



**Emily Nash, Layer of the Dead:
Death and Disease in
Nineteenth- Century Geauga County**

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ABSTRACT

In July 1813, Geauga County resident Emily Nash documented her first of over 400 death notices in the area. “Five year old Reed Burroughs died today from an inflammation of the bowels.” Nash served as a layer of the dead for over seven decades recording the demise of local residents, and preparing their bodies for burial. She kept a meticulous journal of death notices, citing vital statistics and personal information.*

Nash documented some of the earliest examples of small-pox, cholera, typhus, and other outbreaks in the area. Her job entailed describing the victims’ disposition, attitude, and final hours before expiring. Her accounts of disease provide valuable insight on infectious illnesses and afflictions plaguing nineteenth century Geauga County.

Emily Nash not only provided a historical account of illness, but community reactions to outbreaks. The Nash journal pre-dates official county records which were first documented in 1867. Emily Nash’s journal and complete list of death entries spans 1813 to shortly before her death in 1888.

This presentation will examine Emily Nash’s unique occupation as a layer of the dead and her contribution to our knowledge of illness and disease in nineteenth century Geauga County.¹

Introduction

In 1812, a young Emily Nash traveled by wagon train with her family from Plainfield, Massachusetts, to Burton, Geauga County, Ohio. Nash kept a personal journal of memoirs and events beginning in 1812 and ending shortly before her death in 1888. Emily’s parents John and Polly (Thayer) Nash longed for land in the

newly developing frontier of the Western Reserve in Ohio. Exchanging their land in Massachusetts for territory in Ohio, the Nashes began the arduous journey west. Along with her parents, siblings, and cousin, Emily's family were some of the first pioneers to settle in Geauga County by 1813.

Emily Nash's preoccupation in keeping a personal journal over the next seven decades proved to be a priceless decision as she described early settlement in Ohio, birth records, marriages, and deaths. She gave a first-hand account from a female perspective of nineteenth-century socio-cultural mourning behavior. Her unique journal is an invaluable resource documenting the Age of the Beautiful Death not only in rural Geauga County, but across America. Although she began her journal in 1812, she likely added information over the years, reflecting on her family's migration and settlement of the county. Later entries in the 1820s showing a maturing young lady provided details of historical events and vital statistics. Still a teenager, Nash began describing additional families living in the county, especially focusing on births, marriages, and deaths. Her first death notice was written the summer of 1813. The entry would resemble a pattern in her future death notices. Emily always recorded how the person died, ailment, disease, or accident, and personal characterizations. One of her most valuable contributions was the historical documentation of local residents and sequence of events in the county, including the presence of disease. Few primary sources can claim the same value and significance as Nash's journal. Not only did Emily record crucial facts about her neighbors, she learned to prepare and lay out bodies for burial. Trained in childhood by her parents, Emily continued to prepare bodies and lay out the dead for the remainder of her life. Her journal provides details of the deceased's life and death and vividly reveals the actions of a professional mourner and layer of the dead.

"A Witness to Death: The Journal of Emily Nash" examines the role of a female layer of the dead and her occupation pertaining to preparing bodies and mourning behavior in the Age of the Beautiful Death. This paper explains the role of professional mourner and layperson by using her voluminous journal, recording births, marriages, historical events, and funerals in the county. This

paper contends that women provided valuable labor to the household and community in rural nineteenth-century Ohio. Nash's unique occupation contributes to our knowledge of disease, contending women were trained to address, diagnose, and treat most illnesses. Part of traditional domestic duties included caring for the sick and dying and preparing bodies for burial. Emily Nash trained as a layer of the dead by accompanying her own parents, and later developed relationships with local residents. This study examines gender roles, and the evolution, and transformation of a frontier teenager into a layer of the dead.

In addition, the Second Great Awakening, its origin and impact on Geauga County, plays a significant role in Emily's perception of death and the larger nineteenth-century attitude toward the Age of the Beautiful Death. Nash's journal, written over seven decades, contains valuable information on nineteenth-century mourning and funerary behavior viewed through the eyes of a professional mourner and witness to death.

Not only does this paper examine the position of a female layer of the dead, it also provides a unique perspective on the female role in identifying illness and in caring for the sick throughout the nineteenth century. Contemporary scholarly studies exclude women layers of the dead, or only marginally credit their service. This study seeks to fill an important gap in the historiography of a female professional mourner and layer of the dead, documentation of disease and illness in the county, and the changes in funerary and mourning behavior over the entire century.

Women on the Frontier: Gender Roles and Expectations

Emily Nash personified the nineteenth-century female and the Cult of True Womanhood. Barbara Welter applied this popular concept to daughters, wives, and mothers in the nineteenth century focusing on their virtues, piety, and domesticity.¹ A true woman's place remained in the home supporting her husband and raising children. Yet, her labor within the household contributed to the overall success of the farm. A pioneer household in early nineteenth-century America could hardly expect to function without the contributions of women.² Welter adds that home,

family, and caring for others became the female realm of influence. Associated with these domestic responsibilities came religious and spiritual pursuits. Unlike other social activities, religion and church work did not take women away from their domestic duties and became an acceptable sphere of female influence.³ Emily certainly embraced these ideals of womanhood and they shaped her behavior regarding a woman's place and role in society.

By the summer of 1813, the community in Geauga County thrived. A small log house was built for both meetings and school near a natural spring and newly constructed road. The first schoolteacher was Abner H. Fairbanks of Parkman who took the position in 1813 for \$17.00 a month.⁴ At one point Nash catalogued a list of books she read as a child. Her list included a combination of secular and religious works such as *Robinson Crusoe*, *Charlotte Temple*, *Slavery as It Is*, and *Pilgrim's Progress*. An impressive list, Nash was well versed in popular literature as well as religious texts.⁵ Emily's education and interest in literature reflects her journalistic abilities, as well as her role within her family. Emily found the time to complain in her journal about the endless lessons and memorization of facts she deemed useless. Ironically, those same lessons provided her with the intellect and ability to document her life and history of the county over the next seven decades. Even her views on politics were fashioned and shaped by what she read in local newspapers. Whether she read about announcements for upcoming meetings, the death of national figures such as Stephen A. Douglas, Charles Gutineau, or Abraham Lincoln, Emily was keenly aware of America's political situations and struggles. Denied the right to vote in nineteenth century America, Emily even offered her own preference in politicians, hoping at one point a Democrat president is chosen over a Republican.⁶ This pronouncement was made when Grover Cleveland was elected in 1885.

