



Maud Hart and Delos Wheeler
Lovelace Family Papers.

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time.

HOSPERS.

School vacation.

Trade is reported fair.

Considerable grain business.

Selig continues to work insurance.

John Christiany has opened his drug store.

Miss Palmer spends vacation at her home in Mankato.

The good meals at 'Squire Koolbeek's keep drawing custom.

Andrew Vos is doing pretty well, making and selling boots and shoes.

Liesveld Bros. & Co., Peter Kurvink and N. Perry each have good stores.

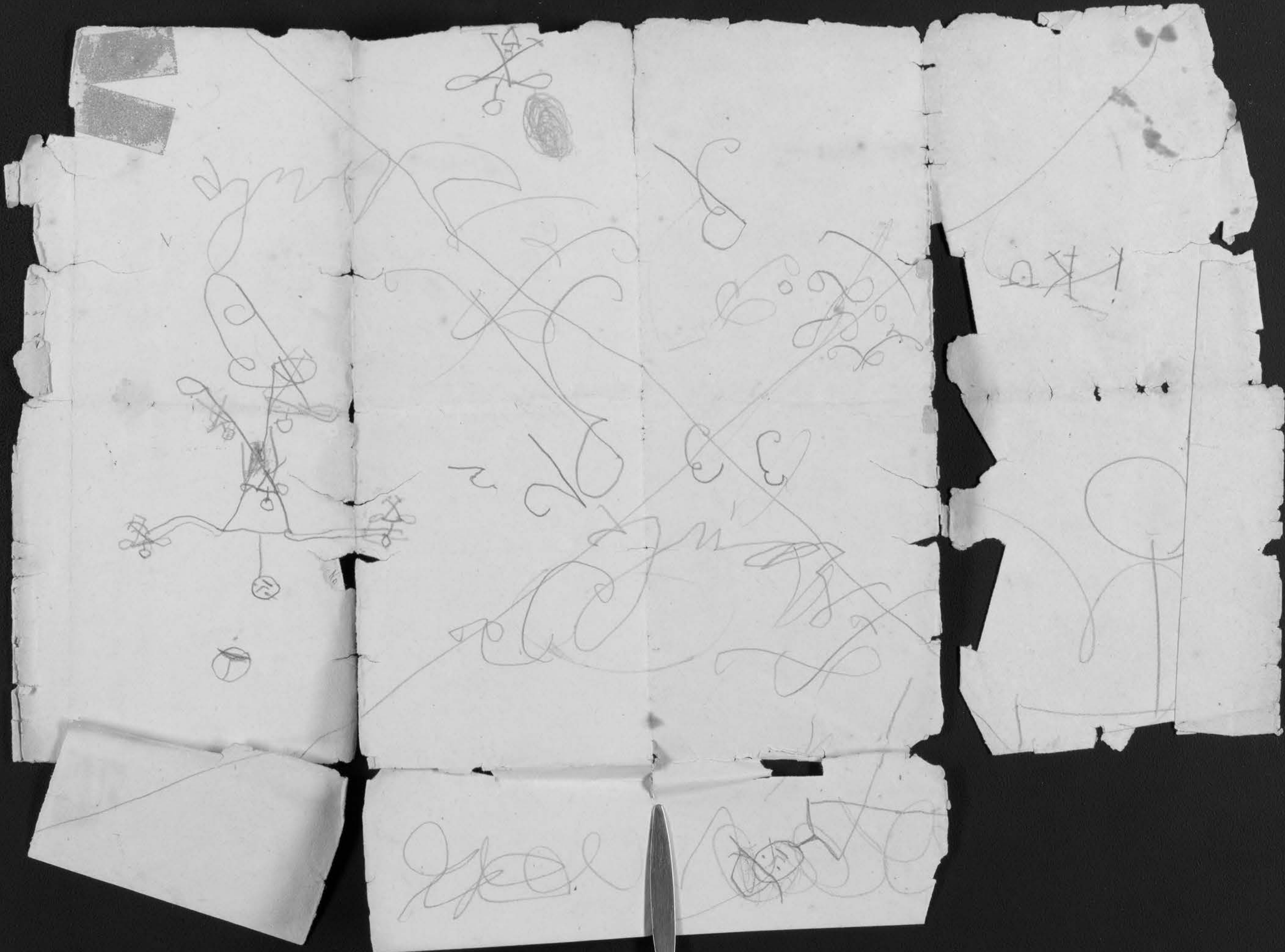
M. Kallmeyn and N. Perry are ready to fit out customers with hardware.

