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Longevity and Mortality Among My Swedish Ancestors

Charles H. Hendricks*

Myth versus Reality

In his memoirs, my father, Henning Vitalis Hendricks, carefully passed on the all-too-limited information he had gleaned from his own Swedish immigrant parents about their own ancestors. Much of what his parents had taught him proves to be true and verifiable. Some of the family lore, however, is open to serious question.

For example, he reported that his paternal grandfather had been a schoolmaster for a time. That is simply not true. None of the ancestors on either side of the family ever was recorded as being a schoolteacher.

Another example: Dad reported that his paternal great-grandfather lived to be nearly 100 years old. That also is not true. From the records we know that the ancestor in question, Lars Henriksson, died of "colic" on 26 March 1831, aged 71. Only two members of the family tree have been recorded as dying beyond the age of 90, and both of them were on the maternal side of the family.

It seems often the case that when family lore is handed down from one generation to the next inaccuracies begin to creep in and, over time, become accepted as truth. After being accepted as fact, there then is a tendency to generalize from such bits of information until one might say, for example, "Ours is a long-lived family." If one wishes to demonstrate the truth of such a blanket statement, some inquiry is indicated.

Upon reflection, it must be certain that there is no single family, all of whose members live to a ripe old age. If the speaker meant to say that most of his ancestors died at a very advanced age, he would undoubtedly be surprised if he could learn the facts in the case.

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One Family's Record

In order to learn about the mortality patterns among my Swedish ancestors, I studied official records concerning the length of life and the manner of dying of all my Swedish direct ancestors, starting with my paternal grandparents and working backwards in time. All these ancestors were born either in northern Skåne or southern Halland.

There have been identified 149 such ancestors. Among these, there were 83 individuals wherein the birth dates and death dates were either specifically known or could be calculated with reasonable accuracy. There were 46 males and 37 females. The relatively large discrepancy between the males and the females is probably due to the fact that in past centuries more emphasis was placed upon the vital statistics of the family's fathers than upon the women in the family.

The birth dates of these 83 ancestors fell between the years 1620 and 1857. Thirty were in the 17th century, 32 in the first half of the 18th century and 13 in the second half. Only seven of the births occurred in the 19th century.

Before 1700	30
1700-1749	32
1750-1799	13
1800-1849	5
1850-1899	2

Table I. Years of birth of 83 ancestors

Obviously many more of my direct ancestors were born in the 17th century than in the 18th century. However, as one goes farther back into family records, there are fewer complete vital statistics reports available. With the passage of time, more of the older records in Skåne have been lost, or have been the subject of destruction by the ravages of fire or war. The most complete records are those completed after 1700, when accurate entering of vital statistics in parish records was becoming compulsory.

The ages of death for males and females are shown in Table II. Some contrasts between the sexes are highlighted in Table III.

<u>Age at Death</u>	<u>Males</u>	<u>%</u>	<u>Females</u>	<u>%</u>	<u>Total</u>	<u>%</u>
31-35	1	2.2	1	2.7	2	2.4
36-40	0		4	10.8	4	4.8
41-45	2	4.4	1	2.7	3	3.6
46-50	1	2.2	0		1	1.2
51-55	2	4.4	1	2.7	3	3.6
56-60	5	10.9	12	32.4	17	20.5
61-65	2	4.4	2	5.4	4	4.8
66-70	6	13.0	6	16.2	13	15.7
71-75	11	23.9	6	16.2	17	20.5
76-80	8	17.4	2	5.4	10	12.1
81-85	5	10.9	0		5	6.0
86-90	2	4.4	1	2.7	2	2.4
90+	1	2.2	1	2.7	2	2.4
Total	46	100.3	37	99.9	83	100.1

Table II. Age at death of 83 ancestors by five year intervals

The mean age of death among the males was 69.6 years, while that among the females was 62.0 years. This is truly a startling difference, with the males living on average more than seven years longer than the females. In the industrialized societies of modern days, the disparity in reported life expectancy is just the other way around, with females outliving males by an average of six or seven years (See ref.1).

After finding such a huge survivorship disparity between the sexes, the natural first reaction is to assume that the excess early mortality in females was due to pregnancy complications. As a matter of fact, there were four instances that I have interpreted as being due to such pregnancy-related causes (see discussion below). But that is not the sole factor in the female preponderance.

In Table III it may be seen that, even if the presumed pregnancy-related deaths are excluded, there is still a preponderance of female deaths at young ages as compared to those among males. In all, only about a quarter of the males had died before age 61, whereas about one half of the females had died before that age. More than one half of the males died after age 70, while only one fourth of the females lived beyond the age of 70.