In many ways Emily's world as a young woman living in rural Geauga County seemed traditional. Social requirements at the time demanded endless tasks and maintenance of the home and family. Her domestic world was isolated and separate from politics and economic systems outside the home. Gender spheres were indeed separate, and Emily's father, brothers, and later husbands worked

outside the home as farmers, carpenters, or justices of the peace.⁷ At the same time, Emily's journal reflects the contradictions she experienced in society. She reports dutifully working at home, or for other families, but still expected to assume a submissive role to male figures in her household and community.

Historians argue separate spheres of gender influence allowed men to work outside the home in industry and businesses and women to remain active within the home. Two occupations outside the home permitted women some economic opportunities—nursing and teaching—but even these areas were limited and women received lower pay compared to their male counterparts.⁸ Discrimination regarding pay was evident even in the early nineteenth century. A male schoolteacher from Bedford, Cuyahoga County, made \$20 a month for teaching twenty-two students while a female teacher from Geauga County, made \$4 a month for teaching the same number of pupils.⁹ Although gender spheres did exist, the rural nature of Geauga County meant contributions by women were more diverse and valued as compared to urban areas in the nineteenth century. There was less restriction in gender roles and occupations for women. Part of this existed out of necessity; it was nearly impossible for women to remain inside the home secluded from work and labor associated with a farm economy. Social class and gender distinctions were highly diversified on the frontier, and in fact rural areas actually depended on the labor of women.¹⁰

Emily's own accounts reveal her life was far more complicated and gender roles much more fluid in nineteenth century Ohio. Although she had brothers, Emily boasted how her father wanted to make "boys out of his girls—me the most of any one."¹¹ While her older sisters labored over the looms and spinning wheels, Emily yoked up the oxen and learned to drive them with a plow, clearing plots of land for growing crops. Within her own family, gender roles were not rigid and in fact blurred together.

An important part of the economic arrangement and households, female labor played a vital role in survival in rural Ohio. Economic responsibilities extended beyond the immediate household and tied women to the larger community. One of the best comparisons to Emily's journal and experience comes from

Laurel Thatcher Ulrich's seminal book *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary, 1785-1812* (1990). Although Ballard preceded Emily Nash by several decades, her experiences on the Maine frontier paralleled Nash's. Ballard's daily routine included cleaning the rooms and yard, milking the cows, tending chickens, caring for her extended family and, *of course*, delivering babies. As Ulrich affirmed, Ballard's actions on a daily basis provide a consistent record of the operations of a female-managed economy.¹² For Emily, her early childhood training allowed her to experience and engage in a variety of tasks, duties, and demanding jobs. Her skills shaped her future role of preparing bodies for burial. Women worked, toiled, and labored together, all the while creating lasting and meaningful bonds with each other.¹³ Adding to the value of women's work, Jeanne Boydston emphasized the contributions made by the wife and daughters to a household. Childrearing, cooking, cleaning, tending the sick and elderly along with farm animals all fell within the realm of her domestic duties. Planting crops, canning, sewing, and toiling in the fields required her labor beyond the farmhouse. Women were capable laborers on the frontier. Male labor outside the home may have been compensated with pay, but the farm could hardly function without female support.¹⁴ On their initial arrival to Ohio, Emily sarcastically observed that this new land was not made of milk and honey but full of wild beasts and a difficult environment. Life was harsh on the frontier, and only by pulling resources together and mutual dependency did settlers survive.

Women also provided a number of other tasks and occupations on the frontier, mostly out of necessity. One of the most significant roles was that of a healer. Although one doctor, Erastus Goodwin is mentioned occasionally in her journal, it appears that he was summoned only for critical injuries. Most local women shared experiences and knowledge with each other, attending sick family members and treating illnesses. Martha Ballard also manufactured salves, ointments, pills, and other remedies to treat a variety of illnesses from blisters to toothaches. Education and experience came from trial and error. Like Nash, Ballard believed in the curative powers of urine mixed with other

ingredients to cure the ill. Folklore and homeopathic medicines were associated with healing.¹⁵

When she was only eight years old Emily Nash recollected seeing a neighbor's baby born and helping to care for the mother. Many services and exchanges took Emily outside her own household and she directly engaged in transactions with other residents. Women served as mid-wives and rarely was a trained physician present. Emily was even compensated for her services by receiving calicos for sewing. Women in the community worked together to deliver babies and Emily was no exception. She helped her own mother after she gave birth to twin girls in 1817; Emily complained about caring for the newborns and working the family farm at the same time.¹⁶ It was not uncommon for women and girls to work on a neighbor's farm, helping to feed or care for young children. Although many women did not receive monetary compensation, they contributed their skills and expertise to their neighbors and community. This system of exchanging girls for labor was a vital part of the frontier economy. In 1788 Martha Ballard described her daughters exchanging labor with neighbors. The girls learned to weave, making towels, bedding, blankets and clothing. Single and married daughters were part of this exchange. The necessary dependency and camaraderie of female nurturing and healing was essential for friendship and support on the frontier.¹⁷

Women were assigned more than childcare or midwifery. Pioneer women dried herbs and administered remedies. Their success and failure was probably based on what other women taught them. Homeopathic treatments applied to snake bites. In consultation with several other women, Emily's mother, Polly Nash, wrapped a woman's snake bitten finger in a tobacco bandage and covered her entire hand with dirt. The doctor arrived after the treatment and commended the women. Surprisingly, Mrs. Russell's injured finger healed. Local women nursed residents for "worms and ague." Not entirely successful, they still shared their knowledge and experiences. These episodes of treatments and medical expertise gave Emily the necessary exposure to both the community and formidable knowledge of the human body. She would rely on this information gained in childhood throughout her life as it prepared her for the role of layer of the dead.¹⁸

