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QUICK IDEAS FOR PRESERVING YOUR FAMILY HISTORY ARTIFACTS

Julia Morse

For anyone who has found themselves with a little extra time on their hands while staying at home away from COVID-19, now might be just the time to plan your strategy for organizing and preserving your family history artifacts and compilations.

At our newly refreshed MCGenealogists.org site, we have created a page with links to resources and ideas to get you started with organizing, preserving, and archiving the artifacts that document your family history so that you can rest assured that it will be shared and available to future generations: <https://mcgenealogists.org/2020/03/08/preserving-your-history/>.

Here is a sampling of some of the topics: Preserving and Digitizing Photos and Documents: (1) The National Archives has a collection of pages with recommendations for best practices and how-to's in home preservation of family historical artifacts and documents, particularly papers and photographs. Their recommendations include expert advice on repairing damaged items, as well as handling, storage, and digitizing. <https://www.archives.gov/preservation/family-archives>.

(2) I recommend Denise May Levenick's site "The Family Curator" (<https://thefamilycurator.com/>). for her practical advice on how to get past the overwhelm and put together a careful but workable system for organizing and preserving your artifacts. Some helpful articles include her "Parking Lot

System" for sorting, tagging, and digitizing photos; suggestions on how to preserve and digitize old family albums; and information on how to keep metadata associated with digitized photo files.

Archiving Documents Online for Others to Access:

(1) You can archive public-domain documents or self-publish your family histories at Internet Archive (archive.org) to make them freely available to future researchers and generations. MCG has set up its own collection space within Internet Archive and may be able to help members publish appropriate documents.

(2) Ancestry.com, MyHeritage, and FamilySearch.org provide means for you to submit family photos and documents to accompany your family tree, which they will archive and make available to other users. (The first two require a subscription.)

(3) You can donate your family history materials (paper or digital) to the Allen County Public Library Genealogy Center. This internationally-recognized genealogy library publishes its collections freely online at [Archive.org](http://archive.org). For more information, see their page, www.genealogycenter.org/Donate.aspx.

One fun idea for sharing your old family photos is to compile a modern printed photobook. For those who are compiling a family history book, we provide some sources to help you navigate common copyright questions. For example, what photos can you legally include in your family history book? What options do you have for choosing how much permission you wish to extend for others to copy and share what you publish while still protecting commercial rights?

Please visit our MCG page on "Preserving your

History for Future Generations” for specific links.

THE PRESIDENT'S CORNER

Al Morse

Because of COVID-19, I have been taking time to clean out things that my wife, Dorothy Jean (Newcomb) Morse, and I have accumulated over the years. I help, as a volunteer, to clean out apartments and houses at Foxwood Springs in Raymore, Missouri, which is where I live. The family has cleaned out what they wanted to keep and we then go in and help clean out everything else. It saddens me to see family pictures, certificates, plaques, and other memorabilia that other family members do not want to keep or save. We have to throw them away. My two sons have told me that they are not interested in many of those items either.

Dorothy and I have been savers of all kinds of items that meant something to us. We have cut out many articles in newspapers and magazines. They usually were about cooking, recipes, gardening, history, genealogy, amusing, or just interesting to us at that moment. Dorothy collected cookbooks and music books. She played the piano, so she had several boxes of music books or sheets of music for church choirs or for personal enjoyment.

We have a large collection of books. Dorothy was an avid reader. I liked historical books, nature books, gardening books, and biblical books and bibles. We have five bookcases of books. About two years after I started teaching, I visited my grandparents Clark Frank and Alma Dona (Miller) Morse. They took me upstairs and gave me 2 or 3 boxes of old books. I kept them in our basement in Independence, Missouri. I have now moved them to our house in Raymore. When my brother and I cleaned out our parents house, I took 2 or 3 boxes of books from there as well.

