

AFRICAN-AMERICAN MORTALITY AMONGST INHABITED ALLEYS IN THE
DISTRICT OF COLUMBIA: A CASE OF THE MT. PLEASANT PLAINS
CEMETERY

By

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To the life and memory of Warren Dunnavant, Sr. (1953-2011) and Mark E. Mack
(1961-2012).

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LIST OF ABBREVIATIONS

ARCGIS	Geographic Information Systems
FABC	First African Baptist Church, Philadelphia
NAGPRA	Native American Graves Protection and Repatriation Act
SHPO	State Historic Preservation Office
SPSS	Statistical Product and Service Solutions
STD	Sexually transmitted disease

Abstract of Thesis Presented to the Graduate School
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For the majority of its short tenure, the Mt. Pleasant Plains Cemetery (1870-1890), owned and operated by the Colored Union Benevolent Association, served as the largest African-American cemetery in the District of Columbia during Reconstruction. While its history remains largely concealed under the pavement of what is now Walter C. Pierce Community Park, university and community scholars have uncovered archival information providing great insight into nineteenth century mortality and morbidity and the lives of those interred there. Using spatial and statistical analytical methods, this study identifies trends amongst African-American deaths in inhabited alleys and compares alley deaths and non-alley deaths to provide a more nuanced understanding of variability in African-American mortality. These analytical methods coupled with theoretical perspectives from the current literature on public health, highlight the heterogeneity of the African-American experience immediately following emancipation. Additionally, this study highlights just some of the public health issues confronting newly freed African Americans immediately following the Civil War.

CHAPTER 1
AFRICAN-AMERICAN BURYING GROUNDS AND THE CASE OF THE MT.
PLEASANT PLAINS CEMETERY

A Colored Cemetery

“I wonder what cemetery it is?”

“I don't know, Ariadne. I never saw it before.”

“Hum!” said Erasmus, “must be a darkey cemetery.”

Here we met a good natured country-man, gaily swinging a stick as he walked. Him we hailed with our conundrum.

“Why it is a colored cemetery. They call it the Young Men's Buryin' Ground.”

“Oh!” somewhat indifferently, “colored, is it?”

“Waal, I guess you'd think so if you'd see some of them graves; dominoes and all sorts of things on 'em.”

“It must be worth seeing. Could we get in!”

“Waal, y'ouhghter've gone in on other side, but if you go down the road a piece you'll find a board off the fence where you kin get through.”

The first grave was elaborately decorated with clam shells, and that style not neglected in others, but it was the children's graves that attracted the startled eye of the beholder by the remarkable collection of motley objects heaped upon them – toys of all descriptions, dolls of rubber, of wax, of porcelain, beaten and shattered by wind and weather; toy dishes in various stages of fragmentary separation, tin stoves, so dear to the childish heart, lying rust-eaten and unlighted; hobby-horses, locomotives, carts and wagons scattered about in strange array. On infants' resting-places lay bottles with rubber nipples (perhaps for preservation from hunger in the feeding grounds above). On one small mound stood a rusty fire-engine waiting for action (Washington Post 1890).

The curiosity of the children eventually led them to a faded wooden headboard that read:

ROCHESTER
G. SCOTT.
Born ---
Died ---
ASLEEP IN
JEASUS.

While the story presented above was fictive, the Young Men's Burying Ground and possibly the headboard they discovered were very real. According to a municipal death record, Rochester Scott of Virginia, a 28-year-old black male, employed as a hod carrier, died of apoplexy in Bland's Alley on the 8th of August 1888 after just four years residency in the District (Scott 1888). The life and untimely death of Scott is a testimony to the diverse backgrounds of individuals interred at the Mt. Pleasant Plains Cemetery and a harsh reminder of the realities surrounding the death, and life, of alley residents in late-nineteenth century Washington, D.C.

The vast disparities in health and economics that existed between black and white during the turn of the century have been widely documented. However fewer studies have focused on the variability among different social-economic groups within African-American populations. In reading the health-related literature of the time, particularly newspapers, sociological, and governmental reports, there was a tendency to associate poor health and poverty with moral slackness. In the case of Washington, D.C. this meant that negative stereotypes related to immorality, poverty, and crime were thrust upon one of the most vulnerable populations, African-American alley residents. Alleys were renowned for their lack of sanitation and overcrowded living conditions, while alley residents were equally stigmatized. Using demographic information derived from death records associated with the Mt. Pleasant Plains Cemetery, this study seeks to move beyond the black/white binary of African-American mortality by providing a more penetrating, nuanced understanding of the variability in mortality among nineteenth century African-American alley residents in Washington, D.C.

Origins of the Mt. Pleasant Plains Cemetery

The origins of the African American-owned and operated Mt. Pleasant Plains Cemetery – now Walter C. Pierce Community Park – trace back to October 3, 1838 when a group of young African-American men in the District of Columbia formed the Free Young Men’s Benevolent Association. As was the case with most mutual aid societies at the time, the association was formed to provide for members and their families in times of need. According to the Association’s 1857 constitution, they were founded, “for the benefit of free young men of color” and members were required to uphold reasonable character and aid each other in times of need (Association 1857:3). Full membership into the organization required an initial payment of \$10 followed by an additional \$15 to be paid over the course of the first year. Furthermore, regular monthly dues of twenty-five cents were required to maintain membership in the organization (Association 1857:4-5). In an effort to support members, a Sick and Invalid Committee was established to visit ailing members and \$3 per week was to be allotted to them. In the case of death, \$30 was to be granted to defray the cost of funerary expenses, while the widow was granted a sum of \$15 and an additional \$5 for a child. The widow, or son above the age of eighteen, was then allowed to take over the membership if they had a good reputation and could afford the monthly twenty-five cent dues (Association 1857:5).

The early members comprised of a group of African-American men from a variety of different backgrounds, some of whom would go on to establish other organizations and institutions throughout the city. The President, Isaac Clarke, was a professional driver, while trustees Anthony Hickmann and Hamilton Martin were listed as laborers and Joseph Shorter as a barber. The Association and its members were closely aligned

with the Asbury Methodist Church and by 1868 they were meeting there regularly. However, the organization was non-denominational and included African Americans with many different Christian affiliations. Association member Reverend Sandy Alexander, a formerly enslaved person, founded the First Baptist Church of Georgetown in 1862 (Bennett and Baker 2007:125). Although early membership was contingent upon being free, many members were either formerly enslaved or had close relatives who were. Local historian Mary Belcher notes,

“Gurden Snowden, Hamilton Martin and Sandy Alexander had been freed under the terms of their masters’ wills. Alexander Hays and Isaac Clarke bought themselves from their masters. Lindsay Muse and Henry Logan were freed as small children. John and Joseph Shorter, James F. Herbert and others were born free because their mothers were free. Although every member was free by the time he joined the Association, each had family or friends who remained enslaved before District Emancipation in 1862” (Belcher n.d.).¹

Less than a decade after their formation, the Free Young Men’s Benevolent Association acquired Square 272 between 11th and 12th and V and W Streets NW to serve as a burial ground, later known as the Young Men’s Burial Ground. On November 17, 1849 Association trustees purchased the land for \$500 and soon began interring bodies. During the course of her research, Mary Belcher uncovered a total of 771 officially documented burials at the cemetery between 1855 and 1870 although she notes that the number is likely higher considering the cemetery was in use as early as 1850 and a number of deaths and burials went unrecorded (Belcher n.d.).

On March 3, 1865, just a couple of months before the end of the Civil War, the Free Men’s Benevolent Association formally changed their name to the Colored Union

¹ For the most complete list of the Association members from 1838 to 1923, see Belcher, Mary n.d. Walter Pierce Park Archaeology Project. Technical Report. DC State Historic Preservation Office.

Benevolent Association and applied for a formal congressional charter. Why exactly they sought the name change is unknown; perhaps they wanted to pay homage to the Union soldiers who were fighting in the war. In either case the mission and purpose of the newly incorporated organization remained the same: to provide for the care, comfort, and decent burial of its members and their families. More than a decade after the new charter, the Association drafted a new constitution. While the 1877 constitution reiterated many of the tenets of the old association, it also outlined changes to membership, benefits, and funerary practices. New members were now required to provide a certificate of health from a physician and an initiation fee of \$150, half of which was due at the time of application and the other half due over the course of the first year. Additionally, applicants were required to provide an endorsement from a current member before their application would be considered. The monthly fee of twenty-five cents remained the same but members who owed more than \$1 would be denied any benefits. An addendum was added to the pledge and Association members were required to give hiring preference to other members when relevant (Association 1877:3). Benefits for sick and disabled members were also modified to a \$3 allowance for the first twelve weeks, \$2 for the next twelve, and \$1.50 for the remainder of the illness. The widow death benefits increased to \$25 and children under the age of fifteen were awarded \$15 (Association 1877:4). Upon the death of a member, Article IX of the constitution specifically outlined that association members were to arrive at the house of the deceased dressed in a black suit with gloves and a crape on the left arm (Association 1877:7). The new constitution also established an additional article, Article VI, outlining the care of the cemetery and other property. It granted control of the

cemetery to five annually elected trustees who were required to report the name and price of burial plots purchased as well as the name and location of burials for those interred. A gravedigger was to be hired and the trustees were awarded ten cents for every grave sold. Furthermore, all members of the association were granted eight grave plots (Association 1877:5).

Several years earlier, the Association determined that the burial grounds at Square 272 were less than ideal, being wet and soggy from the headwaters of the Reedy Branch (Richardson 1989:308). In 1869 the Association began to search for a new burying ground but had to restrict their search outside of the city limits because of the 1852 ordinance that outlawed the construction of new cemeteries within the District. Trustee Gurden Snowden was tasked with locating an appropriate site and inquired to Charles Francis Adams about procuring a section of the Columbia Mills (Belcher n.d.).

In 1870 the Association purchased 6.75 acres of land for a sum of \$2500 from one of former President John Quincy Adams' descendants, Charles Francis Adams. Ironically, his son, Charles Francis Adams, Jr., was the leader of the distinguished colored Massachusetts Fifth Calvary. The plot was part of a larger tract of land formerly called "Pleasant Plains" and known as the "Columbia Mills Property" around the time of purchase. Maintaining the older name, the Association members bought the land to establish an African-American cemetery, which they called "Mount Pleasant Plains Cemetery." The new cemetery was in operation from 1870 until 1890 and comprised of a brick vault and an office building. Archaeological evidence reveals the deceased were buried in coffins with grave ornamentation varying from common painted wooden headboards to elaborate marble headstones. Throughout its tenure, the cemetery went

by several different names including: Mount Pleasant Plains Cemetery, Colored Union Benevolent Association Cemetery, Young Men's Baptist Cemetery, and the Free Young Men's Burial Ground, raising new questions with each iteration (Lackey 1981).

Further research demonstrates that individuals interred at the cemetery came from various backgrounds. From the compilation of death records, Belcher has identified at least 35 documented Civil War veterans, soldiers and sailors, interred at the Mt. Pleasant Plains Cemetery, although that actual number is expected to be much higher (Belcher n.d.). Additionally, differentiations in grave ornamentation span the gamut of the most humble to the most elaborate. Although all members of the Association were guaranteed a "proper" burial, there were clear distinctions. In the case of trustee Gurden Snowden, his grave was marked with a "\$900 stone monument," while others marked graves with painted wooden headboards or stone piles (Records n.d.).

Situated next to the Mt. Pleasant Plains Cemetery was smaller albeit older Quaker cemetery. The relationship between Quakers and African Americans dates back to early debates of abolition. Historically, the Quaker community was known for their staunch opposition to slavery and formed many organizations tasked with aiding enslaved and newly freed African Americans throughout the country. In one case, a Quaker from New Rachele, New York, John Carpenter, donated his land in Pittsburgh, Pennsylvania for the establishment of an integrated cemetery after he discovered that all burial grounds in the city barred African Americans (Kruger-Kahloula 1994:136).

The Quakers had established a community in the District of Columbia in the early-nineteenth century, solidifying their presence with the establishment of a Quaker

church in 1808 (Williams 1930). The Quaker cemetery, also known as the Friend's Burying Ground, was the first Quaker cemetery in the District and operated from 1807 to 1890. In 1804, Johnathan Shoemaker, a miller from Pennsylvania, purchased 42.5 acres of land along Rock Creek from Walter Mackall (Lackey 1981). Three years later, Shoemaker donated a quarter-acre of the land to members of the Society of Friends for the Friends Burying Ground before selling off the rest of his land to Roger Johnson, Governor Thomas Johnson's brother. He moved to Albemarle, Virginia where he would manage Thomas Jefferson's Shadwell Mills. Over the years the land was subdivided and sections were sold or tenured to different landowners. Heavily indebted to the Bank of Columbia, Johnson's land was put up for auction. John Quincy Adams, at the request of Johnson, purchased the land and it remained in Johnson's care until 1825. Johnson abandoned Columbia Mills, and John Quincy Adams turned it over to his son John Adams II. Columbia Mills remained in the Adam's family through the Civil War. In 1862, the Civil War broke out and the land associated with the Quaker cemetery served as a Union army encampment for the Fifth Calvary and later the site of the Cliffbourne Hospital. Established in 1862 by John S. Billings, the Cliffbourne Hospital treated wounded Union soldiers and Confederate prisoners of war. Originally housing wounded soldiers from battles in Virginia, the hospital quickly expanded to serve thousands of men from as far north as New Hampshire and as far south as Florida. In 1863 the hospital shut down and patients were moved to Lincoln Hospital closer to the Capital. After the hospital closed down, Cliffbourne became the headquarters for the Invalid Corps, later known as the Veterans Reserve Corps. The Invalid Corps was comprised

of wounded and sick soldiers who were too ill to fight and instead served in non-combat roles (Belcher n.d.).

The Quaker Cemetery was one of first cemeteries in the District established to service a particular religious affiliation. While it is believed the burial ground was in service from its inauguration in 1807 until the abrupt closure of the adjoining Mt. Pleasant Plains Cemetery in 1890, exactly how many people were buried there is unknown. The haste with which the land acquisition and disinterment process of the Mt. Pleasant Plains Cemetery, and later the Friends Burying Ground, was conducted, signals the underhanded intentions of city officials.

Officials working to establish the National Zoo had been watching the land immediately surrounding the cemetery for some time. Harboring plans of their own, the National Zoo officials had assessed the land at a value of \$15,000 and considered it a desirable place to herd buffalos. They had made two consecutive attempts to contact trustees of the Colored Union Benevolent Association members to sell the cemetery land in the 1880s, each time receiving no reply. After these failed attempts, zoo officials tried another tactic. Assistant Smithsonian Secretary, G. Browne Goode, bought land near the cemetery and rallied 68 neighbors to petition the City Health Department to close the cemetery on the basis that it was polluting the area and harmful to their wellbeing. Following the petition of the Cliffbourne Association, the Health Department condemned the cemetery in 1890 for marshy soil and health concerns; it was subsequently shut down (Belcher n.d.). The Colored Union Benevolent Association applied to city commissioners for a hearing about the matter but to little avail (Evening Star 1890a). Less than a year after the cemetery was officially condemned, the National

Zoo purchased a 1.7-acre strip of land to serve as a buffer between the cemetery and the Zoo and began disinterring bodies. Newspaper accounts report that bodies from the Zoo land were to be removed on September 30, 1890 although how many were actually cleared is unknown (Washington Bee 1890). The zoo officials were not interested in purchasing any additional cemetery land. However, when plans were made to widen Adams Mills Road in 1903, Association members were given an order to disinter all potential bodies impacted. Zoo officials eventually acquired the rest of the cemetery property in 1929 after the official dissolution of the Association and by 1930 the cemetery was described as being “without fencing and is a general wreck.” Although the cemetery appears on an 1893 map of D.C., it would disappear soon after. Two years later, city officials made plans to expand D.C.’s boundaries and Georgetown was officially incorporated into the District.