The evening "after school closed" an oyster supper was gotten up in Hospers in honor of Miss Stella Palmer, who is giving good satisfaction as a school teacher. About a dozen of the young people of town were in attendance.

Copy of a letter written probably
in 1831 to Rev. Brigham in
Cincinnati, Ohio, by Bejabee
Palmer of (probably) Belfast, Maine.

God is just in all his ways & it is the
Creatures to be reconciled to every dispensation
Divine Providence. My dear Children
the loss of a tender & kind Mother awakens
my earnest solicitude would it were in
to be near them to embrace & counsel them
ways of well doing, but alas! at present it
practicable. I rejoice Mr. D. to learn that
Emily was put under your charge by her
prior to his decease and that your situation
position is such as to teach her the duty in
upon perishing mortals, whereby she may grow
in the nurture & admonition of the Lord -
to the dear Child as I am credibly inform
deep into my heart and will ever be remembered
with becoming gratitude - It is uncertain
circumstances will render it possible for me
your Section of the Country, yet the object is desirable,

Notwithstanding we are not personally acquainted
I should rejoice to receive a communication from
you touching the condition of my dear Children
and in the mean time please Mr. D. to present my
Parental affection to my Daughter & other dear Children
within your straits - please to accept of my best
regards & believe me yours most sincerely.



Handwritten scribbles and a small circular mark at the top of the first page.

Vertical column of handwritten scribbles and small circular marks on the left side of the manuscript.

Large, dense area of handwritten scribbles and ink marks in the center of the manuscript.

Small handwritten scribbles and a cross-like mark on the right side of the manuscript.

Handwritten scribbles at the bottom left of the manuscript.

Handwritten scribbles at the bottom right of the manuscript.

AFTER FIVE DAYS RETURN TO
O'DONNELL SHOE CORPORATION
FIFTH AND WACOUTA STREETS
SAINT PAUL, MINN.

Johns Mother's Wedding dress



2

Ely starting from Coronado on return to North Island, San Diego, Jan. 28-1911

ARCADE VIEW CO.,
741 FIFTH ST., SAN DIEGO, CALIF.

I saw this stunt done.
They look just like
this when they fly,
only go much higher -
so high, that they are
just specks - ~~we see~~
a great deal of them.

CORRESPONDENCE HERE
POST CARD

NAME AND ADDRESS HERE

to dad.

◆ A N O ◆
▲ PLACE ▲
N STAMP N
O HERE O
◆ A N O ◆

COPY OF APPLICATION FOR MEMBERSHIP

Persons Under 18 or Over 55 Years Old are Not Eligible

1. I. (Name in full) Thomas Walden Hart
(Be sure and write your name in full.)

The undersigned, a white, male person of good moral character and good health, being desirous of becoming a member of THE IOWA STATE TRAVELING MEN'S ASSOCIATION, of Des Moines, Iowa, enclose herewith the membership fee of \$2.00 and do warrant the following statement to be Full, COMPLETE AND TRUE, and agree that the same shall be the basis of MY contract of membership with the said Association.

