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Schneider Park Demographic Analysis

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Introduction

Health status of past populations is of great interest to both biological anthropologists and historians. It has been shown that diseases and the ultimate causes of death can track socioeconomic statuses within populations (Winkleby et al. 1992). For this project I will do a demographic analysis of two different cemetery populations in Akron, Ohio. These cemeteries are characterized by being either a 'rich' cemetery (Glendale), or a 'poor' cemetery (Schneider Park and Glendale--Potter's Field) (Stewards of Historical Preservation 2017). Socioeconomic status is determined geography and the individuals known to be interred in each cemetery. I predict that there will be differences in the health status as determined by either death certificates or death records of those interred at the different cemeteries. The differences between causes of death in each of the cemeteries are be compared to provide insight into lifestyles of the individuals interred in the different cemeteries included here. A demographic analysis of death age profiles and causes of death will help determine the degree of socioeconomic differences in these two cemetery populations in Akron, Ohio.

Schneider Park was the original location of the Old Summit County Infirmary, and just outside of this infirmary is where the Potter's Field is located (Stewards of Historical Preservation 2017). There are records Old Summit county infirmary being used from 1867 until it was moved in 1919 (Past Pursuits 2006: 3). The burials in the SP Potter's field were mainly completed between 1908 and 1916, based on death certificate data, even though the Old Summit County Infirmary was used from . This discrepancy is likely due to two primary reasons. First, in 1908 Ohio state law changed requiring statewide registration of deaths and death certificates (FamilySearch 2018). Second, during 1916-1919, the county infirmary moved

locations, so there were increasing less individuals buried at the Schneider Park location (Past Pursuits 2006; 3). The Schneider Park county infirmary cemetery (the Potter's Field) is unmarked with no headstone or monument indication of any burials. For this project comparisons, two different Akron burial locations were chosen, both in the Glendale Cemetery. Two different comparisons are necessitated to provide greater accuracy: a different Potter's Field and a more traditional graveyard from more affluent individuals.

Glendale cemetery, previously known as Akron Rural cemetery, was the first public cemetery in Akron, Ohio and it was designated for the individuals who were considered middle-to upper-class citizens (Colopy 1991: 3). Most of the people buried there would be individuals who shaped Akron's history, who built Akron, people that served the country, or individuals who came from a wealthy family (Trexler: 2014). Colopy (1991) discussed these burial histories by arguing the Akron Rural cemetery was not for laborers (Colopy 1991: 5, emphasis added). "Richer" cemeteries also implied a monetary investment in the actual burial;these cemeteries typically have nice monuments, headstones and other forms of recognition for the interred individuals (Colopy 1991) . Glendale cemetery also includes a Potter's field; an area where more socio-economically challenged individuals were interred. In contrast, the 'poor' cemeteries, or Potter's Fields, do not show similar monetary investments. This lack of finances often leaves graves either unmarked or undocumented. And, individuals interred in these conditions are usually immigrants, unwed mothers, socio-economically challenged (i.e., poor) individuals, or people who were considered insane (Past Pursuits 2006). Because Glendale cemetery is Akron's first established cemetery and includes a potter's field within the grounds, I decided this cemetery would provide a good comparison to the Schneider Park Potter's field.

Methods:

For this comparison I will be examining the causes of deaths and ages at death within each of the three cemeteries [Glendale (G), Glendale Potter's Field (GP), and Schneider Park potter's Field (SP)]. The data from this comparison will show how many people were dying at each age and of each cause of death within each of the cemeteries, as well as if these variables have significant correlations with each other.

Before delving into the particulars of the hypotheses and statistical tests I performed, it is important to mention some drawbacks to using historical data. Because the data from these cemeteries ranges from 1908-1916, there are issues with phrasing, consistency and clarity of the death records and death certificates. These phrasing inconsistencies primarily are concentrated with medical terminology of the time with different doctors or coroners diagnosing causes of death slightly differently (references). Medical professionals, even today, use slightly different terms for the same diseases so attempting to figure out those similarities was time-consuming. Further, the Glendale Cemetery records (both regular and Potter's Field)were culled from a microfilm reader in the Akron Public Library in the Special Collections. Unfortunately, there were no death certificates to use for this comparison of the Glendale cemeteries, only death records. Death records provide less information than a death certificate and due to this there is not a direct record of sex or last known street address for any of the individuals interred at Glendale. Due to time constraints and limitations of transcribing individual names, it was very difficult to find the death certificates in online databases. While death certificates are searchable, the vagrancies in spelling of surnames and transcription errors greatly limited the ability to obtain them. Thus the comparative data is limited for this thesis.

However, enough information about sex (can be inferred from names while not directly recorded) and cause of death make these comparisons valuable.

Overall, this study incorporates five different predictions that arose from the data collected. The first prediction is that ages at death will be correlated with both the cemeteries and causes of death. Another prediction is that causes of death and cemeteries will not be independent from one another. The next prediction examined is that Glendale Regular will have older ages at death on average and Schneider Park Potter's Field will have, on average, younger ages at death. Additionally I predict that the overall cause of death distribution in the Schneider Park Potter's Field will be more similar to that of Glendale Potter's Field rather than Glendale Regular. The last prediction examined is that Glendale Regular would have higher rates of heart-related causes of death than both of the Potter's Fields and Schneider Park will have higher rates of lung-related causes of death. These all provide a more complete understanding of diversity of health statuses between cemeteries.

These comparisons will be statistically tested ($p<0.05$) through both two-way ANOVA and Chi-square analysis (Fields 2014). The two-way ANOVA will show if there are any interactions between cause of death and age at death, cemeteries and age at death, and the interaction between cause of death and cemeteries on ages at death. The chi-square tests will be used to tease apart any of the interactions between the causes of death and cemeteries.