Cartographers and government surveyors were able to erase the memory of the African-American cemetery from the urban landscape through the power of omission; a similar trend exhibited with the New York African Burial Ground (Blakey and LaRoche 1997). The death records show that the cemetery was in use up until its last days with two-month-old Jennie Johnson being the final person laid to rest on June 15, 1890. After the cemetery was shut down roughly 1,305 individuals were reinterred at Woodlawn Cemetery in 1940. Some reinterments were also made to Columbian Harmony cemetery but the extent is unknown. With the closure of the Mt. Pleasant Plains Cemetery, the Harmony Cemetery located on Rhode Island became the main black cemetery in Washington. By 1959 the Harmony Cemetery was relocated to Prince Georges County, Maryland due to a lack of space and deteriorating conditions,

eventually becoming the National Harmony Memorial Park (Richardson 1989). Lasting close to a century, the Colored Union Benevolent Association was submitted a request to dissolve the organization by an Act of Congress on March 4, 1923 and officially dissolved on June 27, 1928 (Lackey 1981).

As for the rest of the cemetery, it is overwhelmingly apparent that human remains are still interred in the ground. Between 1939 and 1941 alone nearly five hundred bodies were taken from the Mt. Pleasant Plains Cemetery and reinterred at Woodlawn Cemetery. In 1941 the developing company Shapiro, Inc. purchased a portion of the cemetery land. No records of the location of graves were available so the company hired undertaker W. Ernest Jarvis to reinter bodies as they came up. In total, 129 burials were located and reinterred to Woodlawn Cemetery in 1940 (Lackey 1981). In 1959 the Shapiro firm was forced to halt construction and conducted another round of reinterments from both the Mt. Pleasant Plains Cemetery and the Quaker Cemetery after turning up “some rather ornate hinges,” as well as infant burials. However, the disinterments were conducted rather haphazardly and a number of neighborhood children absconded with skeletal remains, which they took and showcased at school. The police eventually required the children to return the remains some of which were handed over to the District Coroner (Belcher n.d.).

After a failed attempt at developing the land, community members lobbied to establish the Walter C. Pierce Community Park as a public playground. Founded in 1982, the park serves as an active recreation park for local residents and is complete with a basketball court, soccer field, dog park, and playground. However, the north and west sections of the park feature steep slopes which run into Rock Creek. In 2005 the

U.S. Department of Agriculture's Natural Resources Conservation Service, in conjunction with D.C. Department of Parks and Recreation, the D.C. Department of Health and the Straughan Environmental Services of Maryland developed a construction project in an attempt to alleviate a soil erosion problem. Concerned community members Mary Belcher and Eddie Becker understood that the park once served as a cemetery and petitioned city officials to halt construction. Reminiscent of the famous New York African Burial Ground, city officials assured the community no graves would be disturbed, even as evidence of grave remains were found throughout the park. Mary Belcher turned to Howard University Professor Mark E. Mack for consultation. After the relentless pressure from the community, the city finally agreed to fund a non-invasive archaeological survey and reduce the size of their initial soil project. More than six years later, research surrounding the history of the site of the Walter C. Pierce Park would unearth a rich history of Quaker and African American life in the District (Belcher n.d.).

Archaeology at Walter C. Pierce Park

Just prior to the start of the soil erosion project, archaeology firm A.D. Marble and Company, Inc. conducted Phase I excavations to determine the potential impact on the cultural landscape. On May 25-26, 2005, the firm conducted a ground penetrating radar (GPR) survey within a 200x75ft area to be affected by the potential gardening project. Within their survey they located three major anomaly areas, of which they believed "Area 1" had the most potential of containing grave shafts. On July 14-15, 2005, archaeological firm conducted excavation at the three anomaly areas identified with the intention of locating evidence of human burials. Using a backhoe and bladed bucket, archaeologists dug a total of four trenches to remove topsoil and fillsoil layers before

using hand-tools to excavate the subsoil. Most of the artifacts were said to be modern, but a small, flat white marble fragment believed to be associated with the base of a gravestone was also uncovered but not retained.

Excavations in Area 1 revealed five potential grave shaft stains ranging from 2 to 2.6 feet wide and 2.3 to 5.6 feet long and oriented along an east-west axis. A square post-hole stain approximately 1.5 feet in diameter was also identified. Archaeologists dug a deeper section in Area 1 and profiled two of the potential grave shaft features. The vertical walls of the two features were said to be consistent with a grave shaft. Associated with one of the grave stains was a small white coffin tack as well as an “iron flared-neck ‘urn’...” While the white coffin tack was documented and photographed, only a portion of the exposed “urn” was photographed before the entire trench was backfilled. The lack of grave goods or other cultural artifacts may be due in part to the fact that the soil mechanically extracted from the trenches was not screened as well as the fact that the none of the grave stain features were excavated. For the section of Area 1 that was excavated by hand, neither excavation techniques nor the size of the screens used were documented in the report.

Although none of the grave stains featured were excavated further, A.D. Marble and Company, Inc. concluded that they were probably empty grave shafts and recommended that if construction were to take place, that the fill layers be extracted and the subsoil layer be mapped before for additional features in the potential area affected. The total depth of excavations below the surface was not clearly stated in the report but images from the excavations reveal rather shallow units less than a meter below the surface. The few shallow burial shaft features exposed by A.D. Marble and Company’s

excavations were probably just the tip of the iceberg with many more probably located just a few meters underneath (Emory and Weinberg 2005).

In fact, an earlier archaeological survey had been conducted at the Walter C. Pierce Park in 1981. In preparation for the establishment of the community park, Dr. Louana M. Lackey conducted excavations to assess the potential extent and impact of any cultural remains. The excavation methods included shovel test pits in the north and west ends of the park and 5-foot by 5-foot square units dug to subsoil. Due in large part to the highly disturbed context of the land, Lackey was unable to locate any cultural features and the artifact assemblage reflected modern usage. In her estimation the site had been too disturbed and permitted the construction of the park “so long awaited by residents of the neighborhood” (Lackey 1981:37).

In response to the invasive nature of prior excavations and contemporary trends in the discipline, current archaeological research at the site was limited to survey because of ethical concerns exercised by the researchers. Archaeology, while informative, is a destructive process and should be exercised with caution when dealing with sacred space. In the wake of contemporary ethical concerns sparked by increasing dialogue with descended communities and the passage of the Native American Graves Protection and Repatriation Act (NAGPRA), archaeologists have been more cautious of their treatment of African-American burials (Blakey 1997). These increased ethical concerns, combined with technological advances and alternative methods in related fields, have caused archaeologists to derive creative means for engaging critical questions. More recent cemetery studies, such as the case of the Mt. Pleasant Plains

Cemetery, rely more heavily upon less invasive demographic data and geospatial data to address community and researcher concerns.

Historical and archival research related to the historic cemetery involved combing through local newspapers and extracting demographic information from thousands of death records at the local District of Columbia Archives. Additional inquiry spearheaded by community activist, artist, and historian Mary Belcher was made into land and deed records, court cases, and the minute books of the Colored Union Benevolent Association, which owned and operated the Mt. Pleasant Plains Cemetery. The information derived from these sources provided further insight into our understanding of African-American mortality and morbidity in the late-nineteenth century and serves as the basis of this thesis.

Although the official number of those buried at the cemetery is documented at 8,428, historian Mary Belcher speculates that the number is a conservative estimate of the actual total. With the addition of another possible two thousand reinterments from other cemeteries, Belcher speculates more than ten thousand individuals could have been buried at the site. She notes that many burials in the Quaker cemetery occurred before the city began keeping official death records in 1855 and there is no official record of how many bodies were reinterred at the Pleasant Plains Cemetery from the earlier Free Young Men's Burying Ground (Belcher n.d.).

In terms of the archaeological survey, methods included ground penetrating radar and pedestrian surveys, which involved clearing surface brush and mapping. Square grids, 10 meters by 10 meters, were mapped and rakes were used to probe the ground for exposed remains. During the course of pedestrian survey, several long bones and

cranial fragments in addition to other burial accoutrements were located. They serve as evidence that physical bodies still remain in the ground. Although these skeletal remains have yet to be thoroughly analyzed for potential pathological and other markers, scientists at the Smithsonian conducted research on similar remains uncovered at the site back in 1959 (Pressely Montes 2006). The discussion of the bioarchaeological research related to the cemetery follows in the next chapter.

CHAPTER 2
AFRICAN-AMERICAN PALEODEMOGRAPHY AND THE MT. PLEASANT PLAINS
CEMETERY¹

African-American Paleodemography

In this chapter I situate paleodemographic research from a small skeletal sample of the Mt. Pleasant Plains Cemetery within the larger discourse of African-American paleodemography. Paleodemography is the study of demographic trends in past human populations as derived from archaeological remains, most often skeletal samples (Hoppa and Vaupel 2002). Such studies use bioarchaeological theory and methods allowing researchers to uncover biological information about stature, sex, age of death, identity, and overall health. Additionally, fertility, mortality, morbidity, life expectancy, and population growth estimates can be inferred from paleodemographic data (McCaa 2002). In 1982, Bocquet-Appel and Masset (1982) published one of the most controversial articles in the field of paleodemography. Their article, “Farewell to Paleodemography,” argued that paleodemographic techniques should be eschewed, arguing inconsistencies in aging adult skeletal remains and that age structures used were not representative enough to make broader demographic inferences. In response, Van Gerven and Armelagos (1983) published an article addressing some of their critiques. They asserted that lambasting the methods and techniques of paleodemography is a result of inadequate understanding of the scope of the field. Additionally, they contended that Bocquet-Appel and Masset failed to consider important paleodemographic research in paleopathology, osteoporosis, and sub-adult analyses. In 1985, Buikstra and Konigsberg (1985) weighed in on the matter. They

¹ A section of this analysis was originally written for the Walter C. Pierce Park Archaeological Survey Final Report.

reaffirmed the need to adopt standardized methods for aging and statistical techniques and suggested paleodemography be paired with demographic data to compare results. However, they felt that completely doing away with paleodemography was too extreme.

Since the 1980s more standardized methods have been developed to measure skeletal markers and pathologies although issues still remain. Paine and Harpending (1998) raised concerns over sampling bias in the skeletal record, citing under numeration in infants due to poor preservation and incomplete recovery and also under numeration in older individuals due to aging methods. While this may not have been the case for all cemetery samples, sampling bias and bioarchaeological methods are important factors to consider when interpreting skeletal data. Furthermore, social, cultural, and economic biases affect the size and demographics of formal cemeteries while historical circumstances such as warfare and famine can affect trends in mortality and fertility rates.

In addition to the limitations of using paleodemography to analyze cemeteries, there are also biases to consider when examining bioarchaeological data from anatomical collections. The populations are often older indigent males from low socio-economic statuses and in many cases reflect the agenda of the researchers that collected them (De La Cova 2010). This is an important point considering a number of African-American biological studies have used the anatomical Terry, Cobb, and Hammon-Todd collections as sample or comparative data. Regardless of the debate, paleodemography has much to contribute to our understanding of African-American health and mortality. While census and death records are better at understanding fertility and mortality rates, osteological data can detect certain pathologies such as

syphilis and other illnesses that are debilitating but were either non-lethal or not listed as causes of death.

Within early biological anthropology, studies of African Americans were largely geared towards discussions of race and intelligence, reflecting the more general racist atmosphere that prevailed throughout anthropology. While researchers have conducted paleodemographic studies for some time now, it was not widely employed in African-American case studies until the 1980s (Rose 1985). During the mid-1980s, physical anthropologists shifted their attention toward paleoepidemiology and were beginning to more widely apply a biohistorical approach, which incorporated census data, death records, and archival research for a more holistic interpretation (Herring and Swedlund 2003). Michael Blakey (2001) traces biohistorical practices to the work of early biological anthropologist W. Montague Cobb whose work combined skeletal biology with demographic data and placed it within an evolutionary, socio-historical framework. However, Jerome Rose (1985) was one of the first bioarchaeologists to define and develop the approach now known as “biohistory.” The full-length report for the Cedar Grove Cemetery excavations in Arkansas was published in 1985 as an edited volume entitled, *Gone to a Better Land: A Biohistory of a Rural Black Cemetery in the Post Reconstruction South*. Expounding upon Schuyler’s (1972) idea that a multidisciplinary approach could expand our understanding of people generally ignored in dominant historical narratives, Limp and Rose (1985:1) sought “...to better understand the lives of the people [predominately African Americans] who were buried in the cemetery of the Cedar Grove Baptist Church.” The publication went beyond the bounds of a typical field report and reconceptualized how bioarchaeologists conceived of their research. The

theoretical underpinnings of the report culminated in a 1985 symposium entitled, *Afro-American Biohistory: The Physical Evidence* at the 54th annual meeting of the American Association of Physical Anthropologists that would change the trajectory of the discipline. The meeting brought African diaspora bioarchaeology to the fore of physical anthropological discourse and stressed a biohistorical approach (Blakey 2001; Rose and Rathbun 1987). In October 1987, the American Journal of Physical Anthropology published a special volume that focused on African-American bioarchaeology. Comprised of papers presented at the 1985 symposium, the articles present several case studies with a heavy focus on the health and disease of enslaved populations in the American South and Southwest.

Following the biohistorical perspective in African-American bioarchaeology, the theoretical framework shifted toward a biocultural approach by the 1990s. Blakey describes this approach as combining socio-cultural historical data with demography and epidemiology to “verify, augment, or critique the socioeconomic conditions and processes experienced by past human communities” (Blakey 2001:409). This method gave renewed interest in ecological factors and the malleability of cultural practices (Zuckerman and Armelagos 2011).

Along with paleodemography, demographic studies have provided renewed insight into the discipline. Demography is vaguely known as the study of human populations. While it had been applied in the field of sociology, anthropology was slower to incorporate demographic methods and theories. In anthropology, these studies have led to research in socioeconomic status, fertility, morbidity, and migration. Modern

demographic studies have offered archaeologists the opportunity to infer settlement as well as household size in ancient populations.

In demography, life tables are a standard means of describing mortality, although their accuracy has been criticized (Buikstra and Cook 1980). Demographic data is also susceptible to inconsistencies and flaws of data entry and interpretation. Recent ethnographic studies conducted by Hahn et. al. (2002) demonstrate that death record enumerations are subject to the bias of the coroner, especially in regard to the race, education, and occupation of the deceased. Similarly, Solie et. al. (1992) conducted a study to test the reliability of demographic information on death records and census data. From their analysis they found a 98.2 percent concordance between individuals listed as “Black” on death records and the census. Their study covered a seven-year span between 1979 and 1985. However, in a nineteenth century context where racial distinctions of African Americans are much more variable, the rate of inconsistency would have likely been higher.

Kelley and Angel's (1987) bioarchaeological comparative study of enslaved populations in Maryland, Virginia, and the Carolinas demonstrated that the average age at death over time decreased marginally for females and increased more significantly for males. Additionally, relatively higher life expectancy amongst the enslaved Africans of Catoctin Furnace in Maryland is assumed to imply increase life expectancy for skilled laborers. However, the inferences made from these studies should be analyzed cautiously because of the relatively small sample sizes (N=120 from 25 sites) in relation to such a large time span (1690-1860).