2. Age 51 Weight 196 lbs. Height 5 ft. 11 in.

3. Date of birth Nov 19 - 1863 Place of Birth Decorah Iowa

5. P. O. address where notices are to be sent { Town Minneapolis State Minn
Street and No. 905 West 25th St

6. Residence address { Town St Paul State Minn
Street and No. 450

7. Name of firm you represent Foot Schudge & Co

8. Location of firm { Town St Paul State Minn
Street and No.

9. Give business of firm mfg shoes

10. Are they wholesalers, retailers or manufacturers? Manufacturers & jobbers

11. In what capacity do you represent your firm? on the road

12. How many months of the year do you travel? 8

13. State your business and duties when not on the road selling shoes

14. Are you engaged in any other occupation or business except as herein stated? no

15. If so, give particulars no

16. Is the sight of either eye impaired? no My sight is not impaired except

17. Is the hearing of either ear impaired? no My hearing is not impaired except

18. Have you ever received or do you have a hernia or a rupture? no { If so, which side?
Do you wear a properly fitted truss?

19. Have you ever had rheumatism? no { If so, in what form? no
Give the date of last attack no

20. Have you now or have you ever had Tuberculosis, Cancer, Paralysis or Apoplexy? no

21. Have you any physical deformity? no

22. Have you ever received any injuries or had any sickness leaving you in a crippled condition? no

23. Have you ever received any injury to the hip, spine, knee or ankle? If so, give particulars. no

24. Have you fully recovered from such injury?

25. Have you ever had Varicose Veins, Epilepsy, Fits, Diabetes, Syphilis, Mental Infirmities, Heart Disease, Kidney Trouble, Bright's Disease, Any Disorder of the Brain, Lumbago, Erysipelas, Scrofula, Ulcers, Physical Weakness? If so, give particulars. no

26. Give particulars of any disease or injury you may have had, or now have, not above mentioned.

27. Does your occupation require you to do any mechanical construction, inspection or expert work? no
If any, state the number of weeks or months you are so engaged during the year, and give particulars.

28. Have you ever received indemnity for accidental injuries or illness? no If so, give particulars, name of Companies or Associations, dates and amounts received.

29. Have you fully recovered from any accidental injuries or illness you may have suffered?

30. Have you ever been refused indemnity for accidental injuries or illness? no If so, give names of Companies or Associations, dates and reasons for such refusals.

31. Has any Life, Health or Accident Insurance Company or Association rejected your application, declined to reinstate you, cancelled your Policy or Certificate of Membership, expelled you or requested you to resign? no
If so, give particulars and name of Company or Association and date.

32. Have you any other accident insurance? no Give name of Company or Association and amount of weekly indemnity in each.

33. Have you any other application for Accident Insurance pending upon which you have not been notified of the action taken? no

34. Have you ever made application to or been a member of this Association before? no

35. Do you use either malt or spirituous liquors to excess? no

36. Do you use Opium, Chloral, Cocaine, Morphine or any other narcotic? If so, which one? no

37. Do you ride a motorcycle? no

38. Have you read and answered all questions? (Look over and be sure) yes
(The beneficiary must be a relative, heir or "legal representative".)
In case of accidental death make payment to

39. BE SURE AND WRITE THE GIVEN NAME OF BENEFICIARY IN FULL. { Beneficiary (full name) Stella Palmer Hart
Street and Number 905 West 25th St
Town Minneapolis State Minn
Related to me as wife

DECLARATION
I HEREBY EXPRESSLY WAIVE any and all provisions of law now existing or that may hereafter exist, preventing any examining or attending Physician from disclosing any information acquired while acting in a professional capacity or otherwise, or rendering him incompetent to testify as a witness in any way whatever.

I DO ALSO AGREE, if accepted as a member of the Iowa State Traveling Men's Association, that the benefits to be paid shall be those only which may be provided for in the Articles of Incorporation and By-laws in force and effect at the time the accident occurs, which, with the certificate of membership and this declaration, shall constitute the contract between myself and this Association.

I FURTHER AGREE, if this application is accepted, to notify said Association should I secure additional Accident Insurance in the future, and that the failure to give such notice will invalidate any claim on account of injury received during such default.