New interpretations of death and mourning emerged in the nineteenth century because of high rates of disease. Society suffered from constant bouts of illness and virulent diseases including measles, typhoid, scarlet fever, and tuberculosis. Americans actually experienced a decline in the overall life expectancy across the country between 1790 and 1860 with most deaths occurring in infancy and childhood.¹⁹ America suffered from constant intrusions of sickness, premature death, and accidents. Geographic mobility also led to the spread of disease. Mourning was magnified by the other catastrophic historical event: the Civil War. Added to an era of continual sickness was the trauma of war. The Civil War changed customary mourning practices from home where family controlled the funeral to death on distant battlefields. Constant illness and the ever presence of death consumed the lives of nineteenth century Americans.

Age of the Beautiful Death

Social change, Romanticism, widespread disease, urban growth, and war led to elaborate mourning and funerary behavior. Religious importance and domesticity gave women a leading role in commemorating death. Earth was less comfortable and Heaven idealized. Elaborate funerary behavior and mourning customs allowed Americans to express their grief and revel in spirituality and cultural values.²⁰ Nineteenth-century Americans chose to embrace and acknowledge death and celebrate the process of grieving by performing rituals and ceremonies to both commemorate the deceased and comfort the bereaved. Geauga County residents adopted similar behavior in their funerary customs.

Historians describe the nineteenth century as the “Age of the Beautiful Death.” Seemingly Romantic, this attitude permitted loves ones to cope with the horrendous loss of family. The Age of the Beautiful Death required witnesses, conversions, and testimonies confirming a departed person’s spirituality and preparedness. A beautiful death insisted an individual be surrounded by his/her family and friends. Ideally the person died at home surrounded by a circle of mourners. The dying person gave his/her farewells to the family and onlookers. Death was a

spectacle and mourners were to provide evidence that the deceased faithfully honored God before expiring. Deathbed scenes also provided witnesses with examples on how to live their own lives and how to behave.²¹

Death was an ever-present fact and nineteenth-century Americans did not ignore it. Instead, they were acutely aware and made every effort to observe deathbed scenes. Details based on observations provided sometimes graphic physiological accounts as well as spiritual preparedness. At a time when medical technology was still in its infancy many graphic descriptions provide details of disease and dying. It was not uncommon to find physical descriptions included in letters, diaries, and journals. Far from being delicate comments, physical ailments were just as common as observing the person's resignation and attitude toward death. Perhaps these details allowed community members to share their knowledge about disease rather than simply imparting unsavory information.²²

In many ways Geauga County was a microcosm of the larger nineteenth-century America and its preoccupation with funerary behavior common throughout the country. Nash's journal is informative and priceless as a primary source on the topic of death. Emily had an intimacy with death that seems almost casual and factual at times. Death existed as part of daily life. Consequently, it was familiar and normal to most nineteenth century Americans. Emily's journal teaches us that the sick and infirm were cared for in the home so death was routinely observed. Many of Emily's journal descriptions are not delicate references but provide graphic often gruesome pathological details of injuries and diseases. Just as it was important to observe a person's final moments by a circle of mourners, the causes of death were always provided.

In several journal entries, Emily remarked about tending or visiting sick friends. On one occasion she visited Betsey Hopkins and on another she attended Mrs. Lovina Fox. She doubted either woman would recover from palsy or disease. Yet in both instances, Emily firmly stated the women left large circles of mourners to remember them.²³ The cause of death and disposition of the afflicted were necessary requirements in her entries. In March 1849, a son of Amos Ford was killed when a log rolled over him

smashing his vital organs. “He bled to death in a few moments. I went to his funeral to day and Elie Beebe died.” When she was unsure of the cause of death she said so. “I don’t know what ailed [Beebe].”²⁴ Emily was present to hear the final words and to watch her friends take their last breath. Although Mrs. Kingsbury died of fever, and Mrs. Richards three months later with dropsy, Emily confirmed a large circle of friends awaited their deaths and each woman proclaimed on her deathbed that she was ready, willing, and prepared to pass on.²⁵

It was obvious that many county residents suffered from the unpleasantness of cancer. Emily rarely questioned fate, instead she appeared convinced their reward was peace and a blessed immortality. Sitting vigil by the side of both Lois Lamson and Alba Tinkham in 1859, Nash asserted both suffered many months with cancer. The disease “commenced on Tinkham’s lip, eating off the arteries causing him to bleed to death.” Yet despite his pain and discomfort, Emily confirmed, he had a “heavenly smile lighting up his features” when he died.²⁶ While observing death was well-defined by Nash, she told of epidemics and other challenging diseases which afflicted the county in the nineteenth century. From a historical standpoint her entries reveal the overwhelming presence of illness and the reactions to healing, curing, and rituals associated with death. Emily routinely discussed the health status and suffering result as a result of lung disease, ague, tuberculosis, fever, smallpox, cancer, and scarlet fever.

