** Present disposition P.L.: **Proof Stat.** Arrived by: **TRMT AUTO**

U.S. Department of Justice, Immigration and Naturalization Service. Form I-448 (Rev. 8-20-50) 16-57024-1  
 Full name any to 000. Copy 460 etc

*[Handwritten signatures and notes, including "W. J. ..."]*

REMARKS AND ENDORSEMENTS  
 U.S. PASS BOOK NO. 158  
 STRANGE APPEARED IN A NY INDIAN BOON IN CANADA SER FILE 0530/75  
 REAR REFLECTOR NO. 23, 1951 AT WHICH TIME HE RETURNED FROM CANADA

MEDICAL CERTIFICATE  
 Inspected by: **DPE** Date: **11-23-51** Previous disposition: **Proof Stat.** Present disposition P.L.: **Proof Stat.** Arrived by: **TRMT AUTO**

DISPOSITION BEYOND U.S.			VISITORS ON TRANSIT						
Deferred for and date	Rejected, as and date	Visitor #14 No.	Transit #14 or U.S. Line and Ticket No.	Date applied	Decision and date	Date admitted	File No.	Ships No.	Final issued of and date

**MEDICAL CERTIFICATE**

Waived - JED 0430/357

Registered and finger-printed under A R A of 1940 on 21. 1944 JED. Forms AR-2, AR-2A, AR-3, AR 4 forwarded to A. E. Division 1/24/44.

Chicago, U.S. Public Health Service.

**REMARKS AND ENDORSEMENTS**

Admitted as a North American Indian for four years to serve in U. S. Navy.

Our records show that this person was examined by B. S. J. on 10/20/1941 and found to be a North American Indian and was admitted as such.

*Richard Kariack Henry J. Stampfle*  
 Member of Approval.      Disposition Recorder.

U. S. DEPARTMENT OF IMMIGRATION AND NATURALIZATION (Old Form 1-448 (Rev. 10/20/41))

Manifest for permanent residence

Serial No.	Name	Sex	Age	Place and date of birth	Port of origin	Country of origin	Occupation	Remarks
1	Richard Kariack Henry J. Stampfle	M	36	Port Frances, Ontario, N.A. Indian	Port Frances, Ontario	N.A. Indian	Labourer	Admitted as a North American Indian for four years to serve in U. S. Navy.

Admitted by: *Richard Holtick*  
 Date: DEC 2 1948

Manifest for permanent residence

Form 1-28-26

CLASS E  
adult 1

MANIFEST A 8 189 469

0934-1953

U. S. DEPARTMENT OF LABOR  
IMMIGRATION SERVICE

Serial No.

Family name <b>JOURDAIN</b>		Given name <b>CLARA</b>		Port of <b>Int'l Falls, Minn</b>	
Age <b>20</b>	Sex <b>F</b>	Color <b>blk</b>	Occupation <b>domestic</b>	Date <b>July 27, 1926.</b>	
Height <b>5. 5</b>	Complexion <b>sk</b>	Hair <b>blk</b>	Eyes <b>bro</b>	Nationality <b>Canada</b>	Race <b>No Amer Indian</b>
Place of birth <b>Ft. Frances, Ont.</b>		Languages spoken <b>yes English</b>		Write Money <b>yes \$ .10</b>	
Last permanent residence <b>Canada</b>		Destination - Town <b>Int'l Falls, Minn.</b>		When <b>Set Lake, Minn.</b>	
Ticket <b>no</b>		Passage paid by <b>self</b>		Entered U. S. From <b>1918 to 1920</b>	
Name <b>NO ONE</b>		Address <b>Int'l Falls, Minn.</b>		Where <b>Int'l Falls, Minn.</b>	
Time remaining in U. S. <b>3 hrs</b>		Purpose in coming <b>visit</b>		Intend to become U. citizen <b>no</b>	
Accompanied by <b>NO ONE</b>		Of what country a citizen before becoming citizen of Canada		Address	
Name and address of nearest relative or friend in country whence alien came <b>uncle: Louis Jourdain, Ft. Frances, Ont</b>		Date of landing		Name of U. S. Traveling by	