From these three cemeteries, there are a total of 3128 individuals used in this analysis. Of these 9% were from Schneider Park Potter's Field, 7.1% were from Glendale Potter's Field, and the last 84% were from Glendale's regular cemetery. This relationship between the amount of individuals buried within each cemetery is shown in Figure 1. From approximately 150 total number of different causes of death from these burials, I grouped them into 15 categories (see

Appendix A for these categories and lists). These groups include: heart, lungs, brain, blood,

abdominal viscera, diseases (both infectious and not), infant, malnourishment, infection, trauma

(non-specific), cancer, bone-related (not trauma), accident, suicides, and other.

Figure 1: This figure depicts the amount of individuals buried in each of the three cemeteries. Number 1 represents Glendale's regular cemetery, number 2 represents Glendale's potters field, and finally number three represents Schneider Park's potters field.
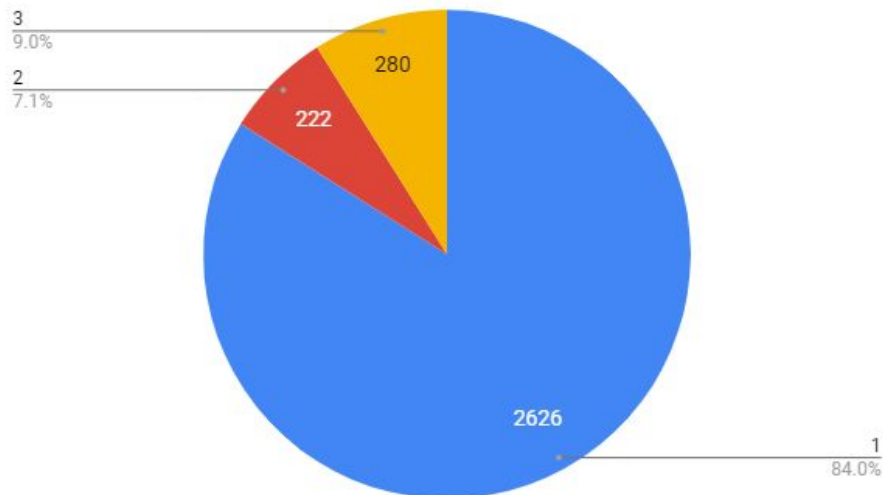
Results:

Prediction 1

ANOVA tests were conducted to determine if there is a relationship between age and

cause of death and cemetery of burial. This test is shown in Table 1. The P-values in Table 1,

were all <0.001, meaning there is a significant relationship between cemetery, age and cause of

death. Further, these results do show an interaction between cemetery and cause of death that

might affect the age of an individual when they died. Therefore, it is more likely that sicker,

younger individuals were buried at SP This means there is enough evidence to say that both the

cemetery an individual is buried at as well as the cause of death an individual died from and the

interaction between the two have a statistically significant effect on the age of an individual at

the time of death.

Table 1: A two-way ANOVA test showing whether the independent variables (CODgroup and cemetery) and their interaction (CODgroup*cemetery) have a statistically significant effect on the dependent variable (age at death).

Tests of Between-Subjects Effects

Dependent Variable: Age at death

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1005048.272ᵃ	42	23929.721	43.188	.000
Intercept	328764.723	1	328764.723	593.353	.000
CODgroup	178221.647	14	12730.118	22.975	.000
cemetery	12293.237	2	6146.619	11.093	.000
CODgroup * cemetery	61492.370	26	2365.091	4.269	.000
Error	1636750.083	2954	554.079		
Total	7363522.000	2997			
Corrected Total	2641798.355	2996			

a. R Squared = .380 (Adjusted R Squared = .372)

Prediction 2

The next test examined the relationship between cause of death and cemeteries. I

predicted that the causes of death and the cemeteries of the interred will not be independent

from one another. The chi-square test of independence is used to determine if two variables are

independent from one another. In this test, I looked at cause of death and cemeteries. In Table

2, the P-value is listed as >0.001. Because of this, there is sufficient evidence to support a

relationship between these two variables: cemeteries and causes of death. Because this test

showed that both cause of death and cemeteries are not independent from each other, we can

look into what cause of death is more likely in which cemetery. For example, within Glendale

Regular cemetery it may be more likely for an individual to die from heart-related issues and in

the Potter's Field (both Glendale and Schneider Park) may be more likely to die from

lung-related or infant deaths.

Table 2: The Chi-Square test of independence for the variables cause of death and cemeteries gives a P-value of >0.001. Thus, there is sufficient evidence at the 0.05 alpha level to support the conclusion that these two values (cause of death and cemeteries) are not independent from each other.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	623.239[a]	28	.000
Likelihood Ratio	451.535	28	.000
Linear-by-Linear Association	9.016	1	.003
N of Valid Cases	3033		

a. 8 cells (17.8%) have expected count less than 5. The minimum expected count is 1.29.

Prediction 3

Figures 2-4 show specific frequencies of individual ages of death and in the cemetery

they were buried, because cause of death and cemeteries have a statistically significant effect

of the age at death within these three cemeteries., Figure 2 has the frequencies of the ages of death for those individuals buried in Glendale Regular cemetery. Figure 3 has the frequencies of the ages of death for those individuals buried in the Glendale Potter's Field. Figure 4 has the frequencies for those individuals buried in the Schneider Park Potter's Field. Approximately 78% of the people buried in the Glendale potter's field are infants. Whereas, in the Glendale regular cemetery, infant deaths comprise approximately 18% of the burials. In the Schneider park potter's field, infant deaths make up approximately 20.7% of the total amount of individual burials. Overall, those individuals buried in Schneider Park had lower ages at death (roughly 38-48), compared to those at the Glendale Regular cemetery, whose age of death (excluding infants) was in the 60's-70's. These differences could potentially be attributed to a longer life expectancy for people of higher socioeconomic status than those of a lower socioeconomic status (Mirowsky and Ross, 2000). With the Schneider Park Potter's Field and the Glendale Potter's Field being considered the "poor" cemeteries it is expected that the individuals in these cemeteries have a lower life expectancy on average.