Early in 1823 Nash reported an outbreak of “black measles” in the county. Several residents contacted the disease and even Emily’s young nephew died. Emily lamented over the death of her sister’s son in 1824. By 1825 another epidemic ravaged Geauga County. This time dysentery took the lives of several children in Parkman and Burton at one time. One family, the Fairbanks, lost three children and their mother in a period of ten days. From June through August 1825, Nash reported twenty-eight deaths attributed to dysentery. As a young woman, Emily revealed her own personal distress, describing pain and sorrow felt by survivors and witnessing the devastating effects of disease. In this environment, Emily acknowledged after seeing the wife of Daniel Pratt die of dysentery, “it is hard to die.”²⁷

Measles and other epidemics reappeared over several decades in the county. In a two-month period, from January 3 to March 3, 1837, Emily recorded a striking array of illnesses and even one suicide. She tended men, women, and children afflicted with measles, lung inflammation, canker rash, and live complications.²⁸ In this diseased environment, two crucial cultural observations emerge. First, Emily Nash and other women in the community rallied to tend, treat, and comfort the sick. In 1823, at the age of seventeen, Nash accompanied her mother Polly Nash to cook and take care of the younger children in a family wracked by measles. During the 1825 dysentery epidemic, Nash wrote in her journal, “it is a distressing time they are all dying not well ones enough to wait on the sick...people from the town went to help.”²⁹ Nursing the sick came at a great price. Two entries describe her own exposure to black measles in 1824 and influenza in 1826. Emily complained to her journal after watching a woman die, “I am obliged to doo [sic] the work and wait...I am tired sick, sleepy and discouraged most to death...nobody cares.” She later added, “neither of us working here had our clothes off to go and lie for over a week...I have this day given up and gone to bed and I have been steamed...I am quite sick...we are all sick...I cannot describe it...it is so bad.”³⁰ Although the women and girls in town collectively supported the sick, they suffered their own bouts of illness and exposure to virulent diseases.

As unpleasant as these nursing episodes appear, they reveal the significance of community action and the importance of female care-giving. The lack of medical knowledge and constant exposure to germs did not deter Emily and other women. Instead of breaking down the social order, disease invited the community to unite and stand together. What is remarkable is the continuation of funerary norms despite the severe interruption of disease. Many historians describe a collapse of death rituals and the absence of traditional mourning behavior. During a particularly viral episode of yellow fever in the late eighteenth century, Philadelphians actually abandoned the sick and many inhabitants fled to the countryside to escape exposure.³¹

Nash’s second important cultural observation outlined a basic lack of medical knowledge and sometimes disastrous

treatments administered. Trepanning the skull and crudely removing a limb were common solutions. In an almost casual tone Emily observed, “November 2, 1825, Julia Ann Nash is one year old today and Nathan Lewis had his leg cut off...it was hard for him...father held the foot while Doctor Erastus Goodwin sawed off the leg.” Even home remedies for illness had dubious results. Emily claimed her life was spared from black measles after drinking a concoction of cider thickened with sheep’s dung and being bled and purged.³² Treatments had few positive results on the afflicted and the medical profession did little to improve the situation. What these examples demonstrate is a powerful reliance on women in the community and the dependability of Emily Nash. In the wake of all this disease and death, Nash found solitude in religion, in comforting the sick, and in witnessing death.

Although it is clear the women of Geauga County administered to the sick and dying, the most challenging era for Nash was the Civil War and the deaths of many soldiers and civilians. In June 1859, Emily Nash entered her first passage about the impending Civil War in her journal concluding that “judgment came upon us for our national sins one thing is certain not a sparrow falls to the ground without your farther [father] says.”³³ This passage would be the prelude to the next six years and thirty-two pages of her thoughts, hopes, and expectations on the struggle between the North and South. Emily’s journal serves as a portal and she the window of rapid social change in nineteenth-century America. She describes “new” diseases and epidemics along with funerary customs and behaviors common in the century associated with the Second Great Awakening and Romanticism. Her world quickly altered with the Civil War and deaths occurring far from home on distant battlefields. Consciously aware of the disruptions in society and her own community, Emily illustrates the era in her own words. Nash’s journal is especially important and unique because she lived through the Civil War, documented historic events, outbreaks of disease, and provides a female perspective on laying out the dead. She personally knew the soldiers described in her journal and attested to rapid changes affecting funerary behavior in nineteenth-century America.

Of the eighteen soldiers’ deaths recorded in her journal, Emily knew seventeen of them personally. More than half of the

men died of disease while in camps or hospitals, and the other nine she described as having died from wounds received in various battles. Four additional soldiers are mentioned in the journal but it is nearly impossible to determine their exact cause of death or connection to Nash. Emily described them as “dying in the service of the army.” It is possible they died of disease rather than wounds inflicted on the battlefield.

The Role of Disease

Emily wrote of new diseases appearing in Geauga County as early as 1863. Her entries describing “new” diseases in the area support J. David Hacker’s recalculated statistics and research on the number of civilians affected indirectly by the war. Many soldiers were returning to Ohio at the peak of the war and new recruits joined the service. The revolution of men in and out of the county meant new opportunities for disease. Not unlike Philadelphia or Richmond, Virginia, rural Ohio towns unaccustomed to new pathogens were exposed by returning soldiers. Nash described locals dying from typhoid fever in February 1863. A month later she recounted a horrific story of a Farmington man burying four of his children in one coffin. They all died of diphtheria. It is not coincidental that both typhoid and diphtheria were recorded by Nash during the Civil War. Throughout 1864 Nash documented deaths attributed to smallpox. Although not a new disease in Ohio, it was infrequently mentioned until 1864. Writing about the need to hastily bury the body of a child afflicted with smallpox for fear of the disease spreading, Emily described the illness as raging throughout the county.³⁴ She continued to sit vigil with families and prepare bodies for burial despite the risk of contamination. She does, however, mention the need to bury bodies quickly after everyone had retired for the evening. Emily did her best to ensure proper burials were carried out despite the scourge of smallpox. Elsewhere, the threat of disease affected hospitals and the city, according to Kentucky native Frances Peter. She identified the spread of diphtheria among the soldiers in her father’s hospital in Lexington, Kentucky, in 1863. The deadly disease spread from infirmed soldiers to local children, killing them all. “In short [diphtheria] has been all over the city,” Peter

lamented. Alarmed by the deaths, the young diarist clearly recognized the connection between sick and ailing soldiers who contaminated the local residents.³⁵