That is what I have been working on today. While I had looked at them occasionally over

the last several years, it was today that I took a longer look at them. I was amazed at what a treasure I had. I have sorted them into four boxes. One box is for the Foxwood Springs Thrift Shop. These are primarily old novels. One box is for the Bates County Museum in Butler, Missouri. This box contains mainly old school textbooks. Most of these were used by relatives with their names in them. My mother, Mildred Catherine (Janssens) Morse, and three of her brothers used these books in the schools at Foster, Missouri or Rich Hill, Missouri in the 1920's. One book has Dorothy's father, Herbert Edgar Newcomb, listed in it. He went to a one room schoolhouse around 1920 and his daughter, my wife, went there in the 1940's. One box is for my cousin, Richard Morse's daughter, Julia Morse. There are several books with my father's name and her grandfather's name and Frank Morse and Dona Morse's names in them. One book has a copyright date of 1848, but this one was released in 1858. It was an answer book to a math book, but there was a note in it that I had never noticed before. It was a note by a parent for a tardy student. The note went to “Miss Ward”. That would be Nancy (Ward) Morse, my great grandmother. Julia took her 1867 diary that was in one of the boxes from my grandparents. And she has written a book concerning it. Nancy was a school teacher in Illinois and possibly other locations. The fourth box is labeled trash, at least for right now.

I have also thrown away many of the newspaper clippings. I have given several cookbooks to the Thrift Shop or the Bargain Barn. Today I am throwing away all of my teacher contracts. These covered 35 years of teaching mathematics in the Independence, Missouri School District. I have thrown away some plaques and certificates that were awarded to me that would not mean anything to my sons. Now, I still have pictures, genealogy files, and other things that I need to consolidate. I have cleaned out a few books, but I have much more to do. I also need to clean out the garage of some of my gardening stuff. My desire is to make it easier on my sons.

After all, I helped Dorothy clean out her parents

house in 1990, and she and I , along with my brother and his wife, cleaned out my parent's house. We made several trips down to Rich Hill in 1982 to do that. In fact, one item that I found in my father's, Albert Frank Morse's, big desk was a small cloth bag with a rubber band around it. It contained my mother's gall stones. My father kept them and occasionally would show it to us. This was a real keepsake for him. I asked my brother, with a smile on my face, "Do you want Mom's gall stones?". He replied "NO". I put them in the trash bag.

My sons were over about a month ago. We went to lunch and then came back by the house. I told them that story. I also told them I will try to clean out as much as I can. But there will be some that I cannot; they mean too much to me. But, I told them they could if they did not want them.

HOW THE 1918 INFLUENZA PANDEMIC BEGAN

Glynn Elliott Morse

Many of us had relatives who died in the 1918 flu pandemic. My step-great-grandmother, Cora Mabrey Harms, of Lincoln, Missouri, cared for family members ill with the flu. After they recovered, Cora then came down with the disease herself and died at age 38 on December 10, 1918. The story remains vivid for my cousins and me because Cora Mabrey Harms was so much loved by her stepchildren. My grandfather, George E. Harms, named his first daughter (Cora Harms Elliott, b. 1914) for his stepmother.

One of the similarities of the 1918 influenza strain and the COVID-19 virus of today is the rapid spread of the disease from one area to another, including other parts of the world. The 1918 strain of influenza is believed to have started in Haskell County, KS in January, 1918 with a widespread outbreak of influenza and pneumonia cases that caused a local physician, Loring Miner, to alert the U.S. Public Health

Service. The local newspaper reported, "Most everybody over the county is having lagrippe or pneumonia."(1)

Several Haskell men who had been exposed to influenza went to Camp Funston (on Ft. Riley Base), in central Kansas. By March 4, 1918, "the first soldier known to have influenza reported ill. The huge Army base was training men for combat in World War I, and, within two weeks, 1,100 soldiers were admitted to the hospital, with thousands more sick in barracks. Thirty-eight died. Then, infected soldiers likely carried influenza from Camp Funston to other Army camps in the States—24 of 36 large camps had outbreaks—sickening tens of thousands, before carrying the disease overseas. Meanwhile, the disease spread into U.S. civilian communities."(1)

Fourteen of the training camps across the U.S. reported influenza outbreaks between March and May, 1918, the same time that some of the infected troops were being sent on ships to France. By late spring and summer, influenza had spread to all the armies in Europe, (both allied and German). In some cases so many soldiers were ill with influenza that armed conflict slowed to resume later when replacements came to the field.(2) The influenza was now in Europe, later to reach all parts of the world, including Asia and Africa. The influenza seemed to be stronger and more deadly, and millions would die by the end of 1918.