Figure 2: This graph shows the frequency of each age at death within the Glendale Regular cemetery.
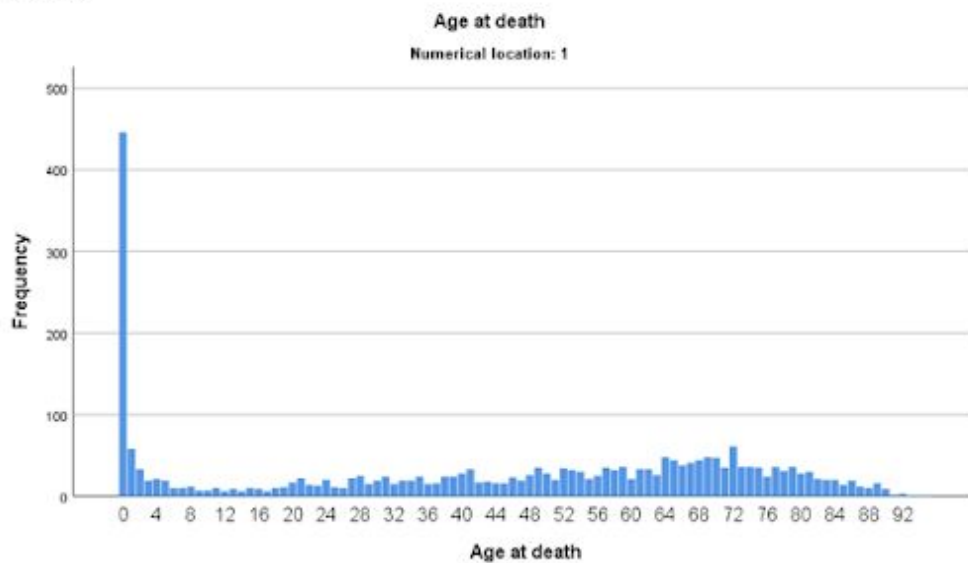

Figure 3: This graph shows the frequency of each age at death within the Glendale potter's field.
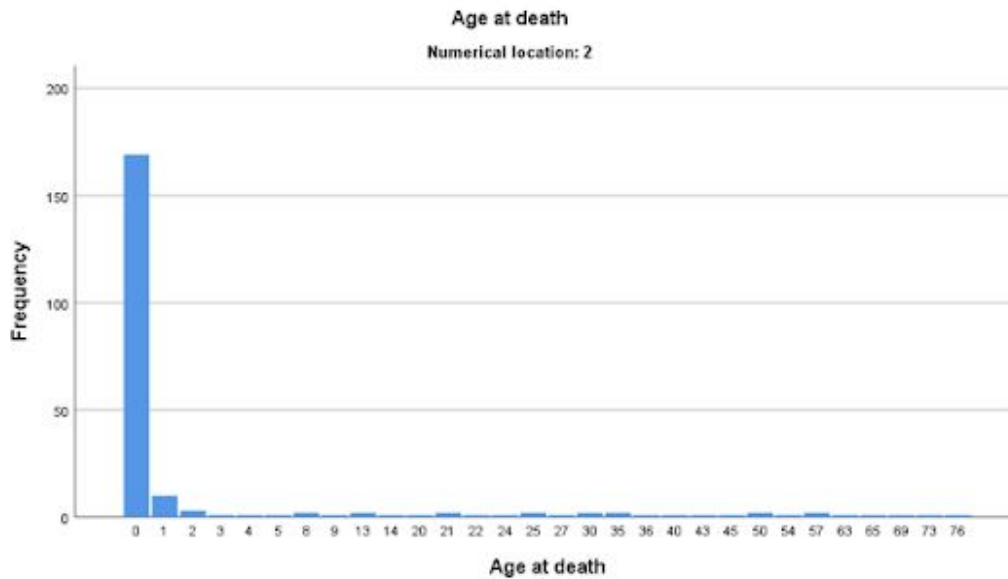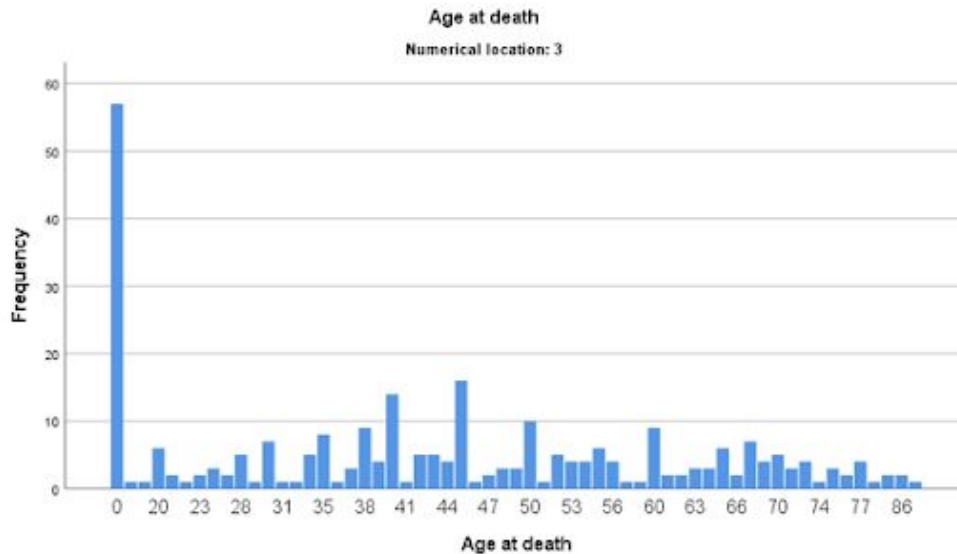
Figure 4: This graph shows the frequency of each age at death within the Schneider Park potter's field.

