

Readmitted

4624

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 5199	ENGLISH NAME August Lookaround	AGENCY Green Bay, Wis.	NATION Menominee	
BAND	INDIAN NAME	HOME ADDRESS Keshena, Wis.		
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 22	HEIGHT	WEIGHT
FATHER,	MOTHER,	FORCED INSP.	FORCED EXPR.	SEX. M
ARRIVED AT SCHOOL Sept. 3, 1914	FOR WHAT PERIOD	DATE DISCHARGED Sept. 18, 1916	CAUSE OF DISCHARGE Personal request	
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY	
1-6-15	Ford Motor Works, Detroit, Mich.		9-2-15	
11-29-15	" "			

THE SHAW-WALKER CO. MUSKIESSON 121021

Months in school before Carlisle, .....

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, .....

*Readmitted*

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4960	ENGLISH NAME <i>August Look</i>	AGENCY <i>Keshena, Wis.</i>	NATION <i>Menominee</i>				
BAND	INDIAN NAME	HOME ADDRESS <i>Keshena, Wis.</i>					
PARENTS LIVING OR DEAD	BLOOD <i>3/4</i>	AGE <i>21</i>	HEIGHT <i>5'10"</i>	WEIGHT <i>178 1/2</i>	FORCED INSP. <i>42</i>	FORCED EXPR. <i>36</i>	SEX. <i>M</i>
FATHER, <i>NO</i>	MOTHER, <i>L</i>	ARRIVED AT SCHOOL <i>Sept. 3, 1913</i>		FOR WHAT PERIOD <i>4-15-15</i>	DATE DISCHARGED <i>May 13, 1914</i>	CAUSE OF DISCHARGE <i>Termination of lease.</i>	
TO COUNTRY <i>4-13-14</i>	PATRONS NAME AND ADDRESS <i>On leave</i>					FROM COUNTRY	

THE SHAW-WALKER CO., MILWAUKEE 121021

months in school before Carlisle, .....

Trade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, *Catholic* .....

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4744	ENGLISH NAME August Lookaround	AGENCY Green Bay, Wis.	NATION Menominee	
BAND	INDIAN NAME	HOME ADDRESS Keshena, Wis.		
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 20	HEIGHT 5-10	WEIGHT 178 1/2
FATHER, D	MOTHER, L	FORCED INSP. 42	FORCED EXPR. 36	SEX. M.
ARRIVED AT SCHOOL 4-25-12	FOR WHAT PERIOD Three years	DATE DISCHARGED 4-20-13	CAUSE OF DISCHARGE Failed to return	
TO COUNTRY 5-16-12 3-29-13	PATRONS NAME AND ADDRESS R. B. Cassidy, Mt Union, Pa On Leave		FROM COUNTRY 8-31-12	

THE SHAW-WALKER CO., MUSKOGEE 121071

Months in school before Carlisle, .... 108

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Religion, ..... Catholic

Miles to Pub. school - 7

Re-admitted <sup>4/2</sup> Readmitted <sup>2nd time</sup> **CARLISLE INDIAN SCHOOL**

No. <sup>5199</sup> <del>4960</del>	NAME. <i>(Lookaround)</i> <i>August Looks</i>	AGE. <i>21</i>	TRIBE. <i>Menominee</i>	DEGREE OF INDIAN BLOOD. <i>3/4</i>	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. <i>Keshena, Wis.</i>
--	--	-------------------	----------------------------	---------------------------------------	---

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		

					TO COUNTRY	FROM COUNTRY	DATE DISCHARGED
<i>Sept. 1913</i>	<i>90</i>		<i>6</i>		<i>4-13-14</i>	<i>On leave</i>	<i>5-13-14</i>
<i>April 1914</i>			<i>No. 12</i>		<b>JAN 6 1915</b>	<b>SEP 2 1915</b>	
<i>Sept. 1914</i>	<i>~</i>	<i>~</i>	<i>13</i>	<i>~</i>	<b>NOV 29 1915</b>		<i>9/18/16</i> <i>(Dropped from roll)</i>
							<i>Catholic</i>

390

5-192 a.