By summer of 1918, the first wave of influenza cases in the U.S. had subsided. By late summer, the second wave began again in the U.S., most likely coming from Europe with what was called "Spanish influenza," because of the influenza epidemic in Spain and other countries in Europe. The "Spanish influenza" can't really be attributed to Spain as it is believed to be the same flu that had originally come to Europe from the United States. No matter the name, this second wave of influenza was even more deadly and seemed to hit healthy adults whereas the

first wave had affected more of the very young or elderly.

In September of 1918, some American troops were returning to the U.S. after fighting in Europe. On September 19, 1918, the Spanish influenza was reported at the Philadelphia Navy Yard, and within a few days, 600 sailors had the disease. Because of the number of Army camps around the cities, soon the “Spanish influenza” appeared in the civilian populations of Boston and Philadelphia. (3)

On September 28, 1918, Philadelphia was planning a World War I Liberty Bond parade on downtown streets. In the day before the parade, 118 people had come down with the deadly influenza, which was already quickly spreading from military camps to civilians. The Philadelphia Health Commissioner had been advised by medical officials to cancel the parade or risk an epidemic caused by spectators standing in close proximity to each other. Bond drive advocates argued that the parade was important to the war effort, and the health commissioner caved in to political pressure and approved the parade. The Philadelphia Liberty Bond parade was held as scheduled, and over 200,000 people tightly packed, spent a lengthy time waiting and watching along the parade route.(4)

Three days after the parade, thousands of influenza patients had filled all of the beds in 31 hospitals, ending up with 12,000 deaths within six weeks. Later, historians and health professionals would blame the explosion of Philadelphia influenza deaths on city officials’ failure to shut down mass meetings, especially the parade. This would later lead to public health officials advocating “social distancing” to slow the spread of infectious diseases, advice that is being promoted as we respond to the threat of COVID-19 in 2020.(4)

Sources:

(1) John M. Barry, “How the Horrific 1918 Flu Spread Across America,” *Smithsonian Magazine*, November 2017.

(2) “The U.S. Military and the Influenza Pandemic of 1918–1919,” National Center for Biotechnology Information, U.S. National Library of Medicine, PMID: PMC2862337. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862337/>

(3) Mira Shetty, “Penn and the 1918 Influenza Epidemic,” Penn History, University Archives & Records Center, 2018. <https://archives.upenn.edu/exhibits/penn-history/flu>

(4) Meagan Flynn, “What Happens if Parades aren’t Cancelled...,” *Washington Post*, March 12, 2020.

<https://www.washingtonpost.com/nation/2020/03/12/pandemic-parade-flu-coronavirus/>

GATHERING BANS AND SOCIAL DISTANCING 102 YEARS AGO IN MISSOURI

Glynnna Elliott Morse and Julia Morse

The following statement, which appeared in the Windsor, Missouri newspaper, *The Windsor Review*, October 10, 1918, demonstrates that social distancing is not a new strategy:

“In compliance with the request of the U.S. Public Health Service and the State Board of Health at Jefferson City, that an epidemic of Spanish Influenza is sweeping the country, that there is every reason to believe that no section of the country will escape, that quarantine measures are utterly inadequate to handle the situation, and that only by diligent exercise of every precautionary measure on the part of all governing bodies, and persons not affected, will a tremendous death rate from Pneumonia be prevented, the Windsor Board of Health, at the urgent request of Mayor J. W. McIntire, met Tuesday morning [October 8], together with the school directors and members of the city council, and took speedy and drastic action to suppress and prevent an outbreak of the

contagion in Windsor. Schools, churches, theaters, moving picture shows and all places of public meetings were ordered closed and public gatherings and assembly of persons prohibited.”(1)

The neighboring city of Clinton simultaneously announced their own ban on gatherings, (as did many other communities throughout Missouri):

“Beginning Wednesday morning, October 9, and until further notice, all public gatherings of persons are prohibited except by written permission from the Board of Health of the city. All citizens are requested to cooperate in the effort to stamp out the disease. No useless or unnecessary visiting will be permitted.”(2)

In the 102 years since the 1918 influenza engulfed the world, epidemiologists and health officials have learned from that experience some steps to slow the spread of disease, some of which are currently being promoted by the Center for Disease Control today in 2020.