U. S. DEPARTMENT OF LABOR  
IMMIGRATION SERVICE

Serial No. **0934-1953**

NAME **JOURDAIN**

CLARA

Age **20** Sex **F** Color **blk** Occupation **domestic** Date **July 27, 1926.**

Height **5. 5** Complexion **sk** Hair **blk** Eyes **bro** Nationality **Canada** Race **No Amer Indian**

Place of birth **Ft. Frances, Ont.** Languages spoken **yes English** Write Money **yes \$ .10**

Last permanent residence **Canada** Destination - Town **Int'l Falls, Minn.** When **Set Lake, Minn.**

Ticket **no** Passage paid by **self** Entered U. S. From **1918 to 1920**

Name **NO ONE** Address **Int'l Falls, Minn.** Where **Int'l Falls, Minn.**

Time remaining in U. S. **3 hrs** Purpose in coming **visit** Intend to become U. citizen **no**

Accompanied by **NO ONE**

Name and address of nearest relative or friend in country whence alien came **uncle: Louis Jourdain, Ft. Frances, Ont**

Date of landing \_\_\_\_\_ Name of U. S. \_\_\_\_\_ Traveling by \_\_\_\_\_

U. S. DEPARTMENT OF LABOR  
IMMIGRATION SERVICE

Serial No. **0934-1953**

NAME **JOURDAIN**

CLARA

Age **20** Sex **F** Color **blk** Occupation **domestic** Date **July 27, 1926.**

Height **5. 5** Complexion **sk** Hair **blk** Eyes **bro** Nationality **Canada** Race **No Amer Indian**

Place of birth **Ft. Frances, Ont.** Languages spoken **yes English** Write Money **yes \$ .10**

Last permanent residence **Canada** Destination - Town **Int'l Falls, Minn.** When **Set Lake, Minn.**

Ticket **no** Passage paid by **self** Entered U. S. From **1918 to 1920**

Name **NO ONE** Address **Int'l Falls, Minn.** Where **Int'l Falls, Minn.**

Time remaining in U. S. **3 hrs** Purpose in coming **visit** Intend to become U. citizen **no**

Accompanied by **NO ONE**

Name and address of nearest relative or friend in country whence alien came **uncle: Louis Jourdain, Ft. Frances, Ont**

Date of landing \_\_\_\_\_ Name of U. S. \_\_\_\_\_ Traveling by \_\_\_\_\_

U. S. DEPARTMENT OF LABOR  
IMMIGRATION SERVICE

Serial No. **0934-1953**

NAME **JOURDAIN**

CLARA

Age **20** Sex **F** Color **blk** Occupation **domestic** Date **July 27, 1926.**

Height **5. 5** Complexion **sk** Hair **blk** Eyes **bro** Nationality **Canada** Race **No Amer Indian**

Place of birth **Ft. Frances, Ont.** Languages spoken **yes English** Write Money **yes \$ .10**

Last permanent residence **Canada** Destination - Town **Int'l Falls, Minn.** When **Set Lake, Minn.**

Ticket **no** Passage paid by **self** Entered U. S. From **1918 to 1920**

Name **NO ONE** Address **Int'l Falls, Minn.** Where **Int'l Falls, Minn.**

Time remaining in U. S. **3 hrs** Purpose in coming **visit** Intend to become U. citizen **no**

Accompanied by **NO ONE**

Name and address of nearest relative or friend in country whence alien came **uncle: Louis Jourdain, Ft. Frances, Ont**

Date of landing \_\_\_\_\_ Name of U. S. \_\_\_\_\_ Traveling by \_\_\_\_\_



NON STAT  
 MANIFEST  
 OCT 28 1946  
 A-51

WHITE  
 Noe JOURNAL  
 F. F. ARMS  
 Indian  
 Ft. Simpson  
 7/7/43  
 10/2/46  
 Lamin  
 Mr. Harold White  
 Ft. Simpson  
 7/7/43  
 10/2/46  
 Lamin