Age at death

Numerical location: 3

Prediction 4:

The cause of death distribution between the Glendale Regular cemetery, Glendale Potter's Field, and the Schneider Park Potter's Field does not fit my original predictions. The overall distribution of causes of death in Schneider Park and Glendale cemetery were more similar to each other than originally expected. I predicted the Schneider Park Potter's Field to be similar to the Glendale Potter's Field with causes of death than the Glendale Regular cemetery.. Figure 5 shows the cause of death distribution for the Glendale Regular cemetery. Glendale Cemetery has higher rates of heart-related, lung-related and abdominal viscera-related causes of deaths than the other causes of death in this cemetery. Figure 6 shows the cause of death distribution for the Glendale Potter's Field In figure 6 you can see that almost all of the causes of death include the infant related deaths. Figure 7 shows the distribution of the causes of death at the Schneider Park Potter's Field. In figure 7, you can see that Schneider Park has higher rates

of heart-related and diseases as causes of death in comparison to the other causes of death within the cemetery. The overall profile of the causes of death, when taking into account sample size differences show a higher degree of concordance between the SP and Glendale Regular than between the two Potter's Fields.

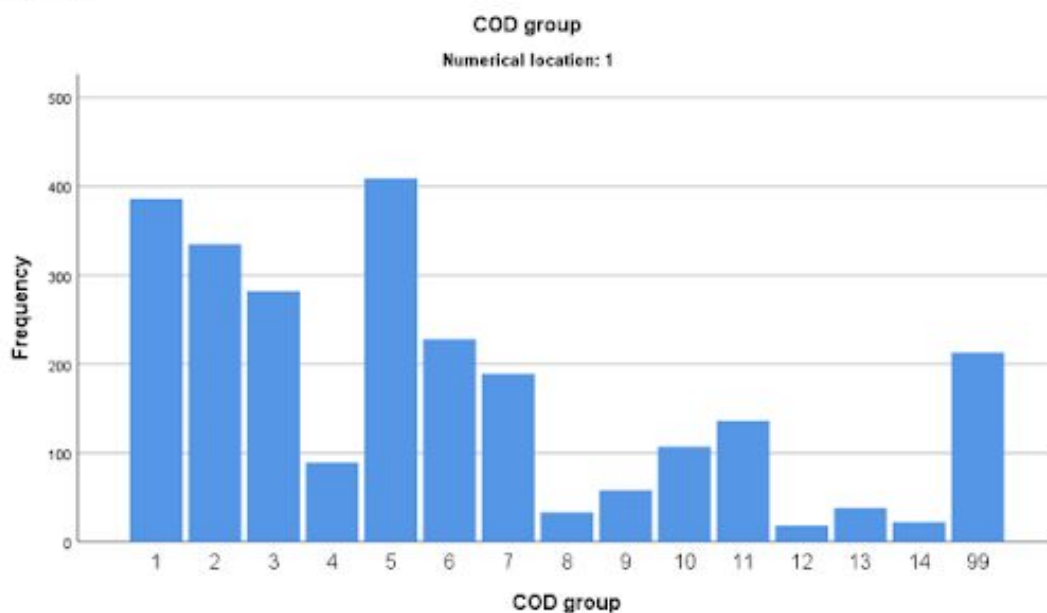Figure 5: This graph shows the frequency of each cause of death group in the Glendale Regular cemetery.

Figure 6: This graph shows the frequency of each cause of death group within the Glendale potter's field

COD group

Numerical location: 2
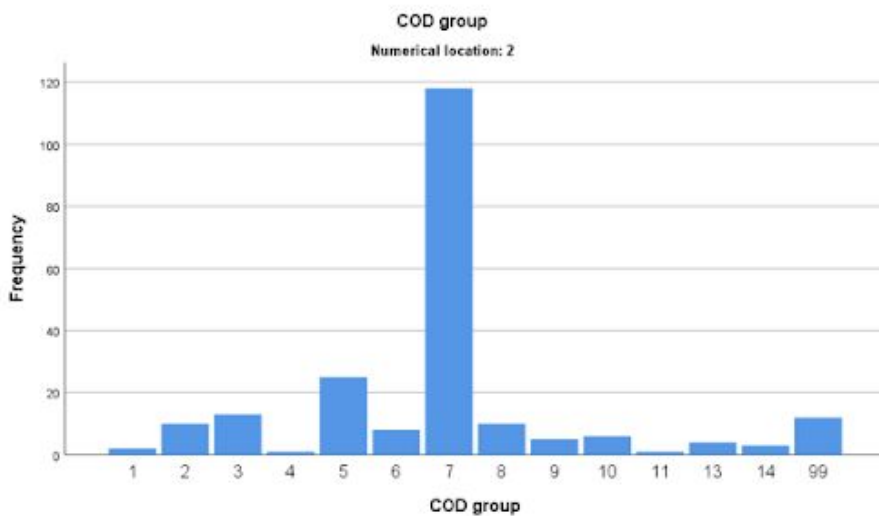
Figure 7: This graph shows the frequency of each cause of death group within the Schneider Park potter's field.