Historian Eric T. Dean argued that the Civil War was a form of “biological warfare” where soldiers had to contend with the ever-present threat of disease. According to Dean, for every death attributed to battle, two men died of disease. Numbers indicate about 164,000 Confederates and approximately 250,000 Union soldiers died from illnesses during the war. Noah Andre Trudeau added that out of nearly 179,000 Black soldiers who served in the Civil War, 38,000 deaths resulted from combat. Like their White counterparts, disease killed most Black soldiers. The astounding statistics and resulting deaths were attributed to a basic lack of medical knowledge, ignorance of germ theory, and a disregard for sanitation.³⁶ Soldiers spent most of their time in camps associating with other men and sharing germs and pathogens. According to historian Reid Mitchell, aside from material deprivation and lacking the basic comforts of life, soldiers experienced lice, filth, and disease. Conditions for Confederates were far worse than Federal soldiers, and Blacks had it worse than Whites.³⁷

Several major military campaigns were disrupted because of illness. General Robert E. Lee’s West Virginia campaign of 1861 failed in part because so many of his men fell ill at once. The campaign of Vicksburg of July 1863 also experienced failure because more than half of the soldiers and sailors suffered epidemic illnesses.³⁸ Regiments and units contended with epic portions of volunteers reeling from disease even before they engaged in battle. Whether they were Confederate or Union soldiers, men who were accustomed to a rural lifestyle, relatively germ-free, were suddenly thrust into an environment with thousands of other men. Germs, infections, and contaminated water shared by men produced a breeding ground for new illnesses. The principal killers included dysentery/diarrhea, typhoid, and pneumonia.³⁹ As they moved to new territory, soldiers spread the bacteria and illness. At the end of the war, prisoners from Andersonville and Florence prisons spread diseases and germs to the local residents. The significant movement and migration of soldiers and civilians meant the introduction of

contagions and epidemics. Philadelphia, Danville, Virginia, and Wilmington, North Carolina, all experienced unprecedented outbreaks of smallpox, yellow fever, and typhoid as a result of military hospitals or camps located close by. Disease was the greater threat and it added to the misery and suffering of the soldiers. Contaminated water, poor diet and a generally unhealthy environment meant most soldiers entered the war at a tremendous disadvantage.⁴⁰

Soldiers in the Civil War contracted and spread viruses. The only prevention for disease was vaccination and few soldiers or local residents had that option available to them. Surprisingly, the Civil War did not offer significant advances in medical technology or improvements in health like World War I or World War II. Soldiers had little confidence in the 1860s medical profession. Doctors were in fact ignorant in treating many of the diseases or administered dangerous treatments. Modern antibiotics did not exist and antiseptic disinfectants were virtually unknown.⁴¹

Diphtheria, typhoid, and dysentery continued to course through Geauga County in the summer of 1865. Emily described a very frightening and contagious “new fatal disease” striking the area in August.⁴² The disease was cholera. She had good reason to call it frightening and fatal. Mid-nineteenth-century cholera epidemics struck frequently and without warning throughout the world. The larger cities spread the disease more readily because of contaminated water supplies. European reports of the disease described in morbid detail the deadly circulation of cholera. Victims explained feeling unwell and then followed fairly quickly bouts of vomiting and diarrhea. Blood ceased to circulate properly and the afflicted person lost as much as twenty-five percent of their bodily fluids. The eyes were sunken and the skin took on an almost blue color from the lack of circulation. Death was inevitable within three to five days after becoming infected.⁴³

Cholera infected Cincinnati between 1849 and 1851, killing nearly 60,000 residents. Detroit lost 700 people to the same disease. The new deadly disease spread through drinking water, wells, and rivers. Often people fled one infected area seeking refuge downriver, spreading the disease as they moved. Common theories at the time attributed cholera to miasmas and ground fog.

Little attention was paid to water sources. Scientific technology at the time dismissed the real catalyst, allowing outbreaks to continue and spread. Cholera transmitted and traveled along water routes from larger cities to more rural areas like Geauga County. Once a person was infected with the disease, the contagion spread through bodily fluids. Treatments for the symptoms were as barbaric as the disease itself, including bleeding the victim. Those in charge of caregiving or in close contact with the infected persons also passed the disease. Nineteenth-century cholera proved to be severe and fatal.⁴⁴

Schenectady, New York, also experienced outbreaks of cholera in 1854 and again in 1866. Like this present study of Geauga County and Emily Nash, historian Robert Wells found evidence there of the disease recorded in local residents' journals. Victims succumbed to the disease within hours of exposure. The illness circulated rapidly in the summer of 1854, likely spreading through contaminated vegetables and water. Altogether, forty deaths were caused by the disease in 1854. Cholera reappeared in Schenectady between 1866 and 1867. Community reactions were very different in this later episode. Wells insists that the community understood the causes and prevention of cholera by the late 1860s. No longer accepted as divine punishment, human action could prevent an epidemic. Residents attributed the 1866 outbreak to numerous factors including a returned Civil War veteran sick with the disease, filthy slaughterhouses, marshes, and polluted water. Measures were introduced to clean the streets and water supplies. Interestingly, Wells, like Nash a century earlier, also considered the role of illness and disease spreading because of returning veterans.⁴⁵

Infectious disease wracked army camps during the Civil War leading to chronic illnesses because of a basic misunderstanding of public health or effective treatments. Camp environments proved an ideal habitat for the transmission of cholera. The bacterium was especially hostile in warm and humid environments where the disease multiplied rapidly. Over-crowded conditions in the close camp quarters forced men to share the same water and toilet facilities. Person-to-person contact, infected food and water, and

the movement of troops into new territories created a potentially hazardous situation that facilitated the spread of cholera.⁴⁶

Descriptions of “camp fever” were prevalent throughout the Civil War. A rather generic description, the illness included chronic diarrhea, vomiting, nausea, fever and death. Misunderstood and misdiagnosed during the Civil War, cholera added to the ignorance regarding treatment and containment.⁴⁷ The disease emerged during the Civil War and spread rapidly to the civilian population. In the summer of 1865 Emily prayed and listened to the victims “dying counsel” as she waited for their inevitable death from cholera.⁴⁸ Two Union soldiers from Geauga County reported in their respective diaries about suffering from “camp fever.” Writing between January and February 1862, Henry Hotchkiss of the 9th Ohio Infantry Volunteers, identified camp fever in his personal journal. Hotchkiss found it nearly impossible to keep up with his job as a wagoneer and maintainer of the horses and mules of his regiment because of illness. Every entry over the next twenty-two days described severe fever, vomiting, and sickness. After a lengthy hospital stay, Hotchkiss reported recovering enough from the illness to resume his military responsibilities.⁴⁹ Captain J. H. B. Corell served in Chattanooga, Tennessee, in March 1864. His three handwritten diaries frequently discussed mundane weather reports and an illness which he termed camp fever.⁵⁰ Both Hotchkiss and Corell survived bouts of camp fever and returned to Ohio following the war. Judging from the multiple entries discussing the illness, it is easy to assume both soldiers were most certainly concerned about their physical and mental well-being.