U.S. DEPARTMENT OF JUSTICE, IMMIGRATION AND NATURALIZATION SERVICE

RECORDED WORKSHEET

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RECORDED WORKSHEET

NO. OF ORIGINALS	NO. OF COPIES	NO. OF ORIGINALS	NO. OF COPIES

U.S. DEPARTMENT OF JUSTICE, IMMIGRATION AND NATURALIZATION SERVICE

U.A. Indian  
 MANIFEST Part of International Falls, Minn. Jan. 7, 1950. No. A-4  
 Last name JORDAN Given name FRED or Frederick accompanied by alone.  
 a.k.a. Jourdain, Fred or Frederick.  
 Place of birth (year, country, etc.) 9/30/1925 53 in. 155 lbs (M) 5' 10" 165 lbs. 5' 10" 165 lbs. 5' 10" 165 lbs. 5' 10" 165 lbs. 5' 10" 165 lbs.  
 Occupation or occupation in last 12 months 7 in. Male v. U. Laborer  
 Language N.A. Indian? Canada Last permanent residence (town, country, etc.) Nett Lake, Minn, USA  
 Name and address of nearest relative or friend in country (check appropriate case) Uncle, Paul Jourdain, Boechiching Reserve, Ft. Frances, Ont. Can.  
 Occupation and nature and complete address of relatives or friend in last three years Left 1-6-50 Where Nett Lake, Minn. Passage paid by self.  
 Sister, Clara Ranta, Nett Lake, Minn. (home)  
 20 cents Yes in 1950 No Yes in 1949 No Paper in coming and time remaining to live permanently.  
 Height 5 ft. 8 in. Complexion medium Eyes black Hair brown Markings on front of both wrists.  
 Name of ship and date of landing and name of processing station  
 Received by JGO Previously admitted at Int'l Falls, Minn. & 4/21/28 Debarred & BSI - NIV & Packeridge.  
 U.S. DEPARTMENT OF TREASURY, Immigration and Naturalization Service, Form I-549 (Rev. 1949) LFO 10-5700-1

MAILED 12 13 1950  
 DEPARTMENT OF IMMIGRATION  
 OF OFFICE OF INSPECTION SUPERINTENDING INSPECTOR GENERAL  
 OF THIS OFFICE ON JANUARY 29, 1950. ALTHOUGH THE ABOVE NAMED SUBJECT WAS AT THE TIME OF HIS ARRIVAL IN THE U.S. HE HAD BEEN REGISTERED AND FINGERPRINTED BY THE INSPECTION SERVICE ON JANUARY 13, 1950 AT THE OFFICE OF THE SUPERINTENDING INSPECTOR GENERAL OF THE INSPECTION SERVICE IN NEW YORK CITY.  
 SUBJECT ARRIVED IN NEW YORK CITY ON JANUARY 13, 1950 AT ABOUT 11:30 P.M. AND WAS INTERVIEWED BY AN INSPECTION SERVICE OFFICER ON JANUARY 14, 1950.  
 REMAINS AND ENDORSEMENTS  
 151 Box 4728  
 AA U.A. Indian Form Medical Certificate in Canada - Oct of  
 1-11-50  
 U.S. DEPARTMENT OF TREASURY, Immigration and Naturalization Service, Form I-549 (Rev. 1949) LFO 10-5700-1

DISPOSITION BEFORE U.S.A.

Delivered to		Expected on and date		VECTORS OF TRANSIT	
				Ticket issued at and date	
How shipped		Date shipped		Vessel No.	
				Ticket No. of U.S. Line and Transit No.	
Builder and date		File No.		Stowage	

MEDICAL CERTIFICATE

Medical cert. \_\_\_\_\_

SUBJECT ADMITTED AS A NA INDIAN BORN IN CANADA SEE FILE 0930/75  
 ENTRY EFFECTIVE NOV. 23, 1951 AT WHICH TIME HE RETURNED FROM CANADA

Part of body affected

*D. R. City*  
1951

AR 5869708

*Charles, U. S. Public Health Service.*

REMARKS AND ENDORSEMENTS

Subject entered the U.S. at this port, Date unknown, he was 17 yrs. of age. He has never registered under the Indian Reg. Act of 1950 did not comply with the provisions as amended in 1950. There is no record of his admission. Subject states after close questioning, that it appears that he did comply with the 1950 Act. Subject is paroled till 11-23-51 to attend funeral of mother, Maple Bluff, N.B.