The influenza epidemic, which began early in 1918 in Kansas, was transmitted to Europe and the war zone by summer 1918, and had reappeared back in the U.S., especially along the East Coast, with the return of some U.S. soldiers from Europe.

Central Missouri readers of the Windsor Review found first mention of “Spanish flu” in the September 26, 1918 issue: “Spanish influenza is rampant in practically all the big cities and soldier camps in the east, at the Great Lakes Naval training station, at Camp Funston....In hundreds of instances, it is being followed by pneumonia, fatal in scores of cases.” The editor further cautioned in that article that those with sneezes or coughs should use their handkerchief and avoid being around other people as “One careless person can start contagion, or epidemic that all the doctors in the community can’t stop.”(3)

At St. Louis’ Jefferson Barracks, the first influenza cases were reported on October 1, 1918 and within a week, 800 soldiers were hospitalized. Assistance was requested from the Red Cross in St. Louis, and women received hurried training at Barnes Hospital as nurses’ aides. Although the influenza spread rapidly, the epidemic was controlled quickly with a much lower case number than at other military bases in the country. This lower figure was attributed to rapid emergency aid response from the Red Cross nursing staff. (4)

The rapidity of influx is striking. A September 30 report from Columbia, Missouri, while recommending precautions against a pending outbreak, reported at the time that “the epidemic of Spanish influenza now sweeping the East has not extensively broken out in this section of the United States.”(5) Just five days later, the Daniel Boone Tavern in Columbia, announced cancellation of a planned assembly due to Influenza dangers. (6)

Aggressive actions by the City of St. Louis under the leadership of City Health Administrator, Dr. Max Starkloff, is credited for keeping the spread and number of deaths much lower than in other large cities. St. Louis was the fourth largest city in the nation. St. Louis, unlike Philadelphia, cancelled its World War I Liberty Bond parade. Shortly after the outbreak of influenza at Jefferson Barracks, Dr. Starkloff, with the backing of Mayor Henry Kiel, began issuing close-down orders in the city on October 7 by closing schools, theaters, moving picture houses, amusement places, and banned gatherings of more than 20 people. The following day, he closed churches, followed by the closing of municipal court, playgrounds, libraries, lodges, etc. (7,8) As the Missouri State Medical Association would state 100 years later, “These actions taken by Starkloff would later be known as social distancing.” (7)

Just three days after the St. Louis closures began, Windsor, Clinton, and other communities across Missouri were declaring their own shut-

downs of assemblies, prompted on advice from the State and local Boards of Health.

The American Red Cross was a major factor in helping during the epidemic in St. Louis with hundreds of volunteer nurses, ambulance corps, etc. The Red Cross operated five ambulances, transporting as many as 100 patients per day. Of the persons who got sick in St. Louis, a much smaller percentage of patients died than occurred in other large cities such as Philadelphia. (7)

Kansas City quickly followed St. Louis as an influenza outbreak occurred by the last week in September. The first cases arose from Sweeney Automobile School, which was training army recruits to be mechanics. Within a week, 2,300 of the 3,000 recruits had influenza with 15 dying. Kansas City's response to coping with the influenza outbreak was slower than St. Louis, primarily because of political pressures. Nearly all jobs in the Health Department were granted through the Pendergast political machine. Eventually, Kansas City put in place nearly all of the policies used by St. Louis. As the epidemic progressed with a rapid number of new patients, the Red Cross and the Visiting Nurses Association provided a huge volunteer program, aiding in the treatment of influenza cases in Kansas City. (4)

By the end of the epidemic, Missouri's two largest cities would have the following grim statistics: St. Louis – 31,693 cases with 2,883 deaths and Kansas City – 11,431 cases with 1,724 deaths. Bad as those numbers were, both cities had considerably less cases and deaths than the 49 other cities with populations above 100,000. St. Louis ranked 32nd highest of the 49 other cities, and Kansas City ranked 17th highest of the 49 cities with population above 100,000. St. Louis had the lowest mortality rate of any of the 10 largest cities in the U.S. (4)

Sources:

(1) "Don't Spread It," Windsor Review (Windsor, MO), October 10, 1918, p. 1.