In the Age of the Beautiful Death, cholera defied and challenged tradition and proper etiquette. The beautiful deathbed scene with its circle of mourners was hardly possible or practical with this disease. As a matter of fact, it was not unusual for panics and mass social unrest to occur when a cholera epidemic broke out. People fled infected areas sometimes abandoning the severely sick and dying. A sudden violent and seemingly ugly death made cholera anything but beautiful. Although Emily did not report any episodes of mass hysteria, she did describe concern and fear over contamination. Death from disease in the Civil War, although extremely common, seemed to defy the “beautiful death” and

challenged all traditional mourning behaviors of nineteenth-century America. Even Emily questioned the purpose of dying in a war so far from home and asked whether it was “*honorable?*” Emily frequently asked questions in her journal about the purpose of war and death. These views reflect the larger issues of Americans coping with disease and social change.⁵¹

Never before had Americans experienced carnage on this level. Even those Americans like Emily Nash who were accustomed to frequent death were shocked by the staggering fatalities and disease that resulted from the conflict. The awareness and familiarity of death became a cultural norm by the war’s end as Americans were forced to accept the loss of former intimate deathbed scenes surrounded by loving family. Soldiers died far from home and science intervened producing new technology to preserve the body. In essence, where death had formerly been intimate and familiar, it now became horrific, scientific, and impersonal.

Without a doubt the single greatest threat to human life during the war was disease. Emily discussed new illnesses and bouts of unfamiliar viruses and bacteria in the county directly related to the Civil War. The most common cause of death among Geauga County soldiers recorded by Nash was dysentery. Not unlike other soldiers, more Ohioans died of disease than bullets.

Emily’s acknowledgement of disease was crucial as was the condition of the body and whether soldiers received appropriate and proper services. All gave testimony to the immediate changes occurring with death rituals in nineteenth-century America. She wrote an entry in September 1861 reporting that Charley Scott, died in the “servis of the army.” Distressed, Emily did not attend his funeral because it was too far from home.⁵² She assumed and hoped that Charley Scott received an appropriate funeral service. But dying far from home she knew that he was not surrounded by a circle of mourners nor attended by a layer of the dead.

She did however attend the funerals of both Chester Hoard and C. Sliter who “died down south in the army” in April 1862. She vaguely described both men dying from disease while serving in the Union Army.⁵³ The remains of several soldiers were returned to the county. As the war progressed, however, fewer bodies were sent

back to the area. Sending bodies home was costly and, as the war intensified, impractical. Scott, Hoard, and Sliter's deaths greatly disturbed Emily because no one witnessed their demise. Their departures accompanied a great struggle with illness and often bodies were not properly handled or even returned for burial. In an age when witnessing death preoccupied American funeral behavior, the Civil War violated these social norms.

Nash noted what afflicted area soldiers just as she provided the cause of death for local residents in her journal entries. Harvey Price died of dysentery and his body buried where he fell. George White died of consumption after falling ill in the war. He returned home with the disease in 1863, likely spreading it to local residents.⁵⁴ By the summer of 1864, Emily reported on the tragic end of Andrew Pool from "camp disentangerey." Pool, a Geauga resident, recently joined the service and like so many new recruits succumbed to dysentery within the first year.⁵⁵

Honorable Death

In her discussion of disease, Emily wondered on paper whether it was truly honorable to die this way. Her cousin Monroe Nash perished in the Union Army in Kentucky after contracting dysentery in February 1865. Emily recalled a conversation she had with Monroe before he joined the service. He thought that the war was a noble cause and worth fighting. He joined the service for these reasons. Skeptical of justifying war and killing, Emily disagreed with her cousin and wondered whether he felt honored dying of illness for "his noble cause[?]"⁵⁶ She never spoke to Monroe again but recorded her sentiments, doubts, and anger about his death and sacrifice of life in her journal.

In January 1862, a young soldier at Camp Wickliffe in Kentucky wrote to his elderly grandmother, Nabby Hitchcock in Burton. Hitchcock was a friend and neighbor to Emily Nash. William Hitchcock complained about an epidemic of measles resulting in the deaths of four men. Suffering from the illness himself, he described his fellow soldiers as "no more than skeletons." The hospital accommodations were inadequate, forcing the men to sleep on the floor. The disease raged through the camp and Hitchcock observed, "it is not surprising to me that they are all

stricken with disease.”⁵⁷ He mentioned two of his comrades dying and their remains were shipped home. This fascinating letter does not divulge any information about battles or camp life other than illness. Instead, William identified the sickness and the stress it placed on the entire camp.⁵⁸ His letter does little to disguise the pain and suffering; instead, he wanted his grandmother to know about the grim situation and perhaps his impending fate. Surely Nabby Hitchcock recognized the absence of the good death.

In the same way she viewed a violent death, Emily asserted that death by disease meant a struggle and a painful demise occurred. Just how the soldier struggled or coped with his disease was never revealed since many servicemen died alone. William Hitchcock’s letter certainly supports Emily’s assertion. While her journal reveals proper services were extended to those deceased soldiers returned home, the vast majority of her writing contends the good death was seriously breached and forever transformed. One of the lasting consequences of war was the “resounding shrieks of the sufferers, horrid butchery and carnage...”⁵⁹ Emily saw little effort made to ensure a good death was available.