BRIEF.

APPLICATION OF

*August Lookaround*

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

*Carlisle Pa.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Keshena Indian School*

Date of enrollment, \_\_\_\_\_, 190

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 August Lookaround ; male ; date of birth Sept 10<sup>th</sup> 1891 ;  
(Name of child.) (Sex.)

Minominee  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Henry Lookaround</u> <u>Indian</u>	<u>Dead</u>	<u>Minominee</u>	<u>---</u>	<u>full</u>
NAME OF MOTHER.				
<u>Mary Lookaround</u> <u>Indian</u>	<u>living</u>	<u>minominee</u>	<u>---</u>	<u>half</u>

I, August Lookaround, do hereby voluntarily ~~consent and~~ agree to my  
(Parent, guardian, or next of kin.) applicant  
 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.

I have  
 The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>School</u> <u>Keshena Indian</u>	<u>---</u>	<u>---</u>		<u>fifth</u>
2. <u>School</u> <u>Tonah Indian</u>	<u>Sept 1911</u>	<u>June 9<sup>th</sup> 1911</u>	<u>graduated</u>	<u>eighth</u>
3.				
4.				

August Lookaround  
(Parent, guardian, or next of kin.) applicant

P. O. address: Keshena Wis

Two witnesses:

Louis Keshena

W. E. Ahern

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 March, 1902

Edward L. Swedner

Physician at Keshena 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 August Hookaround (parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 12 day of March, 1902

Agnes Johnson  
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 \_\_\_\_\_

(As soon after arrival as possible.)

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.

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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.



NAME <sup>390 new</sup> Gus. Lookaround (Agustus Look) Sex  Male.  Female.

Tribes  Full  Partial Menominee State Wisconsin Apr 25, 1912

Age 20 years Respiration OK Condition of, Eyes good

Height 5 ft. 10 ins. Mensuration { Insp. 42 Ears OK

Weight 178 1/2 lbs. { Exp. 36 Throat OK

Temperature 98 2/3 Vaccination yes Cervical glands Slightly enlarged

Pulse 80 Vision \_\_\_\_\_ Skin Acne on face

Inspection OK

Palpation OK

Percussion OK

Auscultation OK

Heart OK

(Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			yes.	IB of Throat
Mother	yes.	good		
Brothers	2	good	2.	Diphtheria.
Sisters	2	good	2	Diphtheria.

Personal history mumps measles pneumonia

Present condition well developed Robust.

H.B. Trabe, 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.



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REPORT OF Gus Lookaround pupil of Carlisle Indian School, who went May 16 to live with R. B. Cassidy of Mt. Union, Huntington, Pa., Mt. Union Railroad Station

Conduct Very Good

Health Excellent

Ability "

Cleanliness "

Economy "

Situation of Room Too many in a Room

Condition of Room Good

Condition of Clothing "

Wages \$1.70 a day

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? Catholic

Distance to church

Is there a Catholic church in locality? No. one service per month.

Who compose patron's family? Wife

What other help is employed? Mill employees

Locality of home Hotel Beers.

Home life and environments "

Trade at school Plumber & Machinist

Nature of work Transferring Cars

Pupil's age 20 Experience 3 yrs.

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

A series of horizontal lines for writing, including a dotted midline and a solid top line, typical of a primary school notebook. The page contains faint, illegible ghosting of text from the reverse side and some ink smudges near the bottom.

Name Lookaround, Gus.

Address Keshena, Wis.

4624

Age 19

Deg. Ind. blood 3/4

Information from Tomah Indian School, Wisconsin. Date July 6, 1910.

State Wisconsin Agency Green Bay Tribe Menominee.

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

1. Asst. Engineer.
2. Asst. Carpenter.
- 3.
- 4.

Remarks: No recent data, June, 1914

Lookaround, August, 4624  
Correspondence Ex-retu.