In many cases the bioarchaeological data reinforced prior assertions about slavery. Studies found that skeletal assemblages exhibited dietary deficiencies and poor nutrition (Martin et al. 1987), which may have led to sickle cell anemia and nutrition-related anemia (Angel et al. 1987; Kelley and Angel 1987). Examples of well-developed triceps, pectoral muscles, and fingers were emblematic of heavily labor, while the repeated practice of these labor-intensive tasks increased the presence of degenerative joint pathologies (Angel et al. 1987). These activities were likely responsible for the presence of osteoarthritis in enslaved populations as well (Martin et al. 1987). Not surprisingly anthropologists attribute most of the biological pathologies and ailments to the experience of slavery. However, a more thorough paleodemographic investigation of Euro-American health during the era would help to isolate the pathologies that were a direct cause of slavery and those aspects that were synonymous with pre-emancipation life in general.

Amongst the urban enslaved population of New Orleans, the most common pathological ailments were bone hypertrophy located at the muscles and tendon attachment sites, dental caries, antemortem tooth loss from periodontal disease, and abscess formation. Intensive physical labor was inferred from the bone hypertrophy and dental pathologies from highly cariogenic foods such as refined carbohydrates and sugars. The conclusion, derived from a limited skeletal sample, was that the enslaved Africans in the urban context were physically healthier than those on the plantation (Owsley et al. 1987). Furthermore, while evidence of intensive labor was found through all African-American sites, dental pathologies due to refined carbohydrates and sugars seems to be a predominately urban phenomenon.

In her book, *The Biohistory of nineteenth-century Afro-Americans*, biological anthropologist Lesley Rankin-Hill (1997) identified three general trends amongst nine African-American skeletal collections. First, she noticed all of the sites possessed high incidents of infant and child mortality rates. Second, African-American populations witnessed periods of malnutrition and disease as indicated by linear enamel hypoplasias and non-specific infectious lesions. Finally, Rankin-Hill identified high incidents of degenerative joint disease and muscle attachment area hypertrophy, which she interpreted as evidence of the physically strenuous lives of African Americans. These high rates are telling of the trials and tribulations faced by African Americans prior to and during the emancipation era. While she recognized these commonalities, Rankin-Hill (1997:44) also noted differential patterns in general health status, life expectancy, and types and incidents of trauma, calling for "the need for regionally, temporally, historically, and culturally focused studies of Afro-American populations."

In some cases old assumptions about slavery were debunked in light of biological anthropological discoveries. Rathbun and Steckel (2002) conducted a comparison of health among enslaved, free African-American populations, and European American populations derived from paleodemographic data from sites around the United States and Canada, arriving at some interesting conclusions. They found that free African Americans who lived in Philadelphia during the first half of the nineteenth century had the best overall health index, however they had the worst dental health and cases of degenerative joint disease. This does not mean that all free blacks in Philadelphia were exceedingly healthy. The data could be biased based on the fact that belonging to a prominent church, being free, and being able to afford a formal burial

would have all been signs of higher status in an antebellum context. As to be expected, the enslaved population had the worst overall health index.

In the case of urban and post-emancipation sites, bioarchaeology and paleodemographic studies arose out of the development of contract archaeology (Joseph 2004). As was the case with the Mt. Pleasant Plains Cemetery, the increasing development and construction that was occurring in urban centers, uncovered several historic black cemeteries and skeletal remains. Post-emancipation populations have been less amenable to research, in part, because of the amount of documentation and care devoted to more recent burials, especially in the urban context. Descended communities, biological and cultural, have been ardent proponents of the proper and ethical treatment of burial remains, at times preferring reinterment over anthropological research. Historically, plantation cemeteries have been smaller, more isolated, and poorly documented making it difficult to contact descended communities. However, as the case of the New York African Burial Ground has shown, current African-American communities can assume some degree of ownership or responsibility for the burial remains irrespective of actual biological affiliation.

According to Warren (1997), nineteenth century urban residents exhibited higher rates of premature death than their rural counterparts while Ewbank (1989) recognizes nationally urban blacks had higher mortality rates than urban whites. Infectious disease increased at a rapid rate in the urban centers. Armelagos (2003:33) stated, "In reality, urban population centers are population sinks. Their extreme mortality outstrips their reproductive capacity," and the same could be said of the District. Citing corroborating paleodemographic data, McCaa (2002) noted that African Americans exhibited a higher

mortality rate with increased density. With the rapid increase in population density and poor sanitation and health standards, infectious diseases such as tuberculosis, pneumonia, and cholera were principal killers amongst nineteenth century black Washingtonians. Many of these same ailments were noted amongst the First African Baptist Church Cemetery (FABC) population in Philadelphia as well. Pathologies amongst this sample were explained by many of the same stressors identified in enslaved populations – inadequate nutrition and intensive labor – in addition to childbearing and other signs attributed to crowded urban environments – unsanitary conditions, increased exposure to infectious disease, and vitamin D deficiency as a result of lack of exposure to sunlight (Angel et al. 1987). However, determining the exact cause of death was very subjective and at times inaccurate, as Rankin-Hill warns:

“Deaths due to dropsy (inflammation) of the stomach and bowel, marasmus (calorie and protein malnutrition), debility, and decay (weight loss, loss of appetite and other nutritional disorders of unspecified etiology) may have been associated with cholera/diarrheal diseases. In addition, the high incidence of bowel and stomach inflammation, diarrhea, and dysentery, especially in adults, may be attributed to bacteria due to poor sanitation, contamination of water, and/or poor storage of food” (Rankin Hill 1997:76).

Paleodemography at the Mt. Pleasant Plains Cemetery

Aside from the skeletal sample uncovered at the Oakland Cemetery in Georgia (Blakely and Beck 1982), the lesser-known assemblage from the Mt. Pleasant Plains Cemetery represents one of the earliest post-emancipation urban African-American samples. In May of 1959 the Shapiro development firm broke ground on their proposed apartment buildings at Mt. Pleasant Plains. No sooner than construction began, the construction crew uncovered human remains and fragments of tombstones. On May

23rd, the Washington Post reported that construction stopped until further investigation but two days later construction resumed (Washington Post 1959).

Exactly how many graves were disturbed is unknown but the Smithsonian Institution acquired the skeletal remains of at least fourteen individuals including fourteen skulls (three with mandibles), six femora, three tibiae, and one fibula. According to an interview with Smithsonian curator, Dr. Lucille St. Hoyme, the bones went to the coroner's office before being turned over to the Smithsonian Institute for curation. The crania were stored at the Smithsonian's Natural History Museum and marked on the side with a catalog number, gender marker, and the term "U.S. Negro," mandibles were marked with the corresponding catalog number (Becker 1997). In addition to the skeletal remains, coffin hardware was also recovered but not stored at the Smithsonian and ultimately unavailable for study (Mann and Krakker 1989:8).

The bones laid dormant for several decades until Smithsonian biological anthropologists Mann and Krakker conducted a study of the skeletal remains in 1989 to better understand health, mortality, and morbidity among nineteenth century urban African Americans. The collection comprised of individuals ranging from 18 to over 60 years of age; no infant or child remains were recovered.

The authors suggest the sole presence of older individuals could have been the result of sample bias, a problem that plagues most anatomical collections, and therefore may bias any large scale conclusions derived from the sample (Mann and Krakker 1989:17). The brittle nature and poor preservation of infantile bones makes them difficult to recover archaeologically. Of the fourteen crania recovered from cemetery, half were individuals between 18 and 35 and the other half were older than 40 years

old. Furthermore the ratio of male to female crania (9:5) would suggest that males outnumbered females by almost 2 to 1 with males outliving females 42.5 to 36.3 respectively (Mann and Krakker 1989:17).

The Mann and Krakker study determined, “[t]he Mt. Pleasant Plains sample showed a normal pattern of frequency of degenerative disease of the temporomandibular joints and longbones, a low incidence of dental disease, one case of healed cribra orbitalia, premature suture closure in one cranium, and a bregmatic bone (developmental anomaly) in another individual” (Mann and Krakker 1989:20-21). Additionally they identified a case of scaphocephaly and an ulcerated tibia. From the dentition it was determined that the “teeth showed only slight to moderate attrition, no enamel hypoplasias, and a low incidence of caries and antemortem loss per person.” Mann and Krakker (1989) infer that this fits in line with Angel’s hypothesis that dental disease increase simultaneously over time with an increase in sugar intake. While these studies were not particularly good at inferring mortality rate, gender difference and the mean age of a wider population, it provided some valuable information about morbidity and mortality that are not readily inferred from death records.

Surprisingly not all of the remains were attributed to African Americans. In analyzing the skeletal assemblage, Mann and Krakker determined that one individual was “white.” Mann and Krakker used criteria established by Krogman and Iscan (1986) and Stewart (1979) to determine the racial typology. They also tested hair samples extracted from one cranium, which were determined to be “straight, light brown in color, and exhibits white characteristics” (Mann and Krakker 1989:16). It is well known that race is a social construct with no biological basis. Thus craniometrical methods of

determining race are replete with controversy. Nineteenth century racial distinctions included a host of arbitrary distinctions such as Mulatto and Quadroon, which could not be determined. Racial classification throughout the country varied through time and place. In the case of the death records from the Mt. Pleasant Plains Cemetery, the letter "C" for colored is most commonly used for African Americans, but by 1890 terms like "bright", "copper", "griff", "walnut," "lt. colored," "quadroon," "octoroon," and "African" were used to distinguish variations in color and ethnicity. Mann and Krakker's methods of identifying racial typologies offered no means of measuring racial ambiguity or ethnic differentiation.

Mann and Krakker believed the white individual likely came from the adjoining Quaker cemetery but there were at least 38 whites buried at the Mt. Pleasant Plains cemetery. Of those 38, only two interred males in particular fall into the racial and age classification of the skeleton identified in the sample, Thomas Carr from the US and Frederick Hamburg from Germany. There is no way of proving the identity of the skeleton but if they did come from Mt. Pleasant Plains Cemetery it was likely one of these two individuals.

In relation to prior biological studies conducted on African-American cemeteries, Mann and Krakker concluded, "the overall health pattern of this group [from the Mt. Pleasant Plains Cemetery] was one of good health in comparison to other blacks and many whites of the time" (Mann and Krakker 1989:21). They stop short of making any big inferences about African-American life in D.C., although they suggest that the sample may represent an affluent black urban population or a rural community that migrated to the city (Mann and Krakker 1989:21). In 1997 community activist and

documentarian, Eddie Becker interviewed Dr. Lucille St. Hoyme, then curator at the Smithsonian, about the remains at the Smithsonian Museum of Natural History. In her analysis, the assemblage did not vary much from that of whites in the District around that time (Becker 1997).

Although the Mt. Pleasant Plains skeletal collection is the earliest African-American sample from the District, the W. Montague Cobb Human Skeletal Collection at Howard University houses a larger, albeit later, sample of skeletal remains of African Americans from the District. Starting in 1932, Howard University professor and medical doctor, William Montague Cobb acquired the skeletal sample as cadavers for his medical students and the skeletal remains were retained for study with the intention of disproving notions of African-American biological inferiority (Muller 2006:53). Prior to the establishment of the Cobb collection few skeletal samples of African Americans existed. In total the skeletal collection features 634 individuals, with morgue records available for 987, most of whom were African-American residents of or day laborers in Washington, D.C. from the 1860s to 1969; the majority of individuals died between 1930 and the 1960s (Muller 2006:47). The Cobb collection represents one of the poorest segments of African Americans in D.C. (Muller 2006:xiii), however only ten individuals were lifetime residents of the District, making it difficult to associate their health and morbidity solely with D.C. living conditions (Watkins 2003:33).

Watkins' sample of 105 individuals from the Cobb collection revealed tuberculosis (21 percent) as the leading cause of known deaths (Watkins 2003:101). Focusing on health disparities in the presence of osteoarthritis, a degenerative joint disease, Watkins concluded that poor African Americans who lived in the almshouse

exhibited better overall health than the poor who lived amongst the general population. Muller analyzed a larger sample of 177 individuals dying between 1930 and 1960 with heart disease (37.14 percent) being the leading cause of death (Muller 2006:45). In her study of trauma, she determined that the collection had “a higher frequency of traumatic injuries than many other skeletal samples” (Muller 2006:136). However she is hesitant to attribute traumatic injury with violence as many traumatic injuries resulted from stressful working conditions and other social hazards. In fact Muller concluded that many of the traumatic injuries from the sample likely occurred from accidental falls (Muller 2006:141).

Since the 1989 publication of the Mann and Krakker study, archaeology at other African-American cemeteries such as the Freedman’s Cemetery in Dallas, Texas and the New York African Burial Ground in Manhattan have expanded our understanding of African-American health and pathology. It is generally understood that enslaved people show fewer pathologies than reconstruction and post reconstruction era African-American populations. This is a phenomenon that historian, Jim Downs has recently attributed to the enormous health crisis that emerged in the aftermath of the Civil War as well as the lack healthcare available for African Americans. Downs argues that former enslavers had a vested interest in ensuring that enslaved laborers were relatively healthy but after emancipation cheap African-American labor was longer an investment and could easily be replaced (Downs 2012).

Ironically in discussing health, mortality, and morbidity amongst African Americans, few bioarchaeological studies discuss access to healthcare as a significant factor. Perhaps this is because healthcare would have been hard to tease out. Many

cities during the late-nineteenth century did not have hospitals to treat African Americans and the few that did exist kept limited records. Further research must also investigate the role of in-home doctor visits as well as the influence and use of local remedies and local unlicensed medical practitioners.

Through bioarchaeological analysis and health indicators, we have seen how African-American health and mortality varied throughout the United States before and after emancipation and between rural and urban populations. The next chapter will address the more nuanced question of how mortality differed within the urban context using Washington, D.C.'s inhabited alleys as a point of inquiry.

CHAPTER 3 AFRICAN AMERICANS IN THE DISTRICT OF COLUMBIA AND INHABITED ALLEYS

African Americans and the District of Columbia

Washington, D.C. during the nineteenth century offered one of the most unique experiences for African Americans. Just as its neighboring states of Maryland and Virginia the District of Columbia was a slaveholding district when it was founded in 1791. Over the years, the local government altered legislation making it legal for enslaved people to hire out their services and live separate from their captors. Additionally, freed African Americans, of which there was a considerable amount, were allowed to live in the city and run their own private schools. In the years leading up to the Civil War, the free black population in the District greatly outnumbered the enslaved population, comprising more than 77 percent of all blacks by 1860 (Table 3-1). But while the free black population was increasing, the overall ratio of black residents was decreasing. The African-American population decreased from 33 percent of the total population of the District of Columbia to just 19 percent by 1860 (Table 3-1). Although the city was sparsely populated prior to the Civil War, the racial stratification of Washington, D.C. was clearly defined. Whites inhabited the city core and blacks were forced to live along the periphery. K Street was a line of demarcation with blacks residing north of the line and whites to the south (Borchert 1980a:6). This pre-emanipatory, semi-autonomous freed community would establish some of the basic infrastructure that would serve as the foundation of newly freed black immigrants and attracted many African Americans to the city after the Civil War.