(2) S.T. Neill, "For Health: City to Stop All Public Gatherings," Henry County Democrat (Clinton, MO), October 10, 1918, p. 1.

(3) "Don't Help Germany," Windsor Review (Windsor, MO), September 26, 1918, p. 1.

(4) "The 1918 Influenza in Missouri: Centennial Remembrance of the Crisis," Missouri Medicine. Jul-Aug 2018; 115(4)319.

(5) "Take Means to Prevent the Spanish Influenza," Crawford Mirror (Steelville, MO), 3 Oct 1918, p. 1.

(6) Daniel Boone Tavern, "No Assembly Tonight," The Evening Missourian (Columbia, MO), Oct 5, 1918, p. 4.

(7) Elizabeth A. Eisele, "Aggressive actions during 1918 Spanish flu pandemic made St. Louis a city ahead of its time," KMOV.com, March 14, 2020.

(8) "Influenza Quarantine Placed on City Schools, Theaters, Churches are to be Closed," St. Louis Globe-Democrat (St. Louis, MO), Oct 8 1918, p. 1

WHY DO GENEALOGY?

Marjorie Slavens

My mother, Mildred Welty Slavens (1910-2008), began doing her genealogical research in the 1970s after all of her children were grown and no longer at home. In the early 1950s, she had asked her father, Edward Alonzo Welty (1884-1954), about his parents and their families, but Weltys were generally not very communicative, and she did not learn much from him that she did not already know. She knew her grandfather was Henry Welty (1837-1911), but she never met him, having been born December 2, 1910. She knew her grandmother, Catharine Mary Eppright Welty (1848-1928), but she only saw her once, or possibly twice because Mother grew up in Kansas City, Kansas, and her grandmother lived in Jasper County, Missouri, just south of the Barton County line; travel was much more difficult at that time. In the early '70s, my mother's sisters told her she should research the family history since she was the oldest of five children. She

devoted much of her time to her family research from the late '70s to two weeks before her death on June 30, 2008. She had a fall and went to the hospital but had been revising her Eppright family book for its third edition in the afternoon before her fall.

My interest in family research was primarily for a very different reason. My brother, Everett, my older sister, Beverly, and I all had retinitis pigmentosa, a recessive characteristic inherited from both of our parents. We were partially sighted when we were very young, but all of us became totally blind. My younger sister, Carol, did not inherit this condition, and she has always been a strong supporter of us and the one who has always organized our various family reunions, including my parents' 50th anniversary, my father's 75th birthday, my mother's 80th birthday, and my 70th and 80th birthdays.

My parents had never had any contact with blindness and did not understand for many years why their three older children had deficient vision. My father, Ralph Westmeier Slavens (1907-1983), always assumed that it was his fault, but, of course, he was wrong. They took my brother and sister to a Kansas City doctor in the early '40s, but he did not diagnose the condition. He said they should give their children more milk and carrots. We were accurately diagnosed in 1946-47 by Dr. T. E. Sanders in St. Louis. He told my parents there was nothing they could do to correct the situation, but they should provide the best possible education for their children, rather than continuing to consult doctors for a cure. I was told in 1990 by a doctor at the University of Wisconsin Hospital that this diagnosis was very early in the understanding of RP by the medical community. He had done his residency in the late '40s with Dr. Sanders. My high school biology teacher studied our case when she was working on her Masters at Indiana University, and the nature of our heredity was a part of that study. She had interviewed us for her study, and she sent us the results of the study, although

very little was known then, in contrast to the present. Both parents must be carriers of a recessive characteristic for their children to have it.