8355-

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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Name of Student *August Lookaround* Home Address *Keshena, Wis.* Tribe *Menominee*

Age at Entrance *20* Date of Entrance *4-25-'12* Shop \_\_\_\_\_

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>	

Patron *R. B. Cassidy* Locality \_\_\_\_\_ Days in School \_\_\_\_\_

Address *Mt Union, Pa.* R. R. Station \_\_\_\_\_ Conduct \_\_\_\_\_

Recommended by \_\_\_\_\_ Grade in School \_\_\_\_\_ Ability \_\_\_\_\_

Grade of Home \_\_\_\_\_ Church \_\_\_\_\_ Health \_\_\_\_\_

Date of Outing *5-16-'12* Date Returned *8-31-'12* Wages \_\_\_\_\_ Earnings \_\_\_\_\_

*19*  
*9.*  
*9.*  
*33.29*

*Ford Motor Co.*  
*Detroit, Mich.*

*9* *U.g.*  
*4* *"*  
*4* *"*

*Rtd 11-29-'15 - Drop 9-18-'16*  
*1-6-'15 - 9-1-15*

*35.60* *24.60*

NO. ....

# United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1913

TRIBE .....

FULL. ONE .....

NAME Gus Gorkaroud,

AGE .....

DIAGNOSIS Tonsilitis

ADMITTED Jan 19,

DISCHARGED Jan 23,

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. R. Allen

H. B. Fraley

REMARKS:



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DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Keshena Wis.  
Aug 27<sup>th</sup> 1914.

Mr. O. H. Lippert  
Carlisle Pa.

Dear friend:

Informing you  
that I will arrive at Carlisle about  
the first week in September.

Allow me to apologize for not carrying  
out my vacation plans as you understood.  
I was in the forest service here and  
certainly spent a very profitable summer.

Yours truly

Geo. Sorkaroud

Patient Gus Losbarnoud Carlisle, Pa., Jan 22 191... Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Nurse Edith Carey

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				1 00	Ton's Tab				
				2 00	Swab				
				3 00	Ton's Tab				
				4 00	Swab				
				5 00	Ton's Tab				
				6 00	Swab				
				7 00	Ton's Tab				
				8 00	Swab				
					Jan. 23-73				
74M.48		58	20						

Case No. ....

**DIAGNOSIS**

Revise .....

Notes of Case

Name Miss Lorkannd M.F.

Age ..... S.M.W.

Nativity .....

Occupation .....

Residence .....

Date of admission Jan 19 - 1913  
Diet 3 m + m

Treatment

Result .....

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOWELS NUMBER OF MOVEMENTS		1	1	1	1	1	1																					
Urine Daily Am't																												
F.																												
107°																												
→																												
106°																												
105°																												
→																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
→																												
97°																												
→																												
Day of Dis.																												
Pulse.		117	104	106	108	108	108																					
Resp.		22	22	24	20	20	20																					
Date.		19	20	21	22	23																						

C. 42°  
41°  
40°  
39°  
38°  
37°  
36°  
35°

Jan.

Patient Mrs. Cook among

Carlisle, Pa. Jan 19

191 13

Physician

Address

3:20 p.m.

Nurse

Edith Emery

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
3:20	102.3	108	20	4:20	Swab				
				5:00	Ton's tab				
				6:00	Swab				
				7:00	Ton. tab				
				8:00	Swab				
Jan 20 - '13									
7 A.M.	100	72	08	7:00	Throat Swab				
5 P.M.	99.3	64	02	9:00	Ton's Tab				
				10:00	Throat Swab				
				11:00	Ton's Tab				
				12:00	Throat Swab				
				1:00	Ton's tab				
				2:00	Swab				
				3:00	Ton's tab				
				4:00	Swab				
				5:00	Ton's tab				
				6:00	Swab				
				7:00	Ton's Tab				
				8:00	Swab				
Jan. 20 - '13									
7 A.M.	98.3	66	24						
5 P.M.	98	68	20						