Prior to the Civil War, the African-American population remained relatively stable, however during the war the District of Columbia received a huge influx of formerly

enslaved African Americans who were distinguished as “contraband.” As a federal territory surrounded by confederate states, many African Americans knew they would have a chance at obtaining freedom if they could cross into the District. The city was the site of “the first large scale rural-urban migration in the post-Civil War era” (Johnston 1993:xxi) and one author went as far as to call it “the Mecca for the Negro race” (Johnson 1975:iii). Washington was unique because slavery was abolished more than eight months prior to Abraham Lincoln’s Emancipation Proclamation (Williams 1973). In 1861, just several months after the start of the Civil War, Congress passed the Confiscation Act of 1861, which allowed the Union government to confiscate any “property,” included enslaved persons, who were being used in support of the Confederacy. Less than a year later, Abraham Lincoln signed the Emancipation Act on April 16, 1862 declaring,

“ ... all persons held to service or labor within the District of Columbia by reason of African descent are hereby discharged and freed of and from all claim to such service or labor, and from and after the passage of this act neither slavery nor involuntary servitude, except for crime, whereof the party shall be duly convicted, shall hereafter exist in said District” (in Ingle 1893:14).

An Emancipation Claims Commission assessed the value of 2,989 enslaved persons in the city and provided their owners with monetary compensation. One million dollars was set aside to compensate slave owners and \$100,000 was earmarked for provisions to send blacks out of the country (Akers 2002). Under the aegis of the federal government, the District was no longer under the state laws of Maryland or Virginia and for local enslaved people, D.C. shined as a beacon of freedom.

Nationally, urbanism was on the rise. Between 1860 and 1890 the percentage of African Americans in cities increased almost three-fold to 12 percent (DuBois 1896:7).

General Oliver Otis Howard best summarized the sentiments of African Americans during the close of the Civil War in stating,

“ ... freed people were in a state of great excitement and great uncertainty. They could hardly believe that the liberty proclaimed was real and permanent. Many were afraid to remain on the same soil that they had tilled as slaves lest by some trick they might find themselves again in bondage” (in DuBois 1998 [1935]:224).

With these sentiments, many African Americans in neighboring Virginia and Maryland left their former plantations for the possibility of a new life in the nation's capital. After the 1820s, the free black population rose every year while the enslaved population began to decline. Between 1860 and 1870 the African-American population grew from 14, 316 to 43,404 (Table 3-2). Most of the new residents came from Maryland and Virginia, with more than twice as many hailing from the latter (Table 3-3). This could be because newly freed people in Maryland opted to move to Baltimore, which had the largest free black community in the country leading up to the Civil War (Parrington and Roberts 1984). Virginia had no such comparable city.

In an attempt to curb the massive influx of refugees and immigrants, one of the aims of the Freedmen's Bureau in Washington, D.C. was to find employment opportunities for refugees in neighboring counties so they would be prompted to live elsewhere outside of the city. In total the Bureau was documented as having provided for the transportation of over eight thousand people between 1865 and 1868 (Johnston 1993:188). The year 1865 also marked the year that the Freedmen's Bureau became involved in the issue of public housing. They converted old army barracks and hospitals into public housing for formerly enslaved Africans at a rent of \$3 per month (Johnston 1993:201). Over time the rents increased and the number of tenements were reduced phasing out the public housing project. It is likely that this lack of government housing

contributed to the need and proliferation of cheap alley housing.

African Americans were drawn to Washington, D.C. for a number reasons. The first African-American school was established in the city as early as 1807. Black education was funded in part, by Congressional legislation, which required ten percent of taxes collected from African Americans to be put aside into a special fund for the education of black youth. Although well intentioned, racial information was not documented in tax collection and there was no way to accurately calculate how much blacks actually paid in taxes. As a result there was much debate as to how much should actually be allotted to black education and many white residents were vehemently opposed to the idea at such a difficult time in American history. By 1862 there were six private primary schools for black children, many of which were located in the basement of churches. Between 1867 and 1881 the percentage of black school-age children enrolled in public school swelled from 32 percent to 69 percent (Johnson 1975:323). In addition to public education for black children, D.C. also had well established black churches, a black hospital, and between 1867 and 1874 African Americans had acquired the right to vote in local elections, electing several black local officials (Williams 1973).

In his 1893 study of African Americans in Washington, D.C., Edward Ingle noted, "This territory [the District of Columbia], inhabited largely by an urban or suburban population, has always been a kind of experimental station, from law-making to rain-making in this country" (Ingle 1893:8). While it was difficult to force states to grant Negro suffrage laws, Congress was able to pass bills for the District. As a district and not a state it was at the direct whim of the federal government and did not have the lingering

fear of state law superseding federal law (DuBois 1998 [1935]:337). The risk of falling victim to the oppressive Black codes that plagued many southern states and counties was greatly reduced by living in the District.

Recounting black suffrage, W.E.B. DuBois (1998 [1935]:285) remarked, "Thus, among the first bills introduced in the 39th Congress were bills to give the Negro the right to votes in the District of Columbia, and the demand was supported by petitions and speeches, and especially well-written petitions from the educated Negroes of the District." The right to vote for African Americans was shrouded in much controversy. Black Washingtonians had been collectively pushing for the right to vote as early as 1862 and perhaps earlier. In 1865 the Senate rejected a bill granting voting rights to African Americans. A year later it passed through the Senate and the House of Representatives only to be vetoed by President Andrew Johnson on the grounds that it went against the wishes of Washingtonians. Congress then overrode his veto in 1867 and blacks, for a short period of time, were granted the right to vote in local D.C. elections. To the chagrin of the mayor and many of the white residents of the District, Negro suffrage was passed in 1866 and became law in 1867 (DuBois 1998[1935]:286). Williams (1973:379-380) asserts that the radical Republicans passed the suffrage bill as a political move to acquire the black vote and retain power in the District.

Not surprisingly, during the municipal elections of 1867 two black officials were elected in Ward One, the Ward with the largest concentration of African Americans and the only Ward where black registered voters outnumbered whites. By 1869 blacks were allowed to serve as jurors (Ingle 1893:40) and every ward had at least one black Councilman, two of whom had formerly been enslaved (Williams 1973:384). Wards

One, Two, and Seven had over a thousand black voters each and of the 15,555 registered voters in D.C. in 1870, more than one-third (n=6,295) of them were black. Unfortunately, African-American suffrage would not last long. A year later African Americans' short stint of political power would succumb to the District Territorial Act, which formally placed D.C.'s local government under the aegis of Congress (Williams 1973). In 1874 the governing body of the District declared bankruptcy and the president replaced the 1871 territorial government with a committee of three commissioners appointed by the President who were then approved by the Senate. All citizens effectively lost the effect of a proper vote in the city.

Another incentive for blacks to migrate to the District of Columbia was the rapid development of the capital and the prospects of finding work as laborers. However, job vacancies did not always equate to employment. As Akers (2002:16) pointed out, "Blacks in the District were free to do as they liked, but many lacked the skills necessary to move on." Many had experience in farming and other trades that were valuable on a plantation but not necessarily transferrable in an urban context. Additionally, D.C. residents were not always enthusiastic to welcome these newly freed individuals. Many of the African Americans who came into the District during the Civil War were identified "contraband", or escaped slaves, and were stigmatized as a result. Previous notions of class and color amongst blacks in the District, coupled with a vast influx of poor, newly freed African Americans exacerbated preexisting class divides within the black community.

The Formation of Inhabited Alleys

Unfortunately the infrastructure, while better than many other contemporaneous cities, was not prepared to support the rapid population increase that resulted from the

aftermath of the Civil War. Between 1860 and 1870 the total population of the District nearly doubled from 75,080 to 131,700 residents (Table 3-2). As a direct result of this rapid increase the number and size of D.C.'s inhabited alleys increased dramatically (Table 3-4). In his ethnographic study of inhabited alleys, Charles Weller (1909:189), secretary of the Associated Charities of the District, noted, "There has been for years in Washington a 'house famine' so far as concerns the cheaper quarters to be had at rentals such as common laborers can pay." Thus many residents were forced to create makeshift housing or rent a room in one of the many shanties that populated overcrowded inhabited alleys.

It is unclear exactly when inhabited alleys first appeared in the District. It is purported that some of the earliest alley housing began at the philanthropic behest of organizations such as the Society of Friends to house runaway enslaved people (Borchert 1980a:27). Others argue that alley housing was originally reserved for enslaved domestics who lived in converted stables and shanties attached to the back of the enslaver's home (Weller 1909). Using the 1858 Boyd City Directory, Johnston identifies 53 alleys with a total population of 715 individuals (Johnston 1993:8). During the Civil War the government used alley dwellings to house disabled soldiers and by 1880 the number of inhabited alleys increase more than three-fold with the alley population skyrocketing to estimates over 8,500 people.

Demographic data on inhabited alley residents were difficult to attain and should be held as conservative estimates. Alley populations were highly mobile and residents did not always want their information recorded for fear of eviction or their housing being deemed unlivable and condemned. In other cases, alleys were secluded or perceived

as too dangerous to enter alone and could have likely missed the census rolls.

Accounts of multiple families inhabiting the same residence and the fear of entering the community displayed by census recorders are also testament to some of the difficulty in recording census information. In either case, city maps of 1858, 1871, 1880, and 1897 show the expansion of inhabited alleys, particularly black alleys, from the Northwest into Southwest and further into Northeast and Southeast by the end of 1890s (Figures 3-1,2,3). What began as converted sheds and shacks in the rear of formal houses, soon turned into complex networks of alley communities. This expansion was also coupled with increased variation in size and character.

Charles Weller, reporting on alley life in the last decade of the nineteenth century, described alleys as “ ... not an ‘alley’ in the ordinary sense, but a labyrinthian collection of short streets” (Weller 1909:57). The entrances to alley communities varied in size from 12 to 30 feet wide (Groves 1974:272). In addition the rooms reserved for residents, it was not uncommon for alleys to also include stables, small warehouses, workshops, and other vacant lots. The blocks were established in such a fashion that houses and apartments lined the main streets and inside were several smaller warehouse buildings or backyards (Figure 3-4). In some cases the backyards were developed as a part of the house they were attached to, in other cases they were sold separately and operated by outside tenants as far away as Maryland and Virginia (Groves 1974:270).

People moved to alleys for a number of different reasons. For many, these communities offered some of the cheapest rent in the city, while others may have migrated to be close to relatives or as a result of housing discrimination and

segregation. Alley communities were very transient in nature and not indicative of long-established communities. Lack of proper maintenance and cheap, short-term rent made alley properties easily transferable. The persistent danger of infection could have also been responsible for the high rate of alley migration. With neighbors falling ill from tuberculosis, pneumonia or a host of other contagious diseases, long-term alley residency was almost certainly a death sentence.

The alleys themselves varied in size and density. Some alleys such as “Queen’s Court” were large enough to be subdivided into rows including “Naze’s Row” or “Chinch Row.” (Weller 1909:215). Based on the 1905 police census “Average Alley” – a pseudonym for the notoriously large Blagden Alley – was densely populated. It was estimated that 402 residents lived on one acre of land. With no buildings more than two stories high this would have surely resulted in tight living quarters (Borchert 1980a:169). Alley density varied heavily. In some cases there were sparsely populated in other cases as many as six families lived under the same roof (Borchert 1980a:85). Even within alleys, life differed. In one alley, Weller observed a typical married family living near a single mother who bore 16 kids. Five had died of undisclosed means, one son was admitted to the insane asylum, a daughter was in jail, another was dying of tuberculosis, and another daughter moved out to another alley but her child was said to be dying slowly of marasmus (Weller 1909:21).

Furthermore, as alleys became more established they acquired various reputations, some of which are reflected in their names. Some alleys acquired their names from the names of the property owners. Snow’s Alley, for example, was located between 24th, 25th, I, and K streets Northwest and acquired its name from property

owner C.A. Snow, the publisher of *The National Intelligencer*. Snow initially built the four alley houses and rented them out to Irish tenants, one of whom worked in Snow's greenhouse (Borchert 1980a:26). In 1870, the Irish composed half of all foreigners in the District followed by Germans who composed another 30 percent (Johnson 1975:32). But Snow's case was rare. Individuals rarely owned an entire alley. Alley housing was divided into a number of different owners, some of whom lived in neighboring Maryland and Virginia and even afar afield as Pennsylvania (Borchert 1980a:37).

Although these alleys were segregated from the beginning, they became increasingly segregated over time and associated primarily with poor African Americans. According to the maps provided by Borchert (1980a:22-4) 20 alleys were predominately black, 21 predominately white, and nine alleys were racially mixed in 1858. Whites comprised almost 60 percent of the alley population. By 1871 the number of inhabited alleys reportedly increased to 118 with close to 1,500 families living there. In that year roughly 73 percent (n=85) of alleys were predominately black, 15 percent (n=18) predominately white, and 12 percent (n=14) racially mixed. One black woman explained how one segregated alley in particular switched from predominantly white residents to predominantly black residents. She recounted how Old Fellows' Alley was all white until she moved in. Then several Russian Jews occupied the alley and after they moved out, white residents refused to lease those tenements. In turn, they were leased to black residents and neighboring white tenants began to move out (Weller 1909:80). According to a 1909 police census 1,608 of all residents were white compared to 13, 410 African Americans, "... forced to dwell in filthy, disease-infected, crime-breeding alleys, just because their skin is dark" (Washington Bee 1909).

Alleys had a reputation for being dangerous and unsanitary. “Dirt floors, poor heating and inadequate insulation in the winter, uncovered wooden privies, small rooms, and insufficient drainage of the alley ‘streets’” were just some of the characteristics used to describe inhabited alleys (Groves 1974:272). City official Charles Weller, as many of his contemporaries, had negative preconceived notions about alley life and those who inhabited them. Miss Kemp, one of the Weller’s informants, was very critical of alley residents, arguing that high infant mortality resulted from a “lack of self control” in terms of sexual intercourse and ignorance about hygiene (Weller 1909:32). From the Weller’s accounts it would appear that the greatest problem plaguing alley residents was alcoholism. Weller likened the situation for residents in the alley to “three hundred and eighteen apples tossing about in a common barrel, in which the rottenness of the bad fruit is given every opportunity to infect all the rest” (Weller 1909:69). In addition to spotlighting the deplorable conditions that constitute alley life, the general idea was that the environment bred people of ill character and turned those with good character, bad (Weller 1909). Weller saw the issue of alley residents as a result of their own making asserting, “... many families living unwholesomely in the alleys, tenements, and shanties have sufficient earning power to command better quarters if they were spurred out of their lazy, ignorant contentment with what is insanitary and debasing.” (Weller 1909:273). Displaying his northern bias and racist sentiments, Weller argued:

“...the moral standards of Washington’s colored people are to be compared, not with those of white citizens in Massachusetts, Maine and New Hampshire, who embody the results of many years of civilizing influences, but with the poorer white people of southern country communities who have lacked many of the quickening influences which have molded their northern brethren.” (Weller 1909:154).

The negative perceptions of alley life in Washington, D.C. were reinforced by public fears of alley communities. The newspapers overwhelmingly carried reports of crimes that occurred in the alleys. Day after day newspapers ran articles of alley violence such as “Shot Down at His Door-A Bloody Crime Committed in Bland's Alley Today,” outlining the murder of a black man in an alley by a drunken veteran (Evening Star 1890b). Another case was printed of 49-year-old tenant Richard Bell of Blagden’s Alley who was arrested after an altercation in his house for assault and intent to kill (Times 1899). At times violence was replaced with criminality and reports of illegal gambling (Morning Times 1895). The lack of positive accounts of alley life was likely due to the fear experienced by census takers, social workers, and journalists. As mentioned earlier, for some, alleys access required police escort and there was no incentive to enter alley unless they were covering a criminal story or collecting information on health and poverty. Synopses of the Annual Board of Health Report were carried in the local newspapers. One such report referred to the alleys as “... nurseries of contagion and crime, these blotches upon the face of our otherwise fair city” (National Republican 1873).