In the decades following the Civil War, Emily Nash continued her profession as a layer of the dead and documented illness and disease in the county. Emily witnessed the transition from local women healers to a male dominated professional field. By 1870 she regularly recorded the presence of Doctor Sheldon at various homes tending the sick or elderly. In two instances autopsies were performed on bodies. In one disturbing account a child was stillborn and had to be dissected and removed from the mother. When the wife of Elijah Percival died unexpectedly in 1879, her autopsy performed by a local doctor revealed that she had a “paraletic shock” causing her demise.⁶⁰ It was apparent a doctor presided and performed an autopsy.

In another revealing account Emily described her friend suffering for eighteen years from an ailment which left her bed-ridden and in great pain. After her death a large tumor weighing in excess of fifty pounds was removed and proved to be the source of her discomfort.⁶¹ Interestingly, Emily accepted the reason for her friend’s illness attributing it to the tumor and not punishment by God or divine judgment. Writing in an earlier era, Emily

automatically assumed illness and castigation were connected. With even superficial medical knowledge available to her, Emily accepted sickness and disease as logical reasons for death. Divine punishment lost ground to medical explanations.

Emily's initial reliance on divine punishment and a lack of a doctor at death seemed fairly typical of nineteenth-century America. Robert Wells insists doctors were seldom successful in treating illness or warding off death. He suggests that even in Schenectady, New York, in the early nineteenth century, families rarely called on a physician when an illness occurred. Faith in doctors remained relatively low because they used unproved potions and methods for treating smallpox and tuberculosis such as herbal remedies, vegetable poultices, and other mixtures. Physicians simply did not have the training in this period of time to administer medicine and most of their treatments were unsuccessful.⁶² Scientific research and newly created medical schools eventually changed this situation, professionalizing the occupation of physician. Perhaps more importantly, local residents had little faith in a physician's instruction. Nurses and midwives, trained by experience, received more public approval in Maine, New York, and Ohio in the early nineteenth century.

As a layer of the dead Emily was always interested in disease, ailments, and cause of death. Nearly all of her death entries include some explanation of the person's demise. But most certainly Emily received information from a medical specialist. Prior to 1870 she attributed death to general ailments such as "ague" or paralytic shock. Old age was often cited as a cause of death. However, over the years, more specific causes were supplied. In 1882 Emily compiled a list of books she read and included it in her journal. Although she was a prolific reader, her list did not include any medical journals, books, or pamphlets. A physician was likely present at the death bed of many of the people she attended. Valuable knowledge and information was shared between doctor and layer of the dead.

In over a dozen death entries beginning in 1879, Emily affirmed the cause of death attributed to heart disease. Often her diagnosis was followed by the mention of a doctor or an autopsy performed. When George Patchin died the doctor pronounced the

cause of death to be ossification of the heart valves. Emily was present at the death bed but so too was a physician. Her basic knowledge of medicine implies an educated, medical professional was at the scene. Two other diseases were identified and discussed between 1884 and 1886. Emily never mentioned diabetes before 1884. Yet she attributed certain death to several local residents suffering from this malady in a two-year period. A more specific cause of death, Bright's disease, led to Mr. Calvin Sanford's death in 1886. Bright's disease was a complicated kidney disorder. Emily had no knowledge of the disease unless she learned of it from a presiding physician. These examples show a medicalization of death regarding treatment, diagnosis, and demise. Clearly Emily received reliable medical information from a knowledgeable source. References to diabetes and Bright's disease only appear and coincide with the mention of a physician and autopsy.

Few historians have addressed the subject of female layers of the dead. As part of women's historiography, Emily Nash's story contributes to our knowledge of the topic of female labor, the presence of disease, the family, and domestic spheres occupied by women. Far from peripheral and marginal work, Emily's labor and her particular occupation of preparing the dead adds to our understanding of women's positions and their roles in rural nineteenth-century Ohio. Her life and journal illuminate cultural and socio-economic changes not just in the state, but in the larger American society. Women worked farms, nurtured families, treated disease, aided the sick, and buried the dead.

¹ *The Journal of Emily Nash Patchin Halkins Pike 1813-1888*. Two transcribed copies belong to Molly Sergi, another copy resides in the Chardon Public Library. The original journal (over 500 hand-written pages) is stored in the Chardon Public Library. (1813), 5.

¹ Barbara Welter, *Dimity Convictions: The American Woman in the Nineteenth Century*, (Athens: Ohio University Press, 1976), 22-31.

² Barbara Welter, *Dimity Convictions*, 3-8, John Mack Faragher, "The Midwestern Farming Family, 1850," in *Women's America: Refocusing the Past*, Linda K.

Kerber and Jane Sherron DeHart, eds., 3rd ed. (New York: Oxford University Press, 1991), 119-120.

³ Welter, *Dimity Convictions*, 22-23.

⁴ Nash *Journal*, (1813), 6.

⁵ *Ibid*, (1882), 193.

⁶ Nash, *Journal*, (1885), 220.

⁷ Jeanne Boydston, "The Pastoralization of Housework" in *Women's America*, 157.

⁸ Gerda Lerner, *The Majority Finds Its Past: Placing Women in History*, (Chapel Hill: University of North Carolina Press, 1979), 16-19.

⁹ Stephane Elise Booth, *Buckeye Women: The History of Ohio's Daughters*. (Athens: Ohio University Press, 2001), 6.

¹⁰ Gerda Lerner, *The Majority Finds Its Past*, 19.

¹¹ Nash, *Journal*, (1814), 8.

¹² Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on her Journal, 1785-1812*, (New York: Alfred A. Knopf, 1990), 19-20, 33-35.

¹³ Laurel Thatcher Ulrich, "The Ways of Her Household" in *Women's America*. Third Edition, 50-51.

¹⁴ Jeanne Boydston, "The Pastoralization of Housework," 154-155.

¹⁵ Nash *Journal*, (1815), 12; Ulrich, *Martha Ballard*, 11, 51-55.