COD group

Numerical location: 3
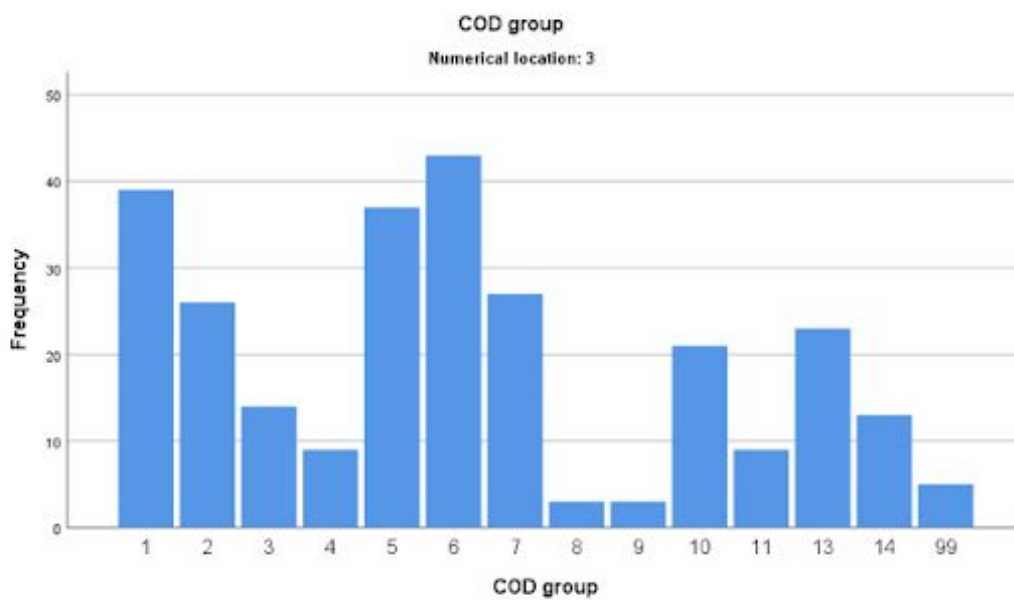
Prediction 5:

I expected Schneider Park to have higher rates of lung related causes of death than the Glendale regular cemetery, and the Glendale regular cemetery to have higher rates of heart related causes of death. However, as seen in Figures 8-9, there were more instances of both heart and lung-related causes of death in the Glendale regular cemetery than in both of the Potter's Fields. When examining the percentages of each cause of these causes of deaths in the cemeteries, the Glendale Regular cemetery has 14.7% of heart-related causes of death and 12.7% of lung-related causes of death within their population. The Glendale Potter's Field has 0.9% of heart-related deaths and 4.5% of lung-related deaths within the total population of the cemetery. The Schneider Park Potter's Field has 13.9% of heart-related causes of death and 9.3% of lung-related causes of death within their population. The Glendale regular cemetery has a higher percentage of both heart and lung-related causes of death between all three cemeteries.

Figure 8: This graph represents the frequency of heart-related causes of death within each of the three cemeteries. The bar on the left represents Glendale's Regular cemetery, the middle is Glendale's potter's field, and finally the right bar represents Schneider Park potter's field

cemetery

cause_of_death: 1
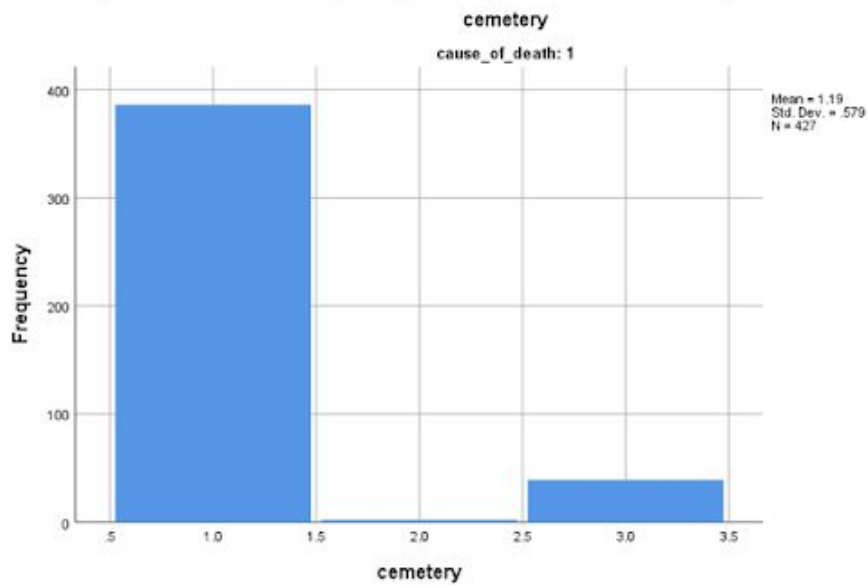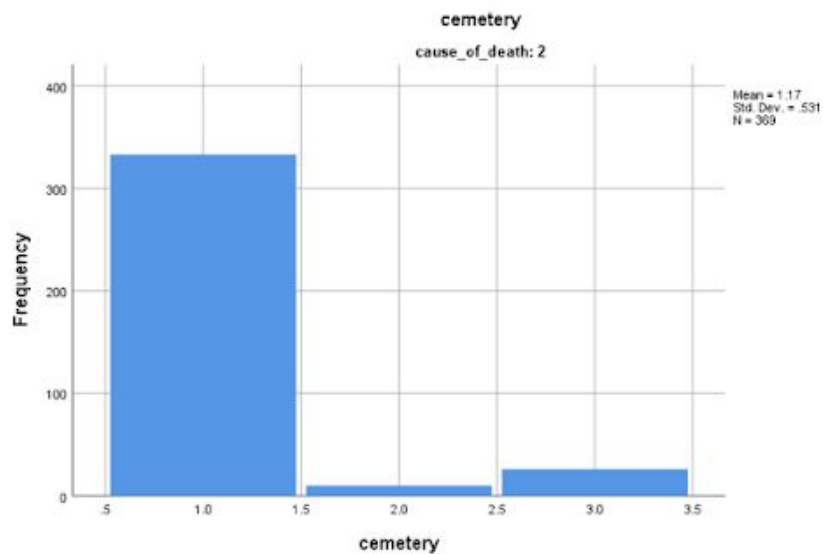

Mean = 1.19
Std. Dev. = .579
N = 427

Figure 9: This graph represents the frequency of lung-related causes of death within each of the three cemeteries. The bar on the left represents Glendale's Regular cemetery, the middle is Glendale's potter's field, and finally the right bar represents Schneider Park potter's field

cemetery

cause_of_death: 2

Mean = 1.17
Std. Dev. = .531
N = 369

Conclusions:

Overall, the Chi-square test and ANOVA contingency analyses support the conclusion that both the cause of death and the cemetery of burial are significantly affecting age at death. The Glendale Regular cemetery and the Schneider Park potter's field are more similar than original expectations. I hypothesized that Glendale Regular cemetery would have higher rates of heart-related causes of death and the Schneider Park Potter's Field would have higher rates of lung-related causes of death. The Glendale regular cemetery has higher instances in both heart and lung-related causes of death. This could be due to the fact that Glendale, overall, has more people buried within the cemetery. Schneider Park actually had higher percentages of death by diseases (15.4%) than the Glendale regular cemetery (8.7%), and the Glendale Potter's Field (3.6%). This could be due to the lack of medical care and access to treatments for these diseases at this time. I also expected the Glendale Potter's Field to have a similar distribution of causes of death as Schneider Park, however the Glendale Potter's Field was different than both of the cemeteries. This cemetery had the highest percentage of infant deaths in comparison to the total amount of individuals with known causes of death. Richer individuals, rather than people burying most of their infants with them in the regular cemetery, could have buried them in a separate location for the whole Glendale cemetery, or it could be that rich populations did not have as high of an infant mortality rate as the poorer populations during this time.

I originally predicted that there will be differences in health statuses of the individuals interred within each of the three cemeteries. When looking at heart-related and lung-related causes of death, the Glendale Regular cemetery has a higher percentage of individuals in both cause of death categories. The Schneider Park Potter's Field has a higher percentage of individuals dying from diseases. Finally, the Glendale Potter's Field has the highest percentage

of infant deaths. These differences within the causes of death between each of the cemeteries can be associated with health status and socioeconomic status of the individuals interred. The Glendale Regular cemetery is the richer ceremony, and the Schneider Park Potter's Field is the poor cemetery. The cemetery that an individual is interred, as well as the cause of death, are correlated with each other, as shown through the Chi-Square analysis. This is supporting the original prediction that the overall health status of individuals buried in different cemeteries is reflective of socio-economic stratification and that the presumed lower-income/status individuals suffered more health problems and died younger than the individuals of the more affluent socio-economic levels. These predictions were supported through statistical analyses of these data, irrespective of the limitations of comparing death certificate data (SP) and just death record data (Glendale, both). Further analyses of these data might tease apart sexual correlations to causes/manners of death that could not be examined here. Additionally, more analyses with death certificates could demonstrate proximity data to living areas, especially in the Glendale deaths. Questions that could be examined include: were the SP individuals living closer to industrial zones that contributed to more lung diseases compared to the Glendale population. Finally, this project demonstrates that carefully delving into cemetery records can provide insight and pictures of past populations.

Appendix A: Cause of Death Groupings

Cause of Death Groups for testing:	Terms included:
Heart:	- paralysis of heart - Myocarditis - heart failure - angina pectoris - Arterio Sclerosis - Heart Disease - Endocarditis - Cardiac Embolism - Cerbocarditis - malformation of heart - M Degeneration of heart - Mitral insufficiency - Heart trouble - Pericarditis - Enlargement of heart - disease of heart - heart clot - "Probably endocarditis" - fabroid myocarditis - chronic heart disease - Cardiac Bolus - Organic disease of heart - trouble of heart - heart thrombosis - Acute Endocarditis - Rupture of Aorta - Heart Exhaustion - Cardiac Degeneration - V. Disease of Heart - cardiac paralysis - chronic myocarditis - acute cardiac dilatation - chronic endocarditis - aortic and mitral regurgitation - cardiac failure - Moc- Degeneration - arterial degeneration - Dilation of Heart - Cardiac Insufficiency - cardiac neuralgia - V Heart Disease

	- Failure to close of former ovals - Cardiac Asthma - Pericarditis - Valvilitis - Acute Dilation of heart - ACute Card dilation - card. Dilation - mitral stenosis - cal-heart disease - Arteriosclerosis - aortic regurgitation - Myocardial Garter - valvular insufficiency - tricuspid insufficiency
Lungs:	- Pneumonia - Mem-croup - pulmonary combustion - Pulmonary Edema - Bronchitis - lobar pneumonia - acute bronchitis - Bronchopneumonia - Acute pneumonia - Pulmonary hemorrhage - depheratic croup - pulmonary echema - Asthma - chronic pleurisy - asthma from old age - septic pneumonia - Pleurisy - Disease of Lungs - oedema of lungs - acute lobar pneumonia - Croup - lung trouble - comp pneumonia - hepatized lung - Chronic Bronchitis - Oedema of Lungs - Pulmonary edema - Senile Pneumonia - croup tonsillitis - Cerebral Pneumonia - Laryngitis - Catarrhal Bronchitis

	- Bronchial Asthma - paralysis of respiration - pulmonary "ordma" - acute lobar pneumonia - Pulmonary Oedema - bro pneumonia - catharel pneumonia - Lab- preumonga - hemorrhage of lungs - Oadema of Lungs - Capillary bronchitis - Paralysis Respiration - bronchopneumonia - Acute lobar pneumonia - chronic asthma - lung fever - pulmonary embolism - Pulmonary deficiency - emphysema, exhaustion
Brain:	- Apoplexy - Meningitis - Paralysis - cerebral embolism - organic brain disease - Convulsions - cerebral hemorrhage - Spinal Meningitis - brain fever - meningitis paresis - paralytic Dementia - Senility - insanity/ exhaustion - Cerebral apoplexy - Cerebral thombar - epileptic conv- - softening of brian - Acute insanity - convulsion of brain - congestion of brain - Comia (coma?) - spina bifida - septic meningitis - Acute Dementia - Locomotor Ataxia - Cerebral Apoplexy