Tied to the attack on alley life was an attack on the morality of alley residents. In one newspaper report, the Health Office highlights exceedingly high birthrates amongst African-American woman out of wedlock. Attacking the character of African Americans he declares, “... no other city in the United States shows such a wide difference in the moralities between the two races.” However the Health Office makes a clear distinction between the well-to-do colored population and “the immoral condition of the lower class of colored people in the alleys.” He argues that “concubinage [in the alley] increases

from day to day” and the immorality that exists amongst them is directly traceable to “the loose marital methods of slavery” (Washington Times 1895). Accusations that sound uncomfortably familiar to the infamous 1965 Moynihan Report.

At times black newspapers recapitulated some of negative stereotypes of alley dwellers but other times they offered searing indictments of the social structure. The black newspaper *The Colored American* retaliated against the assault of alley residents arguing, “And yet, the full responsibility cannot be laid at the door of the Negro population. Look how the poor among us are compelled to live – packed like sardines, in dirty, unsanitary hovels, located in alleys.” Instead the blame is shifted to authorities who the reporter chides to “... make it possible for colored people of moderate means to live in houses where a family can be reared, and higher moral standards can be preserved” (Colored American 1899). Another article in *The Colored American* even went as far as to declare, “When a colored family pays a fancy rent for the disgusting alley tenement at the behest of an avaricious landlord, they are contributing to the ill-health and ultimate extinction of the race” (Colored American 1902).

Violence, crime, and death all became synonymous with alley life. Images such as the one presented of Blind Alley helped to solidify negative public perceptions of alley life (Figure 3-5). Alleys were seen as incubators for violence, crime, and disease and alley residents were viewed as an affliction on the wider city. In reference to the newly immigrant black population one writer remarked,

“The majority live in the greatest squalor and filth, and are give to idleness, drunkenness, and immorality. Having seen much of the before and since the war, the writer can testify that it is infinitely worse off for the presence of these people. It would be a blessing to the place, and a merciful kindness to the freedmen themselves, if the Government would forcibly break up their

haunts, drive them out of the city, and scatter them through the country ...” (Ellis 1869:494-5).

However these indictments were not only present in the white communities but rooted in the black community as well. One District. resident recounted how her husband threatened to move out if his wife relocated to an alley and an alley resident recalled that her friends would not visit her because she lived in an alley (Weller 1909:46). Historian Michele Mitchell noted, "During the late nineteenth and early twentieth centuries, then, reform-minded women and men equated cramped living quarters with filth, high morbidity levels, and immortality" (Mitchell 2004:142). Even Frederick Douglass in a speech calling for an end to the elaborate Emancipation Day parades, described alley residents in a negative light. He challenged that the parades promoted “...gaudy displays and straggling processions, which empty the alleys and dark places of our city into the broad day-light of our thronged streets and avenues, thus thrusting upon the public view a vastly undue proportion of the most unfortunate, unimproved, and unprogressive class of colored people...” (Douglass 1888).

Other elements of the District’s black community were much more critical of the racist power structure that controlled the city. In 1891 African Americans in the District publically voiced their concerns, highlighting police brutality, racial discrimination in employment and argued,

“... that the great difference in vital statistics among the colored and the whites was due to the fact that the colored people were forced to live in unhealthy houses in alleys, for which a higher percentage of rent was charged than for the palaces of the rich, and it was known that no reasonable colored person could rent a house on certain streets on account of the combinations against them of real estate agents and owners” (Ingle 1893:51).

While living conditions varied across different alleys, the lack of proper sanitation and overcrowding are common themes that tied them all together. It is important to remember that after the Civil War, the District of Columbia was still a city in the making. Many African-American migrants were entering environments more akin to highly populated rural landscapes rather than fully urbanized areas. Although most alley homes were equipped with toilets, they were not always in working condition. Of the 47 houses surveyed in Bladgen's Alley in 1908, 46 had accompanying toilets, although 16 of them were not in proper working order. In one case, water to the entire alley was shut off for three weeks in an attempt to stop toilet leakages (Weller 1909:35). Poor sanitation led to fly and cockroach infestations and the spread of typhoid was attributed to the presence of privy flies (Weller 1909:94). In the case of "Snow Alley," the spread of typhoid fever throughout the community was attributed to an open privy that became a regular breeding ground for flies, which then infected the neighbors food (Weller 1909:75).

In addition to poor sanitation, poor upkeep and repair shanties left residents susceptible to a host of other issues. There were reports of roof leaks and poor drainage, which led to perpetually damp walls. In the case of Bassett Alley a number of rooms were several inches below the ground surface and would frequently become damp and flooded when water ran into the alley (Weller 1909:66).

These dilapidated conditions led to some of the worst health-related illness, including death. Tuberculosis was a common cause of death, not only amongst alley dwellers but also amongst the general population in the District. The Health Department had set up a policy to fumigate rooms after individuals died of tuberculosis and "The

Free Dispensary for Consumptives” was established to diagnose and treat those afflicted with the disease. However, these services were underfunded and the Health Department had periods in between appropriation funding where they were unable to fulfill their services. The disease was so rampant that Congress was lobbied to pass a law requiring all infected with tuberculosis to be registered with the Health Department (Weller 1909:21).

The heightened level of African-American mortality was compounded by the dramatically high rate of infant mortality. In 1891 the death rate in the capital was 32.68 for blacks and 18.27 for whites, which was attributed to “infant mortality, and this the health officer attributed in 1889 to a great extent to the location of negroes in the alleys and unhealthy parts of the city, and this was due to their poverty ...” (Ingle 1893:99). Historian Michele Mitchell recognized, “the rate of infant mortality was higher for black children than for any other ethnic group in the United States during the late-nineteenth and early-twentieth centuries. For certain observers, both white and black, it appeared that Afro-Americans might die out as a distinct 'race' ” (Mitchell 2004:181). While many infant deaths resulted from bacterial and viral diseases, malnutrition was also a major cause of death. Diluted condensed milk was offered as a formula for babies when nursing was not an option (Borchert 1980a:183). Weller’s account of infant nutrition provide a glaring example of just some of hardships confronting impoverished families:

“In many of the better homes even, nursing bottles are found lying on the floor or anywhere else, partly filled with souring milk and black with appreciative flies. An occasional dash of cold water from the hydrant is always deemed sufficient to cleanse bottles and nipples. Condensed milk diluted with unboiled water is the principal food used; but bread and butter, cornbread, tea, coffee, cabbage and even liquor are given to the little ones. Like some cotton-mill operatives of southern communities, who fill their babies’ gums with snuff ‘to make them peaceable’, many alley mothers win

relief from annoyance by administering sedatives to their infants” (Weller 1909:31).

Realizing the magnitude of the horrible conditions African Americans were exposed to in urban centers, Atlanta University undertook a series of sociological studies headed by W.E.B. DuBois. While black mortality rates in city were steadily on the decline, birth rates were also declining at similar rates (Table 3-5). Additionally, some of the greatest health disparities between the races were expressed in infant mortality rates (Table 3-6). In 1880 almost 85 percent of infant deaths that occurred in the first month of life were African Americans and more than 85 percent of those who died between the first month and first year were black as well (Johnston 1993:65). Although whites outnumber blacks in terms of population size in the District, the number of deaths was surprisingly close between 1875 and 1880. In fact African Americans were dying in such alarming rates that in 1880 more blacks than whites died in the city despite the fact that they only made up one-third of the population (Johnston 1993:219).

The government was painfully aware of alley shanties and recommendations for redress were limited mostly to condemnation and destruction. These alleys were not just seen as health hazards but moral hazards as well. *The Colored American* reported President Roosevelt’s sentiments toward alley dwellings as “... a shameful monument to the selfishness and cupidity of a set of property-owners who can realize larger profits from exorbitant rents...” and described them as “... unsanitary and are a standing menace to the health, moral and physical, of the entire city. They breed both disease and vice” (Colored American 1903). The article concluded by calling upon African-American women benevolent organizations to take the lead in remedying the situation. It was suggested that the environment was corrupting people and should be done away

with. "Human beings, the men, women and children who inhabit the alleys, tenements and shanties and are degraded by their surroundings, these people are the main concern" (Weller 1909:262). The response to studies such as these was not to provide social services to remedy the situations presented to alley residents, but to demolish them. One official report resulted in the destruction of 545 alley houses between 1906 and 1908 (Weller 1909:4).

Between 1873 and 1877 the Board of Health demolished 300 alley dwellings and condemned 958 more. In 1892 Congress halted further development of alley communities by banning housing construction in alleys narrower than thirty feet wide and those without sewers, water mains, and lights. Additionally, they banned construction on "blind," or dead end alleys (Weller 1909:273). Some alley dwellings, however, became more formally established, remaining inhabited into the 1970s and possibly beyond (Borchert 1971/1972). Over time the alley residents would have become more crowded with the housing ban in 1902, as well as the lack of consideration for the creation of affordable housing. The Washington Sanitary Company, founded in 1897 was established to provide housing for alley residents and to eventually eradicate their need, but less than a decade later Weller (1909:268) noted, "There is a 'house famine' and no adequate efforts are being made to assure the erection of a sufficient number of small dwellings." In cases where new homes were built to accommodate former alley residents, racist trends in housing discrimination left these newly constructed homes reserved primarily for white alley residents (Groves 1974:271). It seems that most attempts to improve the conditions of alley structures resulted in the relocation of black families. Weller (1909:284) reiterates, " ...the desired

conversion of alleys into minor streets will drive a number of families from the cheap homes which they now occupy. In some places, for example, an alley inhabited by colored people will be changed into a minor street where only white families will be accommodated.”

Weller opposed the simple condemnation of buildings because he argued it left housing units vacant, inviting squatters and other illicit activities (Weller 1909:96). Instead, he foresaw three possible outcomes to amend the alley-housing situation. One would be the improvement of water and sanitation resulting in increased rents. The second option was to destroy the alley shanties to make way for more commercial properties and turn a profit. Finally, the city could work to convert alleys into minor streets, which again required widening alley streets to a width of at least 40 feet and removing any structures obstructing the entrance to the alley (Weller 1909:60). O Street Alley was the only successful case. In line with the City Beautiful Movement that was sweeping the nation, Weller also offered the suggestion that,

“The rapidly growing movement for public playgrounds in Washington may add strength to the suggestion that a few of the worst and largest alleys might well be transformed into public playgrounds which would make over these squares into centers for the upbuilding, instead of degradation, of citizenship.” (Weller 1909:113).

Two years later Congress earmarked \$78,000 to purchase Willow Tree Alley and convert it into a public playground (Weller 1909:268).

On a smaller scale, Weller proposed a requirement that proper ventilation and light be provided in every room to combat health issues (Weller 1909:121). Other suggestions included the requirement of a certain amount of cubic air space and fresh air, a water closet and bath for each apartment, a resident janitor, fireproof staircases and fire escapes, and a recommendation that basement apartments should have a

portion above ground and be dry (Weller 1909:191). To deal with overcrowding, Weller suggested leaving a certain amount of space unoccupied based on the size of the lot (Weller 1909:121). Weller also reintroduced the idea of a "Special Commission on Housing and Health Conditions in the National Capital" to reevaluate sanitary codes and building regulations, an idea proposed by President Theodore Roosevelt back in 1904 (Weller 1909:249).

Ultimately however, very little concern was directed toward improving the lives of those who lived in the alleys. There were no pleas from the city for increased wages or better job opportunities and little discussion was given to relocating displaced people. It wasn't until Ratigan's study of disease in alleys that the idea was offered,

"Condemning the alleys and/or alley-dwellers avails nothing; even though it occasionally induces sports of public indignation. Inferentially, the alley-dwellers cannot be helped without removing such national blights as income deficiencies, "racial" discrimination or other inequalities of which the alley-dwellers are usually regarded as horrible examples" (Ratigan 1946:180).

While the deplorable conditions of alley housing and insidious nature of alley residents is attested, there is little discussion of legal recourse against slumlords and owners of these unsafe dwellings. Residents often petitioned their landlords to renovate homes as they broke down but their calls often fell on deaf ears, as there was little or no incentive for them to renovate. Improvements and renovation, when they did occur, were often followed by increased rent prices. In the case of "Guethler Alley" the introduction of water hydrants and toilets and the demolition of poorly inhabited dwellings led to an increase in rent from \$4 to \$6 per month (Weller 1909:215). As a result many alley residents had to devise their own ways of dealing with the health issues that plagued their communities.

Residents likely conducted their own renovations when landlords would not. Furthermore, although many alley residents did not have a reasonable access to public healthcare services such as hospitals and clinics, there were alley residents in place to fill such a void. A “voodoo doctor,” “Herb doctor”, and four midwives were all alley residents as outlined in the 1880 census records (Weller 1909:31-32). In Ratigan’s sociological study, he found that alley residents had a number of local remedies to treat ailments (Ratigan 1946:107). Although his study was conducted decades later, he offers a thorough catalog of the different homeopathic remedies alley residents used. Alley residents enacted their own form of social welfare which Weller deemed a “fine philanthropy.” Weller recounted at least three families in Blagden Alley who were raising children who were not theirs; the mothers were said to have either died or disappeared (Borchert 1980a:205).

Alley communities also organized themselves in a number of ways. To combat the rapid expansion of tuberculosis, a number of African-American residents volunteered their time and expertise, traveling to black schools and churches disseminating information on the prevention and treatment of the disease (Weller 1909:25). In 1910 an Alley Workers’ Conference was held at Shiloh Baptist Church to better organize collective efforts and cooperation amongst various organizations. The conference was attended by a number of representatives from different organizations including the Alley Improvement Association, Association for the Prevention of Tuberculosis, Woman’s Interdenominational Missionary Union, Boys’ Club of Blagden’s Alley, Alley Helping Hand Society of Shiloh Church and the Day Nurseries Association. Churches were encouraged to take a greater role in improving the alley communities

and organizations called specifically for day nurseries for young children whose mothers were required to work. Some took a religious stance arguing "...the homes of these people [alley residents], and their bodies, as well, would be clean when the gospel took deep root in their hearts." Recognizing the continual presence of poverty and the perpetual need for small inexpensive homes, one representative recommended that wooden structures be replaced with brick and each residence be connected to sewage and hydrants with sinks (Washington Bee 1910).

Additionally recommendations from the black doctors differed. In order to remedy the general health problem amongst inner city African Americans, Dr. Butler suggest we must do more than provide medicine,

"In conclusion, I would say that even to remove all the causes of death due to negligence will take ages. We may remove ignorance, we may remove intemperance, we may remove poverty and negligence, but in order to decrease this mortality among our people we must have our own physicians and plenty of them, we must have parks and public baths, we must have free dispensaries, and we must have good hospitals, and until these things are accomplished very little headway will be made in reducing this excessive death-rate. It is the duty of every Christian citizen to see that these things are done" (DuBois 1896:24).

Health in the District and many other urban centers during the nineteenth century was some of the worst ever experienced. Poverty compounded with epidemic outbreaks brought about massive deaths from tuberculosis, cholera and other urban illnesses. In addition to highlighting the experiences of life and death within inhabited alleys generally, I also sought to demonstrate the racialized, class divide that existed within the city. Through the sample of the Mt. Pleasant Plains Cemetery, the next chapter will attempt to better identify how death varied amongst these inhabited alleys and tease out patterns of statistical and spatial distribution. While I ascribe to the belief that alley

conditions were highly variable, demographic analysis will reveal some generally identifiable trends.