Patient \_\_\_\_\_ Carlisle, Pa., \_\_\_\_\_ 191 \_\_\_\_\_ Physician \_\_\_\_\_

Address \_\_\_\_\_ Nurse \_\_\_\_\_

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
					Jan 21-13				
				8 <sup>00</sup>	Throat Swab				
				9 <sup>00</sup>	Tonsil Tab.				
				10 <sup>00</sup>	Throat Swab				
				11 <sup>00</sup>	Tonsil Tab.				
				12 <sup>00</sup>	Throat Swab				
				1 <sup>00</sup>	Tonsil Tab.				
				2 <sup>00</sup>	<del>Throat Swab</del>				
				3 <sup>00</sup>	Tonsil Tab.				
				4 <sup>00</sup>	Throat Swab				
				5 <sup>00</sup>	Tonsil Tab.				
				6 <sup>00</sup>	Swab				
				7:00	Soup Tab.				
				8:00	Swab.				
					Jan. 22-13				
7 A.M.	98	52	20	8'0	Throat Swab				
5 P.M.	98	52	20	9'0	Tonsil Tab.				
				10'	Throat Swab				
				11'0	Tonsil Tab.				
				12'0	Throat Swab.				

3AU

June 22nd, 1915.

Mr. August Lockaround,

54 laBelle St.

Detroit, Mich.

Dear Sir,

There is enclosed herewith check for 1.25 in favor of Dr.H.M.Boyer in payment of dentist bill of March 1913 which kindly sign and return to me.

Your friend,

W.H.M.

Supervisor in charge.

# Ford Motor Company

Automobile Manufacturers

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HENRY FORD, President.  
JAMES COUZENS, Vice Pres. & Treas.  
F. L. KLINGENSMITH, Secretary.



Detroit, U.S.A.

Mr O H Lipps,  
Supervisor, U S Indian School,  
Carlisle, Pa.

May 21, 1915.

Dear Mr Lipps:

ALL STATEMENTS OR AGREEMENTS CONTAINED IN THIS LETTER ARE CONTINGENT ON STRIKES, ACCIDENTS, FIRES, OR ANY OTHER CAUSES BEYOND OUR CONTROL AND ALL CONTRACTS ARE SUBJECT TO APPROVAL BY THE SIGNATURE OF A DULY AUTHORIZED EXECUTIVE OFFICER OF THIS COMPANY. CLERICAL ERRORS SUBJECT TO CORRECTION.

Your letter of May 18th, received.

I had a talk with Gus Lookaround a short time ago about a Ball-Team and will be glad to follow out your suggestion and write you further regarding this matter.

Yours very truly,

FORD MOTOR COMPANY,

By

JRL-RAB

July 1st 1915

86 La Belle Ave.

39V

July 7, 1915.

Mr. Gus Lookaround,

86 La Belle Ave.

Highland Park, Mich.

Dear Friend:

In compliance with your request that a check for \$25.00 made payable to your mother be sent to you to forward to her, I enclose herewith a check for that amount.

Very truly yours,

NRD:LFR

Superintendent.



July 1<sup>st</sup> 1915  
86 La Belle ave  
Detroit Mich.

Supt O. H. Lipps.

Dear sir:

Here with find  
check for \$1.25 in  
favor of Dr H. M. Boyer  
in payment for lealed  
bill of March 1913.

Please send me a  
check. With your approval  
for \$2.50 in favor of my mother  
Mrs Mary Lohkarned which  
I may sign and forward  
to her.

The boys are in the best  
of health excepting Thompson  
who has a bad knee but  
is recovering rapidly.

We are anxious to  
know what preparations  
are being made on the  
athletic field so that  
it may be in condition  
for its fall use.

We are anxious for the  
great fall season to come  
around.

Will close wishing you  
success

Truly yours

Geo. L. Leonard

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February 11th, 1916.

Mr. August Lookaround,  
Detroit, Mich.

Dear Gus,

There is enclosed herewith check for  
50 cents which represents a balance due Dr. Line.  
Please sign the check and return to me.

Your friend,

W.H.M.

Superintendent.

290.

139 La Belle Ave.  
Highland Park, Mich.  
Jan. 29 - 1916.

Supt. Carlisle Indian School  
Carlisle Pa.