¹⁶ Nash, *Journal*, (1814), 6, (1816), 14; Jeanne Boydston, *Home and Work: Housework, Wages and the Ideology of Labor in the Early Republic*, 37-39.

¹⁷ Nash *Journal*, (1817), 13-14; Ulrich, *A Midwife's Tale*, 81-85. Ulrich uses the concept of a "network of exchange" regarding the shared labor of girls and women. This same concept is applied to Emily Nash in the nineteenth century.

¹⁸ Nash, *Journal*, (1815), 12; Ulrich, *A Midwife's Tale*, 51-52. Ulrich provides a lengthy list of remedies and cures used by Ballard.

¹⁹ Nicholas Marshall, "In the Midst of Life," 178-179.

²⁰ David E. Stannard, "Death and the Puritan Child," in *Death in America*, (Philadelphia: University of Pennsylvania Press, 1975), 23; Martha V. Pike and Janice Gray-Armstrong, *A Time to Mourn*, 16.

²¹ Philippe Aries, *The Hour of Our Death*, 447-449; Pat Jalland, *Death in the Victorian Family*, (Oxford: Oxford University Press, 1996), 26-29. Although Jalland's research focuses on England, there are many similarities between Britain and America in nineteenth century attitudes toward death.

²² Lewis O. Saum, "Death in the Popular Mind of Pre-Civil War America," in *Death in America*, David E. Stannard, ed., (Philadelphia: University of Pennsylvania Press, 1975), 34-35.

²³ Nash, *Journal*, (1847), 59, (1848), 62.

²⁴ *Ibid*, *Journal*, (1849), 63.

²⁵ Nash, *Journal*, (1855), 80.

²⁶ *Ibid*, *Journal*, (1859), 91, 95.

²⁷ Nash, *Journal*, (1824), 26, (1825), 29.

²⁸ *Ibid*, *Journal*, (1837), 48.

²⁹ Nash, *Journal*, (1825), 28.

³⁰ *Ibid*, *Journal*, (1825), 28, (1826), 34.

³¹ Robert V. Wells, "A Tale of Two Cities: Epidemics and the Rituals of Death in Eighteenth Century Boston and Philadelphia," in *Mortal Remains: Death in Early America*, Nancy Eisenberg and Andrew Burnstein, eds., (Philadelphia: University of Pennsylvania Press, 2003), 62-65; Robert V. Wells, *Facing the King of Terrors: Death and Society in an American Community, 1750-1990*, (Cambridge: Cambridge University Press, 2000), 36-39. This book focuses on Schenectady

New York as a case study for examining death in the nineteenth century. It is an outstanding comparison to Geauga County.

³² Nash, *Journal*, (1825), 30, 26.

³³ Nash, *Journal*, (1861), 103, 93.

³⁴ J. David Hacker, "A Census-Based Count of the Civil War Dead," 307; Nash, 114 (1863), 118 (1864).

³⁵ Frances Peter, *Diary*, 91-92, Wednesday, January 21, 1863.

³⁶ Eric T. Dean, "Dangled Over Hell: The Trauma of the Civil War," in the *Civil War Soldier: A Historical Reader*, Michael Barton and Larry M. Logue, eds., (New York: New York University Press, 2002), 400; Trudeau, *Like Men of War*, 466.

³⁷ Reid Mitchell, "From Volunteer to Soldier: The Psychology of Service," *Civil War Soldier*, 356-357.

³⁸ Eric T. Dean, "Dangled Over Hell," 400-402.

³⁹ McPherson, *Battle Cry of Freedom*, 416.

⁴⁰ Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War*, (New York: Alfred A. Knopf, 2008), 138-140; Gary Laderman, *The Sacred Remains*, 97.

⁴¹ Eric Dean, "Dangled Over Hell," 400-401.

⁴² Nash, *Journal*, (1865), 126.

⁴³ Richard J. Evans, "The Challenge of Cholera in Hamburg," in *The Social Dimension of Western History*, Richard M. Golden, ed., vol. II, (Boston: Bedford, St. Martin's, 2005), 276-277.

⁴⁴ Walter T. Daly, M.D., "The Black Cholera Comes to the Central Valley of America in the Nineteenth Century," in *American Clinical and Climatological Association*, 2008.

⁴⁵ Wells, *Facing the King of Terrors*, 111-115.

⁴⁶ Evans, "Cholera," 277.

⁴⁷ Eric Dean, "Dangled Over Hell," 400-401. Drew Gilpin Faust also makes references to "camp fever" in *This Republic of Suffering*.

⁴⁸ Nash, *Journal*, (1865), 126.

⁴⁹ Henry Hotchkiss diary, January-February 1862. The diary belongs to Century Village Museum and is stored in the Shanower Library, Burton Ohio.

⁵⁰ J. H. B. Corell, diary, January-April 1864. Corell's three diaries belong to Century Village Museum, Shanower Library, Burton, Ohio.

⁵¹ Wells, *Facing the King of Terrors*, 111-115; Sean A. Scott, *A Visitation of God: Northern Civilians Interpret the Civil War*, (Oxford: Oxford University Press, 2011), 198-201. Scott discusses the "good death" and its disruption during the Civil War.

⁵² Nash, *Journal*, (1861), 107.

⁵³ *Ibid*, (1862), 110.

⁵⁴ *Ibid*, *Journal*, (1863), 114, 116.

⁵⁵ Nash, *Journal*, (1864), 120.

⁵⁶ Nash *Journal*, (1865), 124.

⁵⁷ William Hitchcock to Nabby (Abigail) Hitchcock letter, January 1862. The letter resides in the Hitchcock file at Century Village Shanower Library.

⁵⁸ *Ibid*, letter, January 1862.

⁵⁹ Nash, *Journal*, (1864), 123.

⁶⁰ Nash, *Journal*, (1870), 140, (1879), 177.

⁶¹ Nash, *Journal*, (1879), 186.

⁶² Wells, *Facing the King of Terrors*, 70-71.