I FURTHER AGREE that this Association shall not be liable for any injury or death happening prior to the receipt and acceptance of this application and the membership fee by the Board of Directors of the Association.

I AGREE to comply with all the requirements of the By-laws of said Association as they now exist or may hereafter be amended.

Signature of Applicant Thomas W. Hart
Dated at Minneapolis this 5th day of June 1915
Recommended by J. E. Hart Membership No 13367

100888

EVERY QUESTION MUST BE FULLY ANSWERED. HAVE YOU DONE SO?

THE

No. 100888

Iowa State

TRAVELING MEN'S ASSOCIATION



DES MOINES, IOWA,

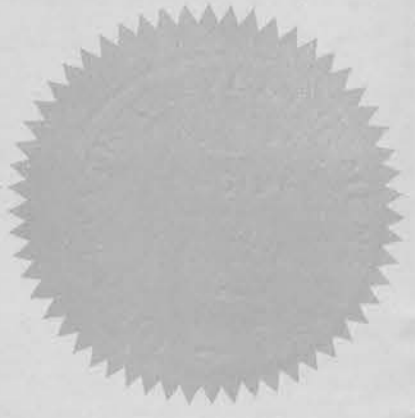
[AN ASSOCIATION INCORPORATED UNDER THE LAWS OF THE STATE OF IOWA]

BY THIS CERTIFICATE OF MEMBERSHIP

CERTIFIES: *That Thomas W. Hart*
is a member of the said Iowa State Traveling Men's Association and
is entitled to such benefits as may be provided in and by the Articles of
Incorporation and By-Laws of said Association in force and effect
at the time the accident occurs, from which a claim for benefit arises.

This Certificate, the Articles of Incorporation and By-Laws
of said Association, and Application for membership, signed
by said member, shall constitute the contract between said
Association and said member, and shall govern the payment
of benefits, and any changes, additions or amendments to said
Articles of Incorporation and By-Laws hereafter duly made,
shall bind said member and his beneficiary or beneficiaries,
and shall govern and control the contract in all respects the
same as though such changes, additions or amendments had
been made prior to, and were in force at the time of said
member's application for membership.

In Witness Whereof, the Iowa State
Traveling Men's Association, at its home office
in Des Moines, Iowa, has caused this Certificate
to be signed by its President and Secretary, and its
Corporate Seal to be hereunto affixed this 24th
day of June *A.D., 1915*



J. W. Hill
R. O. Deets

President.

Secy & Treas.

NUMBER
100888

Certificate of Membership
IN THE

Iowa State



TRAVELING MEN'S
ASSOCIATION

DES MOINES, IOWA.

ISSUED TO

J. W. Hart

IN CASE OF INJURY FATAL OR DISABLING,
NOTIFY THE SECRETARY OF THE
IOWA STATE TRAVELING MENS ASSOCIATION,
AT DES MOINES, IOWA. WITHIN FIFTEEN DAYS.
FAILURE TO COMPLY WITH THIS REQUIREMENT
WILL INVALIDATE ALL CLAIMS.



Your Anniversary

*Congratulations on
Your Anniversary*

Happy years completed!

Happy years ahead!

And happy you who celebrate

The day when you were wed!

With love from your

Happy Kiss -

Maud + Belos.



SIGNATURE.

Sign below as directed. The passport should also be signed in the space provided therefor in the lower left-hand corner.

Thomas W Hart

(Signature of bearer, to be affixed immediately upon receipt of passport.)

Minneapolis Minn USA

(Bearer's address in the United States.)

905 West 25th St

(Bearer's foreign address.)

RENEWALS.

An American citizen residing in a foreign country and desiring the extension of the validity of his passport should make application therefor to the nearest American diplomatic or consular office.

1-722

Visas

Visa for *UK*
applied for at Chicago
on *June 6, 1923*

No 2117/23-D.
ISSUED at the British Consulate
General, Chicago, Ill. Travelling
to *United Kingdom*

T. Carneal-Lowe

British Vice Consul
Chicago, Ill. *June 6, 1923*
Valid for one year
from date of issue

T. C. L.



SIGNATURE.