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	Males	%	Females	%
Mean age at time of death (years)	69.6		62.0	
Median age at time of death (years)	71.0		60.0	
Death before the age of 41	1	2.2	5	13.5
Death before the age of 61	11	23.9	19	51.3
Death at age 71 and later	27	58.7	10	27.0

Table III. Females die sooner

An Inquiry Into the Causes of Death

From today's point in time, it is difficult to determine or surmise the cause of death in most of the ancestor cases. In those fargone days, most deaths occurred without skilled medical attention; not that the skilled medical attention of the day would have made much of a difference. But since the fatal illness usually ran its course without skilled medical attention, the cause of death was ordinarily assigned by a member of the lay community - a clergyman, a midwife, a civil servant or a member of the family. It was a disappointment to observe that among the death reports, no cause of death was recorded in 43 cases (51.8%). The omission of that important information was seen most often among the reports of the 17th century and early on in the 18th century.

That leaves only 40 deaths among which to search for the actual or presumed cause of some of the deaths. Careful study of those 40 cases yields useful information, even though we may not always have a precise diagnosis of the cause of death. For purposes of discussion, the cases have been grouped into five different categories (Table IV).

Presumed Causes of Death

1. Senility	10
2. Complications of Pregnancy	4
3. Infections	13
a. Tuberculosis	6
b. Pneumonia	3
c. Typhoid Fever	1
d. Dysentery (<i>rödsot</i>)	2
e. Diphtheria	1

4. Chest Diseases - heart and lungs	8
5. Other	
a. Rupture	1
b. Colic	1
c. Dropsy	1
d. Apoplectic stroke	1
e. Wagon accident	1

Table IV. Apparent and/or presumed causes of death

Comments on Presumed Causes of Death

Senility. Of the ten cases in this group, six were listed simply as “senility”, two were called “decrepitude”, one was termed “weakness of old age” and one “infirmities of old age.” Only two of the ten were women. One of the women thus diagnosed was only 60 years old at the time of her death.

Complications of Pregnancy. One case, with the cause listed as “childbirth” in a woman 31 years old, leaves little doubt as to the true diagnosis. The second case is not quite as clear-cut, but reasonably probable. It was the case of a 40 year-old woman in her second marriage who had borne a total of ten children. Her ascertainable birth intervals varied from 12 months to 40 months. Ten months after giving birth to her last living child, she died from “loss of blood.” The most common cause of such a death in a woman of that age would be from a hemorrhage in advanced pregnancy, associated with *placenta previa*, *abruptio placenta* or retained placental tissues after a premature delivery. This is only my presumptive diagnosis, since there is no way to prove it at this distance in time.

The diagnosis in the final two deaths which I am tentatively ascribing to childbirth complications is somewhat remote, but appears plausible to me as an obstetrician of fifty years’ experience. Both of these women, curiously enough, were named Elna, and both died in the year 1772, each one being on a different division of the two major branches from which my family tree has descended. I postulate that their deaths were caused by uncontrolled hypertensive disease of pregnancy (often called “toxemia of pregnancy” in earlier generations).

Before the days of modern prenatal care, that disease occurred most often either with the first pregnancy or else late in the pregnancy of women who had already borne large numbers of infants, and who were approaching the end of their

childbearing years. The disease is associated with severe convulsions, often preceded by the onset of violent headache, and then also may be accompanied by confusion or unconsciousness, and the danger of temporary blindness and/or death (See ref. 2).

The first woman was Elna M., 40 years old, who had previously given birth to eight infants. Her intervals between deliveries were: 15, 23, 16, 26, 12, 31 and 24 months respectively. After 24 more months, very close to the number of months marking her most frequent birth interval, when one would most likely anticipate another childbirth, she died from "some sort of headache." That would be a reasonable description of the history, times and circumstances of a woman destined to die from hypertensive disease.

The other woman, Elna A., 38 years old, had married 25 May 1768. Ten months later she gave birth to a living child. Then ten months after that she died from what was called "illness in the head." That descriptive term and the surrounding circumstances also suggest that she may well have died of hypertensive disease of pregnancy.

Infections. My ancestors appear to have been very susceptible to the ravages of infectious diseases. By far the most dangerous of these culprits was tuberculosis. I have assigned six cases to this category. Five of the cases were diagnosed specifically as tuberculosis or consumption. In the sixth case, a 44 year-old male, the cause of death was listed as "fistula under the left arm." In that instance, some severe chronic infection other than tuberculosis might have been responsible, but one cannot be sure. Of the six deaths, five occurred in the 18th century and one in the 19th century. There were four males, whose respective ages were 44, 58, 68 and 73. The females died at ages 37 and 59 respectively.

Other infectious diseases listed as the cause of death included three from pneumonia, two from dysentery (*rödsot*) and one each of diphtheria and typhoid fever.

Chest Diseases. This is of necessity a miscellaneous group, since we have no precise diagnoses, but can only make assumptions based on the limited information furnished. It certainly includes some heart diseases, possibly some lung diseases other than the three cases of pneumonia cited above, and probably other diagnoses about which we can't be sure.

There were eight such cases, four males and four females. Chest disease was mentioned two times, chest pains three times, and "breastache" in two of the

females who were awarded a more delicate-sounding diagnosis of the cause of their demise. The eighth case was that of my grandfather, who died in 1933 in Holden, MA. "Angina pectoris" appears on the death certificate as the cause of his death.