Dear sir:

Inclosed you C.V.P.  
will find a check of <sup>(\$6.75)</sup>  
six dollars and seventy five  
cents. to settle my account  
with Mr Bradley.

Yours Truly

Geo Lockwood

4624

Dec. 19th, 1914.

Mr. M. Blumenthal,  
Carlisle, Pennsylvania.

My dear Sir:

You will please extend credit to August Look-around for an additional \$25.00. An itemized bill for that amount, signed by the young man, will be given attention at this office upon presentation.

Very respectfully,

H.M.

Supervisor in Charge.

Mr. Miller:

This additional \$25.00  
in credit has been given  
you in lieu of a souvenir  
with which the boys are  
to be provided later.  
Meyer.

~~4-2-22~~

4624

May 10, 1917

Mr. August Lockaround,  
c/o Indian School,  
Keshena, Wis.

Dear August:

I am enclosing herewith a check for 54¢ which covers interest received from the bank for the money you had on deposit here. This interest was received after your money had been withdrawn. please sign and endorse the check before cashing it. If you have any trouble in getting it cashed, please sign and endorse it and return it in the enclosed franked envelope which requires no stamp and I will send you the amount in postage.

I will thank you to attend to this as soon as possible as we are sometimes caused considerable trouble by checks being held and not cashed.

With kind regards and best wishes, I am

Yours very truly,

Superintendent.

LG  
encl.

116 Grand Ave., East,  
Highland Park, Mich.  
Feb 17<sup>th</sup> 1916.

O. H. Lipps.  
Carlisle, Pa.

Dear friend:

check  
You will find inclosed  
of \$0.50 fifty cents for Dr. Line.

The boys are all in the  
best of health and are all  
working hard.

We often see each other  
and talk of the good times  
we use to have at school  
espically the social night that  
we use to look forward to  
so much. We are some what  
scattered through out Highland  
Park now.

I am feeling much better  
now although my nose seems  
to be about the same.

Yours truly  
Geo. Lockwood

76 Midland Ave  
Highland Park, <sup>Mich.</sup>  
Sept 12<sup>th</sup> 1916.

Supt. O. H. Lipps  
Carlisle, Pa.

Dear Sir:

Please send  
my money at once as  
I am leaving for home  
as soon as I get it.

Yours Truly  
Geo. Lockwood

76.12

5.

Give man of his age & exp  
an op. if he cannot take adv.  
of it, cannot force him. 81.12



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September 15, 1916.

August Lockaround  
76 Midland Ave.,  
Highland Park, Michigan.

Dear August:-

I have your letter saying that you are about to leave for your home and would like all the money you have in bank here sent to you. I enclose a check for Eighty One Dollars and Twelve Dollars (\$81.12) which closes your account here.

With reference to your decision to leave the Ford Factory, I have to say that all I can do is to give a man of your age and experience an opportunity. If you do not care to take advantage of this opportunity, I cannot force you to stay.

I trust that in whatever work you engage in the future, you will always be honest and square with every one, be true to yourself and in every way, try to live up to the training which we at Carlisle tried to give you.

Very truly yours

Superintendent

NRD

Inclosure.

*Keshena Wis Aug 26*

*390*

August, 26, 1913.

Mr. Gus Lookaround,  
Keshena, Wis.

My dear Friend:

This is to inform you that transportation is being placed for you at Shawano, Wis., and as the same should be available within a day or two after the receipt of this letter you can come on at once.

I hope the summer has been pleasant for you and that we shall see you here in time to take up your studies on September 2nd.

Very truly yours,

HKM-GIL

Superintendent.

Wis Aug 19<sup>th</sup>

Mr D Warner

Dear friend Pop:

Well, here I am anxiously  
waiting for the time  
to occur when I may  
return to dear old Calicut

Have you heard of the  
manager of Dehau and  
Jane Katchanegor They  
were tied up about a week  
ago

Say Pop you can send  
my transportator to Shawano  
Wis. Will be ready any time  
now but let me know  
when I must be there

Well Good luck to you

Yours truly

adsl  
en, broken and Look

Kenlund Wis.