	- Brain Tumor - Senile Dementia - Dementia - Paralysis - Cerebral Spinal Meningitis - Cerebral Abscess - Endemic coma - cerebral Emboli - chronic meningitis - serious meningitis - paralysis cerebral - concussion of brain - uremic convulsions - general paralysis - Organic Disease of Brain - concussion of spinal cord - degradation of brain - Encephalitis - Hydrocephalus - ulcer of brain - streptococcus meningitis - syphilitic meningitis
Blood related	- Hemorrhage - Septicemia - Pernicious anemia - Bactesemia - blood poison - Purpheral Septicemia - general septicemia - Embolism - Septic Poisoning - Internal Hemorrhage - Cystitis Septicemia - Septicemia - General Sepsis - Blood poisoning - post partum hemorrhaging - Thrombosis - pereferal sepsis - Anemia - puerperal septicemia, abortion
Abdominal Viscera	- Nephritis - bright's disease - concern of stomach - Peritonitis

	- septic peritonitis - explosis of liver - liver trouble - acute nephritis - hemorrhage of bowels - liver trouble - Peritonitis - Indigestion - Appendicitis - eutero colitis - "Also colitis" ? - Cholera infantation - septic peritonitis - Stomach and liver ... trouble? - Uremic Poison - Gastritis - Dysentery - Kidney Trouble - intestinal nephritis - acute cholera - acute indigestion - Uraemic Poison - chronic nephritis - acute erletrus Enteritis? - Uremic Poison - acute gastro intestine - Intestine obstruction - Chronic nephritis - Enteritis - stomach trouble - Liver - Gallstones - Liver trouble - enterocolitis - Indigestion - chronic gastritis - inflamation of bowels - obstruction of bowels - acute peritonitis - Uremia - acute indigestion - Gastric hemorrhage - stomach trouble - acute nephritis - Cirrhosis - "psurperal peritonitis" - Hepatitis

	- Cystitis - addison disease - obstruction of bowels - Gastroenteritis - C nephritis topemia - intestinal hepatitis - chronic bright's disease - Acute artero enterlis - uremic poison - Appendicitis - stricture of bowels - Indigestion - intestinal paresis - Uremic Poisoning - Acute Bowel Trouble - acute peritonitis - sclerosis of liver - Uremia - leek of med-allemtory peritonitis - Uremia Coma? - Custitus (cystitis?) - Uremia - Plastic Peritonitis - Acute Uremia - Uremic Poison - Enterocolitis - ___ of Gallbladder (Gall bladder trouble) - Int Paralysis - Uraemic Poisoning - pancreas and stomach - Hodgkiss disease - acute indigestion - General Peritonitis - Hemorrhage From stomach - Uremic Coma - Cystitis - Acute Ileocolitis - Liver Disease - Dysentery - diarrhea and enteritis - Intestinal obstruction - Ulcer of Stomach - cirrhosis of liver - toxemia of pancreas - gastric indigestion - gastro e colitis - concinoniatus Abdomen

	- perforated ulcer - Infected Gallbladder - cholera morbus - acute auter colitis - sepsis with er colitis - intestinal detox - olio colitis - Pyelonephritis - gastroenteritis, improper feeding - chronic enterocolitis - Enterocolitis - gastroenteritis, one week no doctor in attendance - uremia following confinement, cold and influenza(?) case - hemorrhage from stomach, gastric ulcer - alcoholic cirrhosis of liver - Parenelymalin-nephritis - cholera infection - Enterocolitis - renal hemorrhage - unknown stomach - Jaundice - cirrhosis of liver, alcoholism - intestinal obstruction, valvular
Disease:	- Consumption - typhoid fever - Tuberculosis - Paresis - whooping cough - scarlet fever - Tuberclan M - - tubercular nephritis - Pulmonary tuberculosis - la Grippe - Phthisis - Paresis - Malaria - tuberculosis meningitis - Basilis Meningitis - Influenza - Tuberculosis of lungs - Congenital Syphilis - chronic malaria - measles and diphtheria - Measles - poliomyelitis - Pertussis

	- quick consumption - influenza - syphilis - rheumatic fever - tuberculosis of the kidney - paresis, syphilitic
Infant:	- Premature birth - Stillborn - Pyloric Stenosis - congenital malformation - Inganes at birth - premature parturis? - bottle feeding - Prematurity - birth Trauma
Malnourishment	- Inanition - Marasmus - Malnutrition - inanition, weak at birth, triplets - inanition, small sized and feeble at birth - athrepsia [marasmus], inability to assimilate
Infection	- Diphtheria - Erysipelas - Gangrene - Scarlet fever - Gastrointestinal infection - Empyema - Facil erysipelas - Septic Infection - Abscess - Inf- of bowels - osteomyelitis - scarlet fever and diphtheria - Sepsis - osteomyelitis in femur - tetanus, frostbite
Trauma non-specific	- Drowning - Complication - Fracture - childbirth - Usemia Pregnancy - Suffocation - Toxemia

	- poisoned by gas
	- Strangulation
	- fracture of skull
	- carbolic poisoning
	- acute chloroform poisoning
	- ptomain poisoning
	- Found dead
	- killed by automobile
	- carbolic acid poisoning
	- frozen to death
	- Disease Fracture of Schull
	- bicloude Poisoning
	- Fracture of Hip
	- injury to leg
	- Toxemia
	- Shock
	- morphine poisoning
	- Gunshot wound
	- Scalded to Death
	- Eclampsia
	- Internal Injury
	- Injuries from explosion
	- Broken Neck
	- Internal Injury from fall
	- Traumatism
	- Broken Neck
	- Burns
	- crushed chest
	- crush of abdomen
	- operation for removal of prostate gland
	- Killed by train
	- fracture of femur
	- septomic toxemia
	- acid burns from explosion
	- sudden abrasion
	- Intramental shock - delivery
	- Gastro intestinal wound
	- fracture of skull
	- Basilar Fracture
	- Bis... Poisoning
	- murder shot in chest
	- Inf. Burning
	- skull crushed
	- shock from operation for hernia, constricted hernia
	- shock and hemorrhage fractured ribs hemorrhage of abdomen, murdered
	- homicide from gunshot wounds