Table 3-1. District of Columbia: Black population by free and enslaved, 1800 to 1860

Year	Total	Free	Slave	Free (%)	Slave (%)
1860	14,316	11,131	3,185	77.8	22.2
1850	13,746	10,059	3,687	73.2	26.8
1840	9,819	6,499	3,320	66.2	33.8
1830	9,109	4,604	4,505	50.5	49.5
1820	7,278	2,758	4,520	37.9	62.1
1810	5,126	1,572	3,554	30.7	69.3
1800	2,472	400	2,072	16.2	83.8

Oxford African-American Studies Center. 2012. District of Columbia: State Population by Race, 1800 to 1990. <http://www.oxfordaasc.com/>

Table 3-2. District of Columbia: State population by race, 1800 to 1900

Year	Total Population	White	Black	White (%)	Black (%)
1900	278,718	191,532	86,702	68.7	31.1
1890	230,392	154,695	75,572	67.1	32.8
1880	177,624	118,006	59,596	66.4	33.6
1870	131,700	88,278	43,404	67.0	33.0
1860	75,080	60,763	14,316	80.9	19.1
1850	51,687	37,941	13,746	73.4	26.6
1840	33,745	23,926	9,819	70.9	29.1
1830	30,261	21,152	9,109	69.9	30.1
1820	23,336	16,058	7,278	68.8	31.2
1810	15,471	10,345	5,126	66.9	33.1
1800	8,144	5,672	2,472	69.6	30.4

Oxford African-American Studies Center. 2012. District of Columbia: State Population by Race, 1800 to 1990. <http://www.oxfordaasc.com/>

Table 3-3. African-American population by state, 1870-1880

	Maryland	Virginia/W. Virginia	District of Columbia
1870	11,720	16,785	13,448
1880	12,245	19,913	24,775

Ingle, Edward. 1893. *The Negro in the District of Columbia*. Baltimore: The Johns Hopkins Press. Pp. 19-20

Table 3-4. Alley numerations, 1858-1897

	Number of Alleys	Number of Residents
1858	53	715
1871	170	1,345
1880	187	8,551
1897	246	18,233

Groves, Paul. 1974. *The "Hidden" Population: Washington Alley Dwellers in the late Nineteenth Century*. *The Professional Geographer* XXVI(3):pp.271

Table 3-5. National death and birth-rates by race, 1880-1890.

	1880		1890	
	White	Colored	White	Colored
Average death-rate	18.61	37.12	19.19	32.08
Average birth-rate	17.16	24.47	14.89	25.02
Excess in death-rate	1.45	9.65	4.30	7.06

DuBois, W. E. B. 1896. Mortality Among Negroes in Cities: The Atlanta University Publications, No. 1. Atlanta University. Pp.15

Table 3-6. Infant mortality rates for D.C. by race, 1888-1892.

	White	Colored	Excess Colored
Deaths under 5	5.7	15.0	163.0%
Deaths over 5	13.4	17.8	32.8%
Total Deaths	19.1	32.8	

DuBois, W. E. B. 1896. Mortality Among Negroes in Cities: The Atlanta University Publications, No. 1. Atlanta University. Pp.15

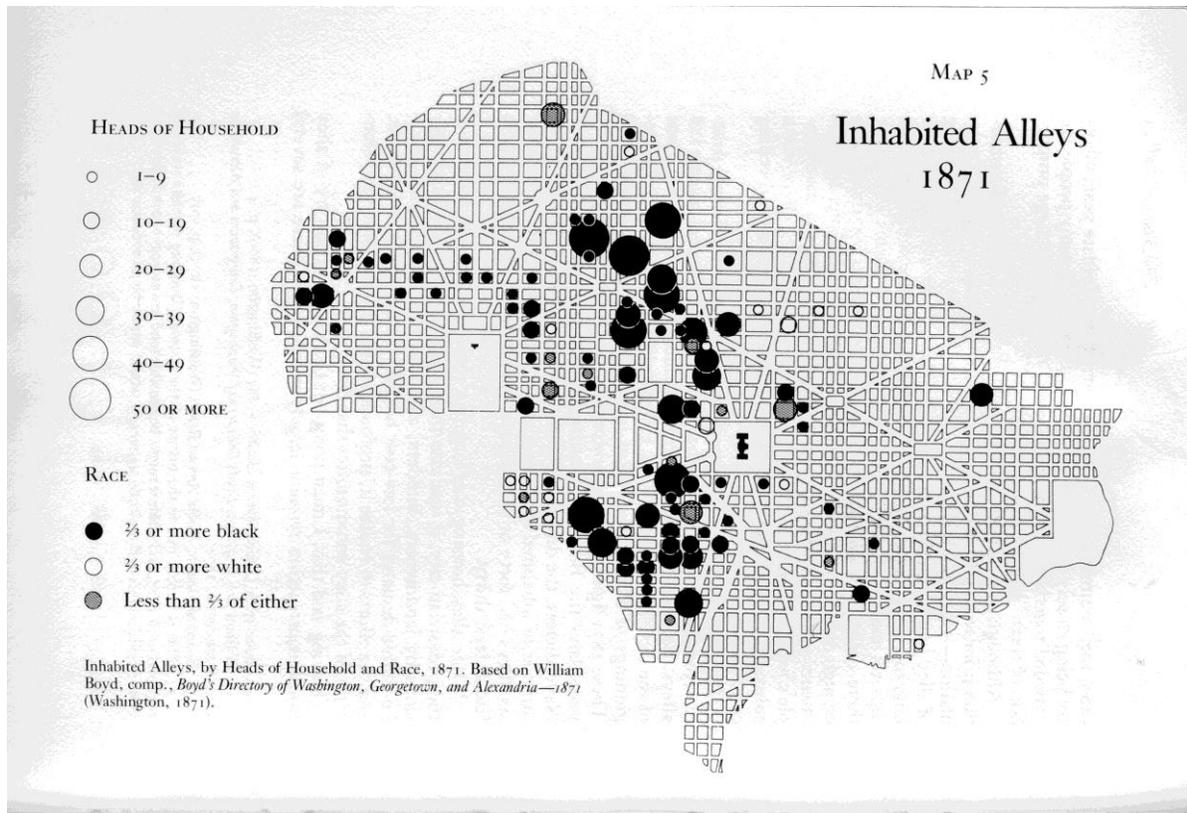


Figure 3-2. Map of inhabited alleys, 1871. (Source: Borchert, James. 1980a. *Alley Life in Washington: Family, Community, Religion, and Folklife in the City, 1850-1970*. Urbana: University of Illinois Press. Pp.24)

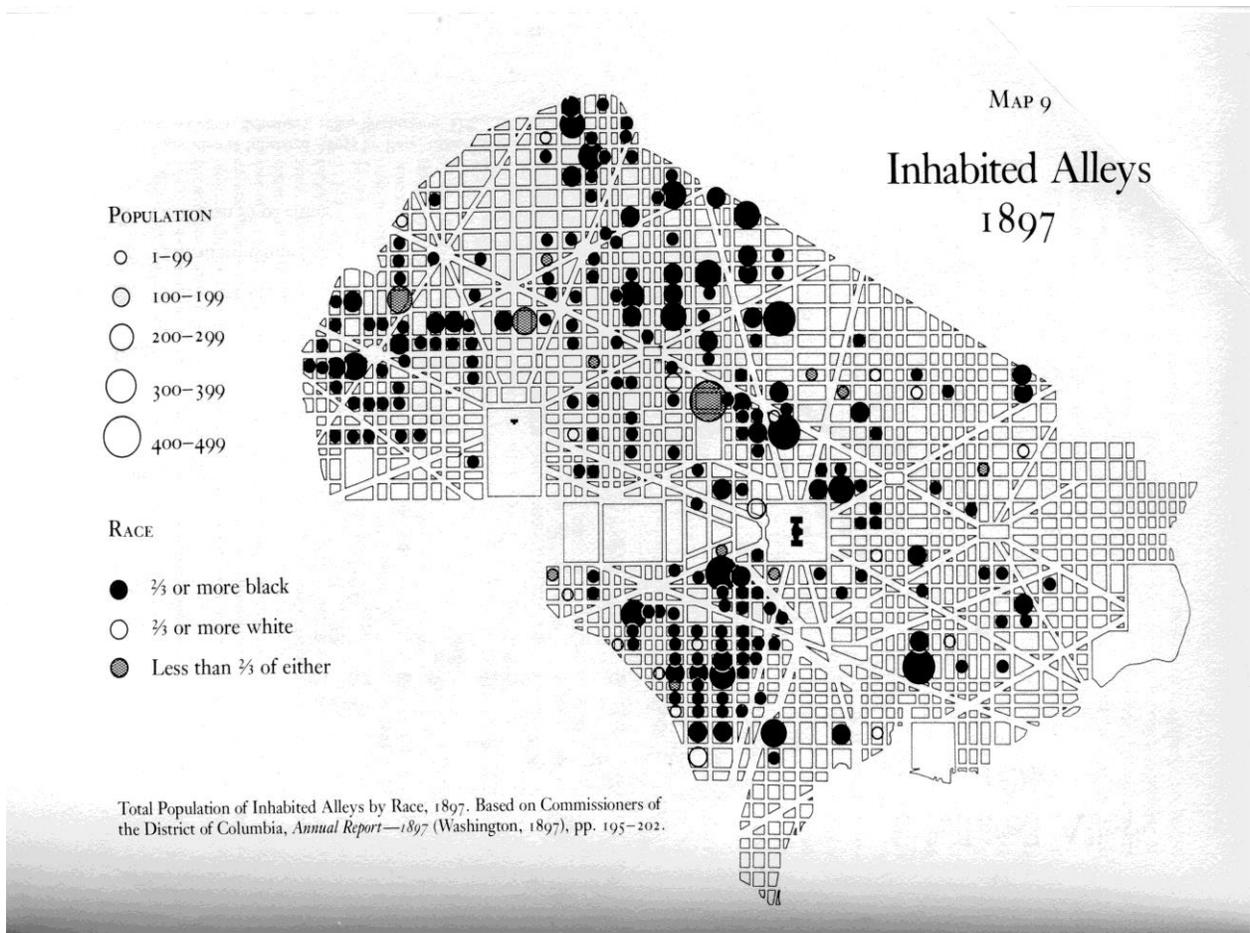


Figure 3-3. Map of inhabited alleys, 1897. (Source: Borchert, James. 1980a. *Alley Life in Washington: Family, Community, Religion, and Folklife in the City, 1850-1970*. Urbana: University of Illinois Press. Pp.44)

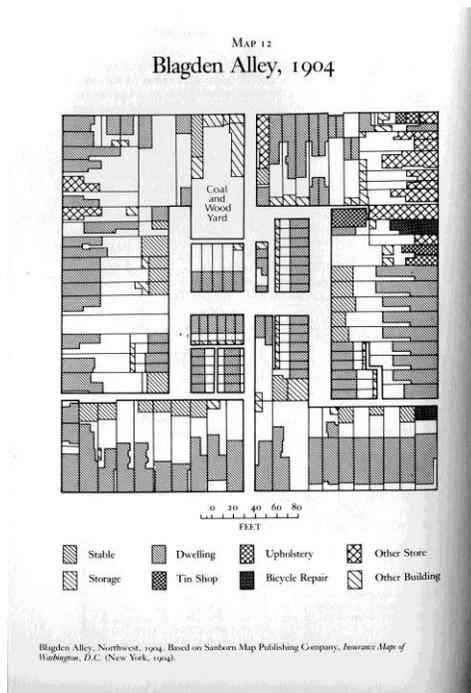


Figure 3-4. Map of Blagden Alley, 1904. (Source: Borchert, James. 1980a. *Alley Life in Washington: Family, Community, Religion, and Folklife in the City, 1850-1970*. Urbana: University of Illinois Press. Pp.50)

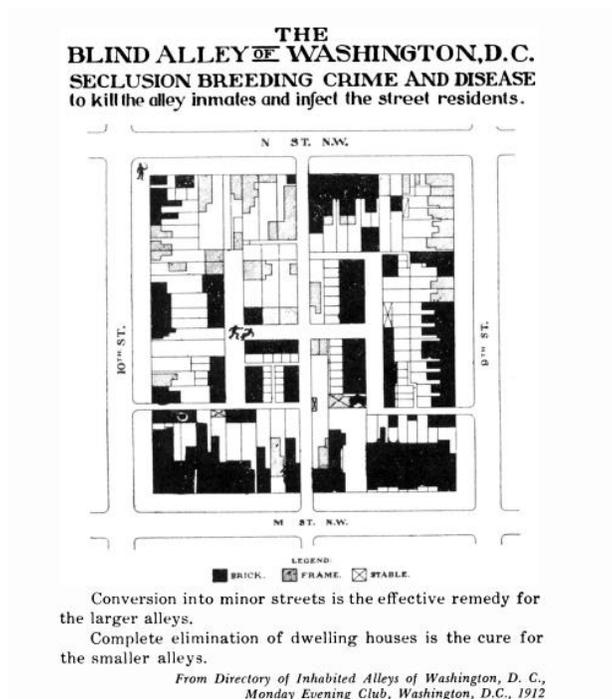


Figure 3-5. Map of Blind Alley. (Source: Borchert, James. 1973/1974. *Alley Life in Washington: An Analysis of 600 Photographs*. Records of the Columbia Historical Society, Washington, D.C. 49:pp.246)

CHAPTER 4 SPATIAL AND STATISTICAL ANALYSIS

In an attempt to gain a better understanding of the size, scope, and significance of the Mt. Pleasant Plains Cemetery, researchers compiled a database of demographic information extracted from death records at the District of Columbia Archives for all individuals interred there. The database is divided into two sections: one covering deaths between January 1855 to July 1874 and the other covers deaths between August 1874 and June 1890. In August of 1874 the coroner's office was required to keep detailed records for all deaths in the city. In addition to basic information such as name, gender, race, marital status, cause of death, occupation, place of birth, years of D.C. residency, date of death, age of death, and name of cemetery, morticians were required to also document location of death and additional notes about the burial and nativity of parents. Although the Mt. Pleasant Plains Cemetery was only in use from 1870 to 1890, the interments from the Colored Union Benevolent Association's earlier Young Men's Burying Ground, were said to have been reinterred at Mt. Pleasant Plains.

The sample population for this study is based on the 7,226 individuals who were interred at the Mt. Pleasant Plains Cemetery between August 1874 and June 1890. Of those, 25.7 percent (n=1,858) of individuals died in inhabited alleys. As mentioned earlier, the Mt. Pleasant Plains Cemetery was the leading cemetery for African Americans by 1880, largely maintaining a rate of interment of more than one burial per day (Figure 4-1). Using this sample, an attempt was made to identify variation between deaths that occurred within inhabited alleys versus other locations as well as identify variation amongst inhabited alley deaths themselves. Several studies looking at variation between residents of alley housing and street front housing have identified

higher death rates and higher rates of employment in unskilled labor (Borchert 1980a; Borchert 1980b; Groves 1974; Johnson 1975; Johnston 1993). Building off of these studies, the intention of this research is to provide a more nuanced understanding of late-nineteenth century mortality and morbidity for African Americans in the nation's capital.

It should be noted that past and present scholars have noted the inadequacy and potentially flawed nature of nineteenth century census data (Borchert 1980a; Downs 2012; Weller 1909). Charles Weller recounted how difficult it was to get an accurate numeration of residents residing in alleys (Borchert 1980a:12). Residents were likely skeptical of census takers and other government officials inquiring about living conditions fearing their homes would be condemned and torn down. When an investigator attempted to interview a woman in Burk Alley she replied, 'Wot you all gwine do wif dese houses? Have m tore deown 'en frown in de rivah? En' leave us poad folks all wif out no homes?' (Weller 1909:60). Additionally the causes of death on death certificates were likely skewed. The diagnosis of illnesses and subsequent causes of death were at the subjectivity of the coroner and certain illnesses would have been difficult to clearly attribute to death. In other cases, a number of compounded factors could have culminated in death, leaving the coroner responsible for identifying the most significant ones.