*[Signature]*  
Signature of applicant

U. S. INSPECTION SERVICE

OF CANADA

*[Signature]*  
Inspector of Immigration

U. S. DEPARTMENT OF JUSTICE, Immigration and Naturalization Service, FORM I-445 (Rev. 1-2-50) (201-104) 14-57004-3

*Mc Coy, Albert J.*

CLASS OF ENTRY	CLASS OF VISIT	Date	Previous dispositions	Present disposition
ADMITTED BY				

Report and date of landing, and name of vessel:

Report and date of landing, and name of vessel:	Height	Weight	Complexion	Hair	Eyes	Birth date and place	Place of birth and date received	Previous dispositions	Present disposition
<i>11-23-51</i>									

Place and address of nearest relative or friend in country where applicant was born: \_\_\_\_\_

Other names: \_\_\_\_\_

Place of birth (date, country, etc.): \_\_\_\_\_

Place and date of issue: \_\_\_\_\_

Approved by: \_\_\_\_\_

CLASS OF ENTRY: \_\_\_\_\_

CLASS OF VISIT: \_\_\_\_\_

DATE: \_\_\_\_\_

**MANIFEST**

Part of Int'l Falls, Minn.

OCT 28 1952

Budget Bureau No. 47-8022A

Serial No.

Family name: **Jourdain** Given name: **Samuel** Unaccompanied:

Born October 24, 1921

CLV. No. \_\_\_\_\_ Place and date of issue \_\_\_\_\_ Section and subdivision \_\_\_\_\_ Date country changed \_\_\_\_\_ R. F. No. \_\_\_\_\_ P. V. No. \_\_\_\_\_

Place of birth (town, county, etc.): **Rainy Lake, Ontario** Age: **31** Sex: **male** Race: **W. C.** Occupation: **laborer** Race: **W. C.**

Language or dialect: **English** Name other: **Amer. Indian** Nationality: **Canada** Last permanent residence (town, county, etc.): **Rainy Lake, Ontario**

Name and address of nearest relative or friend in country whence applicant came: **Father, Narcisse Jourdain, Rainy Lake, Ontario**

Enter in U.S. from: **Yes** Various TS: **Various TS** To: **Minn.** Where: **Minn.** Passage paid by: **self**

Destination, and name and complete address of relative or friend to join there: **Duane Sullivan Logging Camp, Lake Umbagog, Minn.**

Money shown: **No** Ever arrested and deported, or excluded from admission: **No** Purpose in coming and time remaining: **Work 5 mo.**

Head tax status: **105.3 I** Height: **5 ft. 10 in.** Complexion: **dark** Hair: **black** Eyes: **bro** Distinguishing marks: **rt. side chin scars back left hand**

Company and date of loading, and name of stevedore: \_\_\_\_\_ Can. Id. identification card No. \_\_\_\_\_

Remarks by	Previously examined at	Date	Previous disposition	Present disposition P.I.	Arrived by
GJK	NR			Admit Act of	Bridge

*Handwritten signatures and notes at the top of the second page.*

*Handwritten notes and stamps in the middle section of the second page.*

**MEDICAL CERTIFICATE**  
 Registered under Act, 1940, at Int'l. Falls, Minn. on 10-28-52; issued 1-24-54 No. 22 586 678 and 1-24 48 TOP CO.

Examiner	Examiner's No.	Examiner's Title	Signature	Date

Indicated for and date

DISPOSITION BEFORE D.A.L. 051 06 4939/5 VISITORS OR TRANSITS

Reported on and date	Value 214 No.	Transit 214 or S.S. Line and Ticket No.
Date reported	Received and date	Date admitted
	Plu No.	Plu No.
	Remarks	Ticket issued at and date

MEDICAL CERTIFICATE

Report with *Recent fractures 7-8 ribs left*  
*Ulnar displaced fracture right forearm*  
*6 lbs. B.*

Print of body official

*J.F. [Signature]*

REMARKS AND ENDORSEMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*[Signature]*  
 Signature of applicant

*C. Knoblanch*  
 Signature of official

U. S. DEPARTMENT OF JUSTICE

1-27329-1

U. S. DEPARTMENT OF JUSTICE, Immigration and Naturalization Service, FORM I-151 (REV. 1-1-50)

Manifest No. *3-10-50* Int'l. No. *1. 8115* Date *3-17-50*

Passenger's name *[illegible]* Sex *[illegible]* Age *[illegible]* Nationality *[illegible]*

Place of birth *[illegible]* Date of birth *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

Place of issue *[illegible]* Date of issue *[illegible]*

CLASS E. ADULT 1.