“What is Retinitis Pigmentosa?”

Retinitis pigmentosa, also known as RP, refers to a group of inherited diseases causing retinal degeneration. The retina is a thin piece of tissue lining the back of the eye. Rod and cone photoreceptors in the retina convert light into electrical signals that the brain interprets as vision. People with RP experience a gradual decline in their vision, because photoreceptors degenerate.

Symptoms

Symptoms depend on whether rods or cones are initially involved. In most forms of RP, rods are affected first. Because rods are concentrated in the outer portions of the retina and are activated by dim light, their degeneration affects peripheral and night vision. Vision becomes more constricted over time. If and when the disease progresses and cones become affected, visual acuity, color perception, and central vision are diminished.

RP is typically diagnosed in children, adolescents and young adults. It is a progressive disorder. The rate of progression and degree of visual loss varies from person to person. Many people with RP are legally blind by age 40, with a central visual field of less than 20 degrees in diameter.” (The Foundation for Fighting Blindness)

My brother, older sister, and I always had night blindness. Reading for us was always extremely difficult. By the time we were college age, we could no longer read printed text, although the development varied with each of us. Ultimately, we were all totally blind.

I learned a lot from my brother and sister, who were four years ahead of me in school. I learned the names of all of the states and their capitals before I started to school from a map puzzle

they had. From the puzzle, I also learned the shapes of the states. In the summer after they were in the fifth grade and I in the first, they taught me the names of all of the books of the Bible, which their group recited at the final program for Vacation Bible School. When the minister asked if their group had finished, my brother said, "My little sister can do it". I recited the entire list, something I can no longer do now. Since I was younger and probably had more vision at any given age, I read their Math fractions to them, which they could not read. I continued to read for my sister with a very bright light and magnifying glass. I read her sophomore World History, but found that material extremely difficult to read when I was a sophomore four years later. Sometimes, I learned more from my siblings than from my teachers. We learned to deal with the challenges by experience, and I profited from their experience to deal with those challenges when they occurred. Both my brother and I had to depend on readers to do our college work; they read once, and we had to learn; there were no recording devices in those days.

Everett received all three of his degrees in History from the University of Missouri and taught for two years at the Junior College of the School of the Ozarks, now College of the Ozarks in Branson, and 36 years at Ouachita Baptist University in Arkadelphia, Arkansas. He had three children. He was selected for 4 university summer seminars for college teachers from small colleges. One of these seminars of 12 participants was in South Africa, where Everett met and has his picture taken with Nelson Mandela. After he retired, he made three trips to Zambia to teach in a seminary related to his church. Beverly completed a Business College program and worked as a dictaphone operator for 10 years, when she retired to become an excellent mother of two children. She has worked actively as a volunteer for the Missouri Council of the Blind and administered their summer camp program for 20 years before retiring again. I received two degrees from the University of Missouri and my Ph.D. in Spanish

and Latin American Studies from St. Louis University. I taught three years at Western College for Women in Oxford, Ohio and 33 years at Rockford College, now University, in Rockford, Illinois. Several years, I took groups of students to Mexico for special courses between our semesters. My sister, Carol, is 8 years younger than I. She was an excellent federal worker for 22 years and also raised two of my wonderful nieces. Carol has always been a wonderful help for her blind siblings; this week when I had difficulty completing grocery orders for delivery at this time, she helped me complete the orders to be transmitted to the providers because their sites were not completely accessible. Accessibility has become an increasing challenge because providers are not as conscientious about making their sites accessible as they were in the '90s and the first decade of this century. None of my nieces and nephews have RP, and their children do not have it either. Even if any of them might have been carriers of the condition, their spouses were not carriers.

My interest in family research was primarily to determine if we could find any of our ancestors who had had such visual challenges because of RP in the past, but we found no one. Of course, I am also interested in the research for the same reasons that inspired my mother, but that was not my original primary motivation for such research.

(Note: Thanks to Glynna Elliott Morse, Julia's mother, a first time writer for this newsletter for her two timely articles.)

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