In many cases, deaths occurring in inhabited alleys were clearly listed by their common alley name on death records. While the term "alley" was used often, other descriptive names included neighborhoods labeled as 'Courts,' 'Rows,' 'Places,' 'Hills,' and even a few 'Streets.' They all, however, possessed the physical character of an

alley as previously outlined” (Groves 1974:272). In other cases, alleys were vaguely described by their cross streets or as the rear of a street front address.

In order to map the physical location of these inhabited alleys, I referenced the State Historic Preservation Office (SHPO) alley records. Using the computer software ArcGIS, the Preservation Office mapped the entrances for historic alleyways from the known location of current alleys and the “Directory of Inhabited Alleys of Washington, D.C.” published in 1912 by then chairman of the housing committee of the Monday Evening Club, Thomas Jesse Jones. Many of the historic alleys in 1912 existed in the late-1800s but some alleys disappeared and others were more recently established. When alley names and locations were not present in the SHPO database they were added manually. Conversely, all other deaths that occurred on main streets, in hospitals, or other locations throughout the city were classified as “non-alley” deaths. Therefore it should be noted that the location of death does not equate with residency. While many alley deaths are likely attributed to alley residents, it cannot be validated without cross-referencing the census.

Statistical Analysis

In an attempt to analyze variation between alley and non-alley deaths I used the statistical software IBM SPSS Statistics 20 to look at variations in infant mortality, causes of death, seasonality of death, and place of birth. The mean age at death for the overall sample population was 17.18 years old. The low mean age was due in large part to high infant mortality. According to the sample, 52 percent of deaths were infants between the ages of zero and two years old (Table 4-1). Between alley and non-alley deaths, the former exhibited a higher percentage of infant deaths at 58.8 percent and a lower percentage of adult deaths at 28.8 percent (Table 4-2). Non-alley infant deaths

totaled 49.6 percent and adult deaths totaled 37.7 percent (Table 4-3). Additionally the mean age of alley deaths, 14.43 years, was more than three years lower than that of non-alley deaths, 18.14 years. These statistics signify increased health risks for infant in alleys and possibility higher fertility rates as well.

The top three leading causes of death for the entire sample population between 1874 and 1890 were tuberculosis, bronchitis and pneumonia, and fevers (Table 4-4). These general trends match the three major causes of death in non-alleys (Table 4-5) but differ slightly in terms of the leading causes of deaths in alleys. Amongst those who died in inhabited alleys, the leading causes of death were tuberculosis, bronchitis and pneumonia, and cholera (Table 4-6). The percentage of tuberculosis remains about the same and the rate of bronchitis and pneumonia increases slightly in non-alley compared to alley deaths. As a largely airborne disease, tuberculosis is often associated with overcrowding while cholera is associated more with the poor sanitation endemic in the inhabited alleys.

In addition to situating these as largely urban diseases, historian Jim Downs argues the origins of them can be traced back to the Civil War. During the Civil War, Washington, D.C. and the surrounding communities had hospitals established for wounded Union and Confederate soldiers. Initially these facilities were not well sanitized and contributed to the spread of epidemic disease. Historian Michael Cooke (Cooke 1984:199) notes, "Many discharged Union servicemen remained in the District after the Civil War, and some of them were in a destitute and sickly state. Unlike in modern times, the federal government did not perceive the need for maintaining support services on a more or less permanent basis for its veterans." Although not a veteran,

Thomas Delaver was formerly enslaved in Culpepper County, Virginia and placed in a refugee camp in Northwest, Washington before ending up in Goat's Alley with his wife and son (Johnston 1993:xix).

In Down's estimation, the Civil War caused, "...the largest biological crisis of the nineteenth century" (Downs 2012:168). Of the major causes of death during this era, Downs asserts, "... smallpox, fever, and cholera ... [were] the result of specific factors caused by the war and the government's response to emancipation" and disproportionately affected ex-slave populations who were less equipped with the means of proper nutrition and health care (Downs 2012:169). The historical accounts suggest that many of these diseases were developed and cultivated in the inner city although it is quite possible that they developed in other spaces such as contraband camps and then proliferate in alleys. While poor sanitation and poverty were responsible for many deaths in inhabited alleys, it is important to keep in mind that many factors contribute to the development and spread of disease.

The seasonality of death is a unique point of consideration. In speaking about Reconstruction during the late-nineteenth century, DuBois noted that for many African Americans,

"Summer is their favorite season, and the death-rate is somewhat diminished, but when the autumn days come, "the saddest of the year," the wailing winds their open houses invade and the majestic king of winter carpets the earth, and the poor shiver from want of clothes, food and fire, and the grim monster claims them as his favorite subjects" (DuBois 1896:31)

More than a century later, Foster and Eckert (2003) discovered in a sample of African Americans in Coles County, Illinois, that the highest rate of deaths – approximately 22

percent – occurred in late summer attributable to a relatively high infant mortality rate.

They recognized,

“Historically, there was a tendency for older people to die in late winter, likely due to respiratory stresses (e.g. influenza or pneumonia). Alternatively, there was also the tendency for adolescents to die in late summer, coinciding with food-, insect-, and water-borne diseases (e.g. dysentery, cholera, or malaria), diseases to which older people likely acquired resistance by virtue of having survived” (Foster and Craig 2003:481).

Looking at the sample population, I sought to determine if summer or autumn months were deadliest for African-American residents in D.C. as well as look for differentiation between alley and non-alley deaths. There was little variation between the seasonality of alley and non-alley deaths, however amongst the overall sample population, the summer months proved to be the deadliest season, accounting for 30.4 percent of all deaths. As depicted in the graph, the summer months proved exceedingly deadly for infants age zero to two years old (Figure 4-2).

Perhaps the greatest distinction between alley and non-alley deaths was found in the birthplace of the deceased. African Americans and the few whites buried in the Mt. Pleasant Plains Cemetery came from places as far south as Florida, as far north as Maine, and internationally as far as Australia. Most of the deceased were born locally accounting for more than 85 percent of all non-alley deaths born in the District (Table 4-7). Surprisingly, however, only nine percent of those who died in alleys were born in the District. According to these statistics migrant blacks were almost ten times more likely to die in alleys compared to native black D.C. residents. Most people who died in alleys were born in neighboring Virginia (64.3 percent) and Maryland (22.1 percent), testimony of a large migrant population that inhabited many of these alley communities (Table 4-8). In 1893, three broad social classes of blacks in D.C. were described as being based

on enslaved status, "... those who had been free before the war, those who had been liberated in 1862, and those who had entered the District as fugitives or as contrabands of war" (Ingle 1893:21). Based on the data from the sample population, it could be inferred that alley residents overwhelmingly represented the latter of these groups. Therefore at the same time alleys were becoming increasingly associated with poor African Americans, they were simultaneously becoming associated with African-American migrants from neighboring states, many of whom were formerly enslaved. This would have created negative stereotypes of foreign blacks. Even with such wide variation, alley residents were generally considered a "separate class", often migrants from the countryside and the bottom of society (Borchert 1980a:xi). In his analysis of alleys, Groves (Groves 1974:275) remarked, "One noticeable characteristic of the black alley population was that it originated from neighboring states ... Only 11 percent were born in the District of Columbia, an indication of the relative recency of the migration." In fact, "... few native-born whites were alley dwellers," 81 of 179 white heads of household were Irish and only nine were German (Groves 1974:275). Thus alley populations generally – white and black – were associated with poor foreigners.

Spatial Analysis

Coinciding with the alley data acquired from the D.C. SHPO, ArcGIS software was used for spatial analysis to locate variation amongst inhabited alleys. The use of ArcGIS in archaeological studies of African-American sites is very limited. The software has been predominately used to create maps for visual representations. Archaeologist, James Davidson used ArcGIS to map African-American violent deaths in early-twentieth century Dallas, Texas. His study found that most of African-American violent deaths occurred not in black neighborhoods but in white neighborhoods and at the abutments

of black and white communities (Davidson 2008). In his dissertation on the historic town of Rosewood, Florida, Edward Gonzalez-Tennant, was able to use ArcGIS to virtually recreate the layout of the town prior to the 1923 riot and analyze the racial distribution of property ownership and land transfers (Gonzalez-Tennant 2011). Another study by Lisa Randle used ArcGIS for predictive modeling purposes to interrogate the idea of a panoptic relationship between plantation sites along the Cooper River in coastal South Carolina. Surprisingly she found that several slave quarters were outside of the line-of-sight of the plantation owners' house, running counter to the narrative that plantation owners had full surveillance of their enslaved laborers (Randle 2011).

Other mapping software has been used in two cases to map demographic information for skeletal samples from the W. Montage Cobb Skeletal Collection, one of the largest African-American anatomical collections in the country. For her doctoral dissertation, Rachel Watkins used MapInfo software v. 4.12 to map the known residents of individuals in the Cobb Collection (Watkins 2003). Using Microsoft Street and Trips software, Jennifer Muller also plotted the residency of a sample of the Cobb Collection and uncovered that mirroring the general distribution of African Americans in D.C., 70 percent came from the Northwest quadrant, 16 percent from the Northeast, 11 percent from the Southeast and 3 percent from the Southwest (Muller 2006:27). In both cases, mapping was used to determine that the Cobb Collection was representative of the overall distribution of African Americans throughout the city.

In this study I sought to use ArcGIS to measure sample representation as well as spatial distribution in the causes and locations of death. Generating these maps involved a tedious process of matching alley names with known locations derived from

the SHPO alley database. The alley entrances were condensed into centroid points and then ascribed a unique identification number and the location of death, cause of death, gender, and state of birth were coded for each death certificate prior to being mapped.

After the meticulous mapping process, it was determined that the location of deaths for many of those interred at the Mt. Pleasant Plains Cemetery mirrored the general distribution of alley populations throughout the city. The vast majority of people, 94.4 percent (n=1,735) interred died in the Northwest quadrant of the city (Figure 4-3). A number of black alley communities existed in Northeast, Southwest, and to a lesser extent, Southeast Washington, D.C. however fewer deaths occurred in these areas. Figures 4-3 and 4-4 demonstrate that the overall distribution of deaths generally mirror the higher concentration of alley populations in the Northwest quadrant. However the question remains, what happened to the smaller yet still significant number of people who lived in alleys in the other quadrants of the city? It is possible that they were buried in other black cemeteries. During the late-nineteenth century there were a total of sixteen cemeteries in the city boundaries, three of which were designated for African Americans: Ebenezer, Harmoneon, and Mt. Pleasant Plains. If black Washingtonians were not buried at one of the aforementioned African-American cemeteries they could have also been interred at Potter's Field just northwest of the Congressional Cemetery in the Southeast section of Washington. Potter's Field became the new home for destitute residents in D.C. after the city forced the closure of the old poorhouse on M street between 6th and 7th streets, NW. Between 1880 and 1908 a little more than 14 percent of all black burials occurred at Potter's Field. Lastly, there are accounts of

African Americans being buried more informally along the Tiber Creek when they could not secure a plot at a burial ground (Richardson 1989:310-313).

When analyzed more closely the distribution of alley deaths show several spatial patterns. First, there is a significant correlation between infrastructure and the distribution of deaths. By mapping the streetcar railway routes, as they would have appeared in 1888, it becomes evident that two-thirds of alley deaths occur within one city block of these public transportation lines (Figure 4-5). I would argue that these patterns in death reflect general alley settlement patterns as opposed to death trends. People would have likely preferred to live near the streetcar rails where they had greater accessibility to public transportation. Further research is required to determine if the alley communities developed around the public transit lines or visa-versa, although the lack of alley communities in Northeast and Southeast quadrants of the city prior to 1888 as described in chapter 3 would suggest that the alley communities developed in response to the transit lines.

Another significant demarcation in historic Washington, D.C. is K Street. While K Street does not hold any major street railway lines, 31.3 percent of all alley deaths occurred within two blocks of K Street (Figure 4-6). As mentioned earlier K Street was important because it served as the dividing line between the black and white communities for much of the nineteenth century. Blacks were forced to reside north of the street and many likely chose to settle at the boundary where they were closest to the city center (Borchert 1980a:6). This pattern is seen spatially with a considerably higher number of African-American alleys and alley deaths occurring north of K Street

as opposed to south prior to 1890. The graph also serves as a prime example that de facto segregation, which began during slavery, continued into the era of emancipation.

Figure 4-7 displays the five deadliest alleys as enumerated in the sample population. Blagden's Alley demonstrated the largest death count, accounting for more than five percent of all alley deaths. Although there does not appear to be any spatial trends other than the fact that they are located in Northwest Washington, D.C., the fact that Blagden's Alley and O Street Alley are listed amongst the top five deadliest is significant. When Weller conducted his 1908 study on inhabited alleyways, he used the pseudonym "Average Alley" to describe the living conditions in Blagden's Alley. He notes it was paved, with water, sewage, and toilets in the back of nearly every house and likely better housing than other alleys (Borchert 1980a:47). As we see, Blagden's Alley was far from "average." In addition to being unique in size and scope, it was one of the most commonly discussed alleys during the early-twentieth century (Borchert 1973/1974; Borchert 1980a; Weller 1909). As described in the previous chapter, it was densely populated by 1905 and the center of bad publicity in newspaper reports. Perhaps living conditions improved in the decade between the time these deaths occurred and Borchert's analysis or maybe he was unaware of significantly high mortality rate that plagued this community. In either case we see a clear disjuncture between the alley Weller describes and the deaths enumerated in the Mt. Pleasant Plains sample. Conversely, Weller deemed the conditions at O Street Alley as the worse and most notorious of all of the alleys (Weller 1909:106). While it was amongst the top five deadliest, deaths in Blagden's were twice as frequent. Again it is possible that Weller visited O Street Alley during a particularly difficult year. In an attempt to

remedy the situation, the city made plans to convert the alley into a minor street with the hopes that upgraded sanitation and access to public resources would improve health and social conditions in the area.

In addition to the maps included in this study, I also explored the possible association between location and causes of death, location and gender, and location of death and state of birth. The rationale behind the latter was to try and determine if migrants from common states settled in similar parts of the District. I ultimately excluded the maps from this study after concluding that no spatial correlation was evident.

Overall, a lower mean age at death and higher percentage of infant mortality make it evident that alleys were amongst the deadliest environments in the city. The similarity in distribution between deaths and resident patterns suggests that the locations of high deaths were associated with highly populated alleys. Additionally many of these residents who exhibited extreme poverty were migrants from neighboring states, suggesting an association with poverty, disease, migration, and perhaps formerly enslaved status as well. An association Jim Downs (2012) alludes to in *Sick From Freedom*. We have seen how alley deaths varied throughout nineteenth century Washington, D.C. and the final chapter will situate the discussion within the wider context of urban African-American mortality nationally.