Sign below as directed. The passport should also be signed in the space provided therefor in the lower left-hand corner.

Thomas W Hart

(Signature of bearer, to be affixed immediately upon receipt of passport.)

Minneapolis Minn USA

(Bearer's address in the United States.)

905 West 25th St

(Bearer's foreign address.)

RENEWALS.

An American citizen residing in a foreign country and desiring the extension of the validity of his passport should make application therefor to the nearest American diplomatic or consular office.

1-722

THE UNITED STATES OF AMERICA

PASSPORT



DEPARTMENT OF STATE

To all to whom these presents shall come, Greeting:
I, the undersigned, Secretary of State of the United States of America, hereby request all whom it may concern to permit

Thomas W. Hart
a citizen of the United States, safely and freely to pass, and in case of need to give him all lawful aid and protection.

This passport is valid for use only in the following countries and for objects specified, unless amended.

All Countries

NAME OF COUNTRY

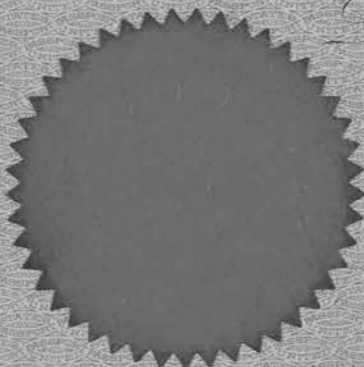
Travel

OBJECT OF VISIT

The bearer is accompanied by his wife, *Stella M.*

Given under my hand and the seal of the Department of State, at the City of Washington, the *25th* day of *May* in the year *1923* and of the Independence of the United States the one hundred and forty seventh.

Charles E. Hughes



PERSONAL DESCRIPTION.

Age *59 years* Mouth *medium*
Height *5 ft 10 1/2 in* Chin *round*
Forehead *high* Hair *gray*
Eyes *hazel* Complexion *fair*
Nose *medium* Face *oval*
Distinguishing marks *none*
Place of birth *Decorah, Iowa*
Date of birth *Nov. 19th, 1863*
Occupation *commercial traveler*

Thomas W Hart

SIGNATURE OF BEARER



PHOTOGRAPH OF BEARER

No. *296393*

AMENDMENTS AND EXTENSIONS.

THIS PASSPORT IS VALID FOR A PERIOD OF TWELVE MONTHS AND EXPIRES MAY 30 1924. IT IS SUBJECT TO ONE OR MORE EXTENSIONS, PROVIDED THE FINAL DATE OF EXPIRATION IS NOT LATER THAN TWO YEARS AFTER THE DATE OF ITS ISSUANCE.



VISAS.

Visum No. 472
Issued for stay in the Netherlands,
for Thomas W. Hart, & Wife
from June 4, 1923
until June 4, 1924
provided the passport is still
valid at the latter time and
subject to change of the period
of validity of the visum by the
Netherlands Authorities.
Chicago, June 4, 1923
The Netherlands Consul General.



J. W. ...
1923

Frontiere Suisse
Entre 16 JUL 1923
VALOURE-GAHE

VISAS.



VISAS.

VISA VALABLE UNE ANNEE POUR ENTRER EN FRANCE EN PROVENANCE DE TOUS PAYS ET EN PARTIR A DESTINATION DE TOUS PAYS.
LE PRESENT VISA NE DISPENSE PAS LE PORTEUR DE SE CONFORMER AUX DISPOSITIONS REGLEMENTAIRES EN FRANCE LE SEJOUR DES ETRANGERS.
CHICAGO LE 27/6/1923
PR. LE CONSUL ET PAR AUTORISATION LE 27-6-1923.



Rowell

CHICAGO
QUITTEL } No. 664
 } DATE _____
TAXE } Amt 81
 } Ours _____
 } 25 F C
PERDU \$ 15