MANIFEST Part of Int'l Falls, Minn. APR 16 1927 Serial No.

Name: MC CLOUD Given name: JAMES Accompanied by: Frnd: Chas. Rounds

Physical condition: Little finger off left hand.  
 Age: 43 r 10 Sex: M Mar: M Occasion: Laborer Place of birth: Rainy River, Ont.  
 Nationality: Canada Race: Indian Read: English Money shown: \$2.00

Last permanent residence: 812 Nelson St. Destination: Int. Falls Minn.  
 Country: Canada From: Ft. Frances To: Int. Falls Minn.  
 Purpose of visit: Self From: U.S. to: Apr. 1927 Int. Falls, Minn.  
 Going to visit: Complete address

Address of friend: No address  
 Purpose of trip: VISIT Head tax status: 2 hr Height: 5 ft. 6 in. Complexion: Dk. Hair: Blk. Eyes: Bro.

Name and address of nearest relative or friend in country: Bro: Joe McCloud Kenora, Ontario.  
 C.I.V. No. Place of issue: Section and subdivision of Act of 1924, under which issued

Point of landing: Date of landing: Name of S. S.  
 Records by: McKie Previously examined at: No Date: Previous disposition: BSI/LPC Present disposition, P. I.

U. S. Department of Labor, Immigration Service. Form 548. I. B. & T. Bridge. 16-2140

MEDICAL CERTIFICATE

*James + McCloud*

APR 16 1927	APR 16 1927
Book 60A/9 Page 115	115
814	814

NAME		RESIDENCE		DATE OF BIRTH		PLACE OF BIRTH	
SEX		RELIGION		EDUCATION		OCCUPATION	
MARRIAGE		MILITARY SERVICE		RECORDS		REMARKS	

**MEDICAL CERTIFICATE**

I hereby certify that the above named person is free from all diseases and is fit to travel.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

I, the undersigned, being a duly qualified medical officer, do hereby certify that the above named person is free from all diseases and is fit to travel.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

MANIFEST

SHIP NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME	AGE	SEX	RELIGION	EDUCATION	OCCUPATION	REMARKS
...	...	...	...	...	...	...
...	...	...	...	...	...	...

Copy of No. 4-57-57





NORTH AMERICAN INDIAN

MANIFEST Out Int'l Falls, Minn. on 2/2/46  
Name: BEAD  
Address: BEAD  
Occupation: In care

Place of birth: Int'l Falls, Minn.  
Date of birth: 5/2/27  
Sex: male  
Height: 5' 8"

Education: High School  
Languages: English, Indian  
Religion: U.A. Indian  
Place of birth: Rainy Lake, Ontario, Canada

Parents: Mother, Agnes McLeod, Rainy Lake, Ontario, Canada  
Father, James McLeod, Rainy Lake, Ontario, Canada

Employment: Numerous camps at Int'l Falls, Minnesota  
Employer: International Falls, Minnesota - Thompson Mill Company

Reason for travel: to reside with  
Address: 105.3(1)  
Occupation: In care

Signature: [Signature]  
Date: 2/2/46

Issued by: [Signature]  
Place of issue: Int'l Falls, 1947  
Authority: U.S. Department of State, Immigration and Naturalization Service

*James McLeod*

IDENTIFICATION CARD ISSUED BY INDIAN  
BUREAU OF INDIAN AFFAIRS  
This card is valid only for the purpose stated on the card.

NAME: [Name]  
ADDRESS: [Address]  
OCCUPATION: [Occupation]

ISSUED AT: [Location]  
DATE: [Date]

EXPIRES: [Date]

REMARKS: [Remarks]

CLASSIFICATION: [Classification]

AGENCY: [Agency]

OFFICIAL: [Official]