Other causes. There were five in this group. For three of them we can only guess as to a possible cause of death. There was one case of "rupture" (intestinal obstruction?), one of colic (intestinal obstruction?) and one of dropsy which could have been kidney disease or heart failure. There was one case of apoplectic stroke (*slag*). The fifth case was a death resulting from a wagon accident. (See ref. 3).

It would be reasonable to expect that some members of this large family had died from cancer. No cases were so specified, probably because such a cause would not have been recognized and/or identified by the lay person who entered the case in the parish book of vital statistics.

Comment and Comparison with United States Conditions

Senility. This term is no longer in such common use as a cause of death, either in Sweden or in the United States. I believe that the use of the name served a purpose at the time, often being associated with, but not necessarily identical to what might still be called in some localities "death from old age." With the increase in people living to advanced old age, more individuals than ever are inevitably living into a time of progressive failure of their mental and/or physical facilities. However, the term "senility" has fallen out of fashion, now being replaced by other more or less specific diagnoses, including Parkinson's disease and Alzheimer's disease.

Complications of pregnancy. All the deaths reported here should be preventable by modern obstetric care.

Infections. Even after emigration, tuberculosis, which was often called "The White Plague," continued to threaten the health and lives of people on both sides of the Atlantic. It has been asserted that some of the Swedish immigrants must have brought tuberculosis with them when they came, since the infection could lie dormant in the afflicted one for long periods of time, only to flare up even decades later. At any rate, one of my great aunts who came to the United States in 1882 died in Worcester of tuberculosis in 1913. The young Swedish-born wife of one of my Swedish immigrant great uncles perished from the disease in Cambridge, MA in 1899. The disease was by no means confined only to my Swedish-born relatives: there were also cases among my relatives of non-Swedish

background, including an uncle who died from it. No cases to my knowledge have occurred in any of my relatives for over fifty years.

The disease was nearly obliterated in the United States, in Sweden and in other highly industrialized countries through better health practices and the availability of chemotherapy. Now there are some disturbing new developments. There recently has been a major increase in tuberculosis in eastern Europe which threatens to spread to western Europe, including Scandinavia. In New York City during the late 1970s there began a slow increase in cases infected with drug-resistant strains of the disease; by 1985 it became evident that a major incipient epidemic was seizing hold upon American inner cities (See ref. 4, 5).

Typhoid fever does not appear to be a threat to either Sweden or the United States at present. The last cases among my relatives of which I have personal knowledge occurred in 1930, when two of my siblings in Michigan contracted this dread disease: both recovered.

Diphtheria, of which my Swedish paternal great grandfather died in 1898, has largely disappeared from the United States. In the 1970s the last major diphtheria outbreak to take place in industrialized countries occurred in Sweden, but was limited to no more than 20 cases. But within the past three years a diphtheria epidemic has fastened itself on Russia, Ukraine and other east European countries with thousands of cases being reported (See ref. 6). These cases would have been prevented by proper use of available immunization of the population.

In light of recent developments, both on the national and international scenes, it appears that our easy confidence that these dread infectious diseases were permanently under control was overly optimistic.

References

1. These longevity figures are not to be confused with the commonly cited "life expectancy at birth" data periodically published for various countries and other specific populations. Life expectancy at birth must take into account all the deaths at earlier ages of the population being studied. If that loss, starting with infant and child mortality, is a large one, it will reduce the life expectancy at birth by an amount proportional to the number of infant and child deaths in the study population. Among my ancestors, it appears that almost 25% of all the babies born between the 17th and 19th centuries were either stillborn, or died in infancy or childhood prior to the age of 13. Thus, if it were possible to determine it accurately, it appears that the life expectancy at birth of my ancestors might be reduced by 15 years or more.

Life expectancy at birth in 1988 shows the dramatic changes that have taken place over the past century. According to *Information Please Almanac* (Boston 1993) the life expectancy for the United States and Sweden was as follows:

The United States - Males = 71.5 years; Females = 78.30 years
Sweden - Males = 74.15 years; Females = 79.96 years

2. Hypertensive disease of pregnancy is also associated with high blood pressure and protein in the urine, *inter alia*, but in the days when these deaths took place no one knew how to estimate the blood pressure or to test the urine for the presence of albumin. Even after these simple tests became available and their helpfulness in recognizing disease became evident, it was some time before routine prenatal care incorporated them into the management of normal pregnancy.

3. This wagon accidental death was described in my article, "My Ancestors Have Their Day(s) in Court," published in *Swedish American Genealogist*, September 1992, pp. 122-123.

4. Frank Ryan, *The Forgotten Plague: How the Battle Against Tuberculosis Was Won --- And Lost* (Little, Brown & Co., Boston 1993).

5. *The New York Times*, 11 October 1992, p. 1A.

6. *The New York Times*, 29 January 1993, p. 1A.

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