	- shotgun wound in neck fired by an assassin - shock following amputation of leg for necrosed bone, frozen feet - shock, right leg crushed by car - murdered from knife strike wounds of chest
Cancer	- kidney cancer - Cancer - cancer of stomach - cancer of breast - cancer of bladder - Cancer of liver - Cancer of intestines - uremic cancer - Cancer of uterus - sarcoma of liver - abdominal carcinoma - carcinoma of larynx - cancer of "womb" - Carcinoma of Liver - Cancer of Bowels - Sarcoma - caremania carcinoma - gastric carcinoma - Carcinoma - carcinoma of bladder - carcinoma of liver and stomach - carcinoma of stomach - carcinoma of Aulan? - Cancer lungs and liver - Carcinoma of the uterus - Carcinoma of Pancreas - Gastric Carcinoma - Cancer of P gland - Metastases - carc- of ovaries - Carcinoma of Rectum - Sarcoma of stomach - carcinoma of breast - Sarcoma of uterus - carcimony of gallstones - Cancer of Rectum - Malignant growth in prostate gland - sarcoma of right hip - uteruil carcinoma - sarcoma of kidney - carcinoma of . left lung

	- carcinoma of face - Carcinoma of mouth and throat - carcinoma of cervix - Carcinoma of Tongue - carcinoma of the heart
bone -related (not trauma)	- pneumatism chronic rheumatism? - Sclerosis - rhumatiria Arthritis - insular sclerosis - Disease of Spine - Rheumatism - S Rheumatism - chronic rheumatism - Spinal Sclerosis - Acute Asp. Rheumatism - Acute Articular rheumatism
Accidental deaths	- Accident - accident "erie RR" - Accident RR - Accident Internal - accident "NOFRR" - electrocution accident - shock accident - Accidental drowning - Street Car accidents - accidental burns - accident at kent - found dead by accidental smothering - Accidental Crushed Skull - accidental poisoning - Crushed chest accidental - powder explosion accidental - accidentally killed by A.B.C. car, - accidental death from hemorrhage struck by streetcar - run over by auto-truck, - accidental fall on sidewalk fracturing base of skull - was probably struck by train - traumatic pneumonia - train accident - Found floating in the canal; death believed to be accidental
Suicide	- suicide (gunshot) - suicide by hanging - suicide by drowning - suicide by shooting - suicide by carbolic acid

	- Suicide by chloroform - Suicide by cutting - suicidal- from wood alcohol poisoning [methanol] - suicide from strangulation - Train Suicide - "Probably suicide"
Other	- melancholia - Periphera - "Cervics"? - exophthalmic goitre - Diaphera - blubber paralysis - Eryochlus - Excd Carolus - Asolemia - Memia - "Cornian" - Phyoditis - Presri - Bronealilatismus (?) - Strictum Asophegus - Maeuna - Pemaeses Ausameal (??????) - c of p glance - oedema of Glottis - ...neuro?... pharsugetics - Status Exhaustion - Alcoholism - Malubelion - C C Enlarge Prostate - Acute Intoxication - Chronic Alcoholism - diabetus tonsillitis - Valenlitis Metral - Chatsey stitis - Ether Arustheilus - Dropsy - Diabetic Coma - Sore throat or mouth - Acute Pulmonis - P Pulmonalis - Meloncholitis - Central Dropsy - Valacular Lesion - Adm - of uterus - Perperil(?) Fever

| | | - Alcohol Paresis
- infant debility
- acute C Diabetes
- chronic diabetes
- inflammation of nasal passage
- Spasms
- Starvation
- Bladder Trouble
- C F Parks
- Groves Des
- Chr- Otitu Media
- Bosedown Disease
- Icterus
- Autostima
- Paresis
- Asphyxia
- Paralysis
- Infantile Paralysis
- Diabetes
- chronic diarrhea
- salvular and ear...?
- acute diabetes
- Old Age
- intestinal melancholia
- Acidosis
- diabetes melilus
- Bummia
- Strangulated hernia
- oedema of bloltis
- Alcoholism
- Exhaustion
- Atelectaris
- Acute Diarrhea
- int- exhaustion
- acute dermatitis
- Maffmuertiru
- neonatal asphyxia
- assending pyelitis
- non-assimilation of food (39 days)
- acute alcoholism
- exhaustion, refused to eat |

Works Cited

Colopy, M. (1991). Living history, dying art: the history of Glendale cemetery. Publisher not

    identified

Family Search. (2018, January). How to Find Ohio Death Records. Retrieved from

    https://www.familysearch.org/wiki/en/How_to_Find_Ohio_Death_Records

Field, A. (2014). Discovering statistics using IBM SPSS statistics (4th ed.). Los Angeles: Sage

    Publications.

Past Pursuits: A Newsletter of the Special Collections Division of the Akron-Summit County

    Public Library . (2006, Spring). Past Pursuits , 5.

Stewards of Historical Preservation. (2017, July 21). Schneider Park Cemetery. Retrieved from

    https://historicakron.wordpress.com/2017/07/21/schneider-park-cemetery/

Trexler, P. (2014, May 30). History comes alive in Akron at Glendale Cemetery's 175th

    anniversary celebration. Akron Beacon Journal.

Winkleby, M. A., Jatulis, D. E., Frank, E., & Fortmann, S. P. (1992). Socioeconomic status and

    health: how education, income, and occupation contribute to risk factors for

    cardiovascular disease. American Journal of Public Health, 82(6), 816-820.