Table 4-1. Ages of death at Mt. Pleasant Plains Cemetery (All), 1874-1890

Age of Death		Number of Deaths	Percent
Infant	0-2	3754	52.0
Juvenile	3-15	912	12.6
Adult	16-128	2555	35.4
Total		7221	99.9
Missing		5	.1
Total		7226	100.0

Table 4-2. Ages of death at Mt. Pleasant Plains Cemetery (Alley), 1874-1890

Age of Death		Number of Deaths	Percent
Infant	0-2	1091	58.7
Juvenile	3-15	232	12.5
Adult	16-111	534	28.7
Total		1857	99.9
Missing		1	.1
Total		1858	100

Table 4-3. Ages of death at Mt. Pleasant Plains Cemetery (Non-Alley), 1874-1890

Age of Death		Number of Deaths	Percent
Infant	0-2	2663	49.6
Juvenile	3-15	680	12.7
Adult	16-128	2021	37.6
Total		5364	99.9
Missing		4	.1
Total		5368	100

Table 4-4. Causes of death at Mt. Pleasant Plains Cemetery (All), 1874-1890

Cause of Death	Number of Deaths	Percent
Tuberculosis	1421	19.7
Bronchitis & Pneumonia	1118	15.5
Fevers	390	5.4
Total	7213	99.8
Missing	13	.2
Total	7226	100.0

Table 4-5. Causes of death at Mt. Pleasant Plains Cemetery (Non-Alley), 1874-1890

Cause of Death	Number of Deaths	Percent
Tuberculosis	1069	19.9
Bronchitis & Pneumonia	793	14.8
Fevers	304	5.7
Total	5357	99.8
Missing	11	.2
Total	5368	100.0

Table 4-6. Causes of death at Mt. Pleasant Plains Cemetery (Alley), 1874-1890

Cause of Death	Number of Deaths	Percent
Tuberculosis	352	18.9
Bronchitis & Pneumonia	325	17.5
Cholera	109	5.9
Total	1856	99.9
Missing	2	.1
Total	1858	100.0

Table 4-7. Place of birth at Mt. Pleasant Plains Cemetery (Non-Alley), 1874-1890.

Place of Birth	Number of Deaths	Percent
DC	4597	85.6
MD	172	3.2
VA	515	9.6

Table 4-8. Place of birth at Mt. Pleasant Plains Cemetery (Alley), 1874-1890.

Place of Birth	Number of Deaths	Percent
DC	166	8.9
MD	408	22.0
VA	1190	64.0

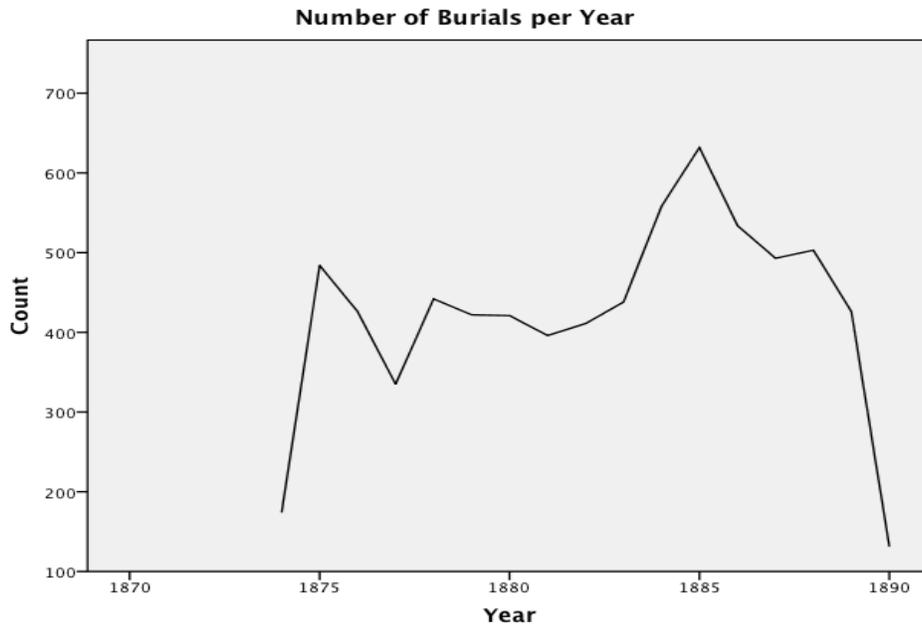


Figure 4-1. Number of burials at Mt. Pleasant Plains Cemetery, 1874-1890

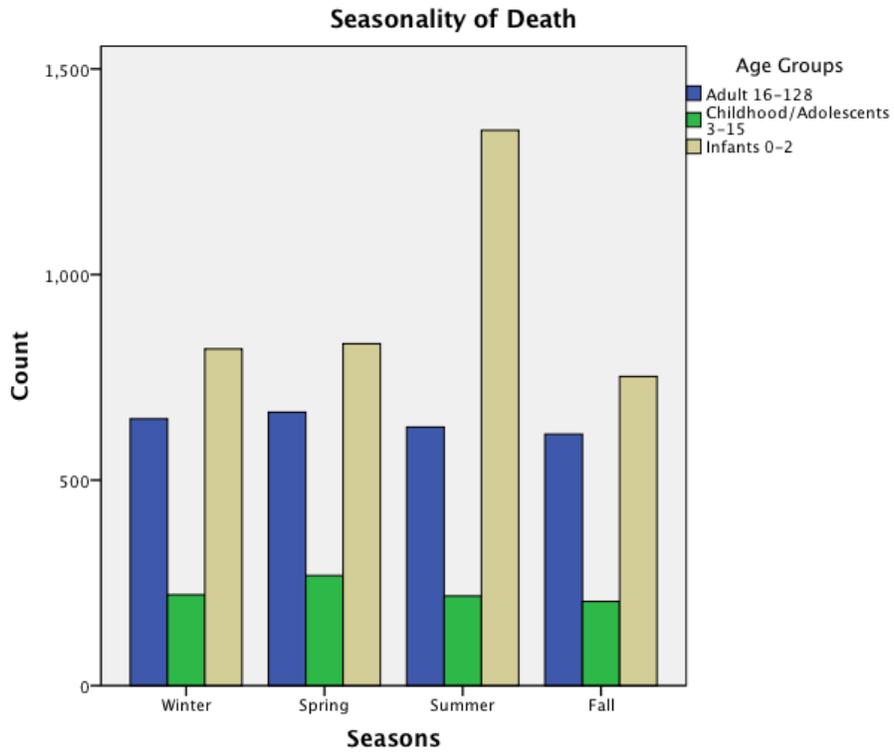


Figure 4-2. Seasonality of death at Mt. Pleasant Plains Cemetery, 1874-1890

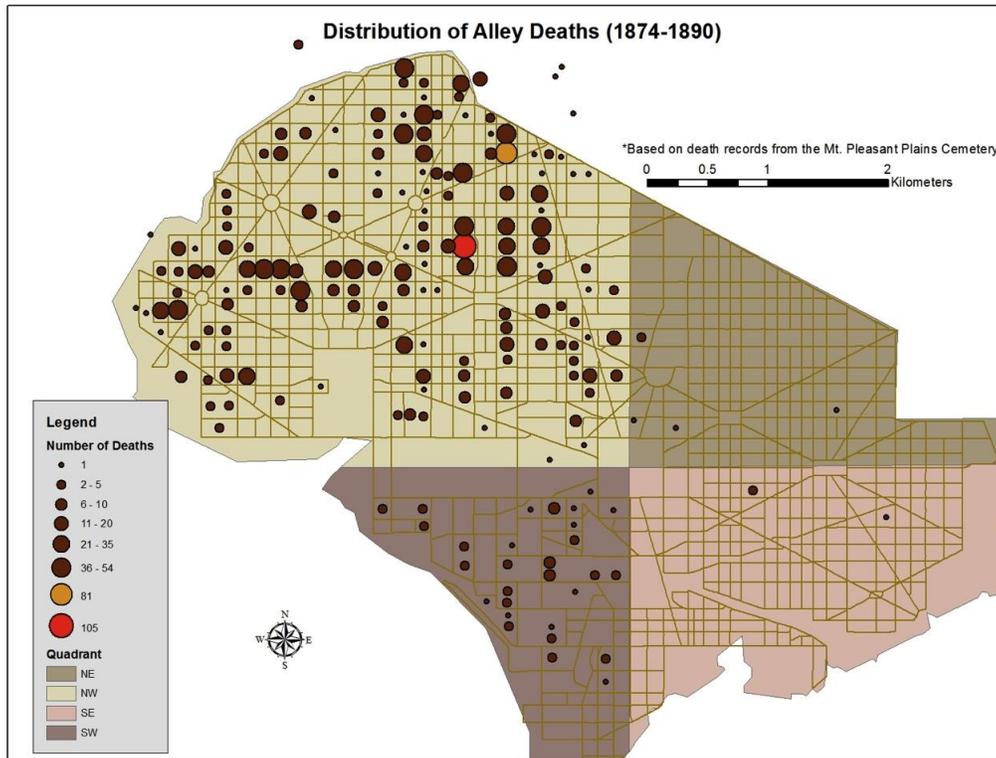


Figure 4-3. Distribution of alley deaths, 1874-1890

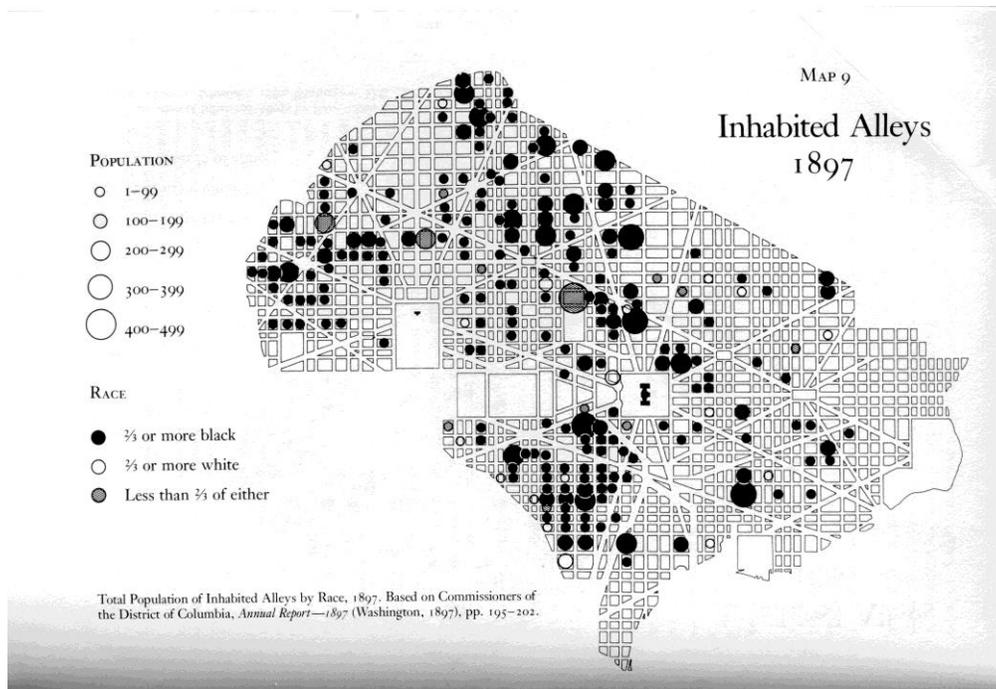


Figure 4-4. Map of inhabited alleys, 1897. (Source: Borchert, James. 1980a. Alley Life in Washington: Family, Community, Religion, and Folklife in the City, 1850-1970. Urbana: University of Illinois Press. Pp.44)

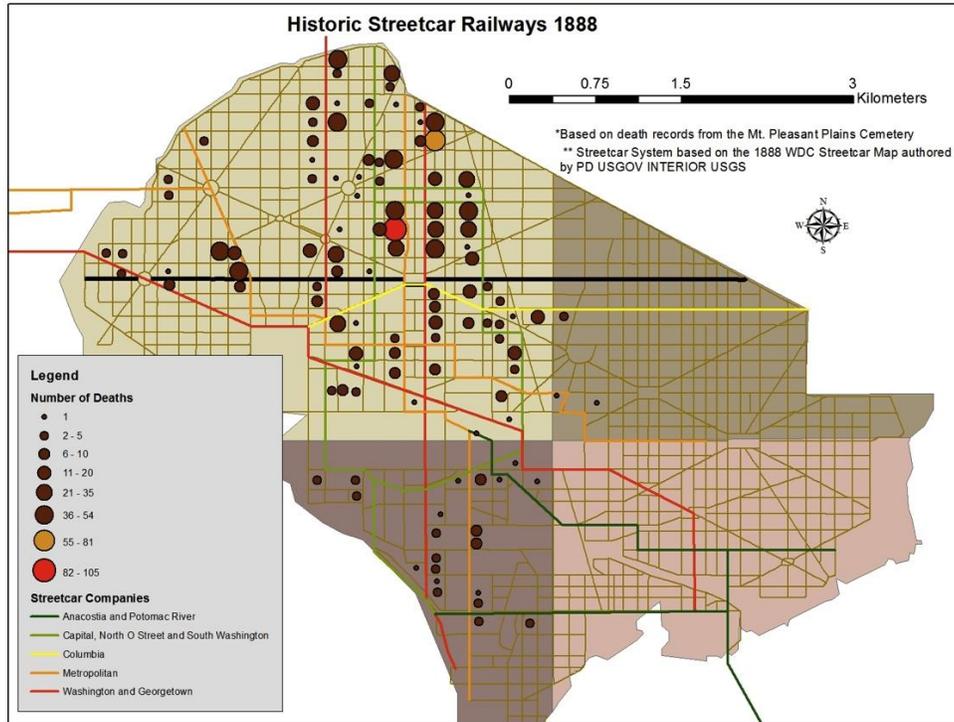


Figure 4-5. Map of deaths (1874-1890) within one block of historic streetcar railway, 1888

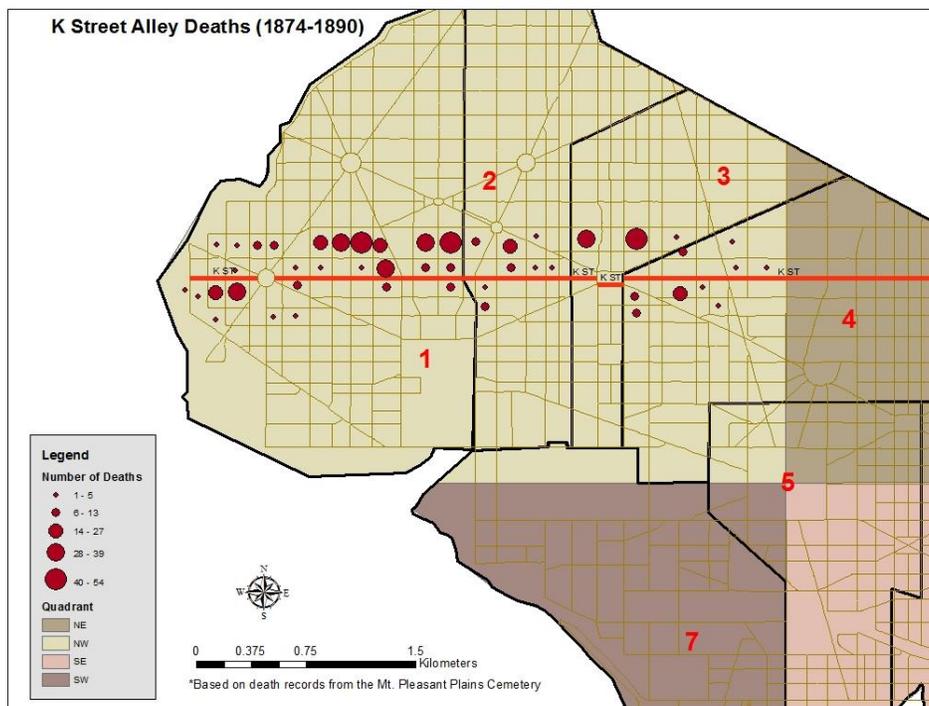


Figure 4-6. Map of deaths within two blocks of K Street

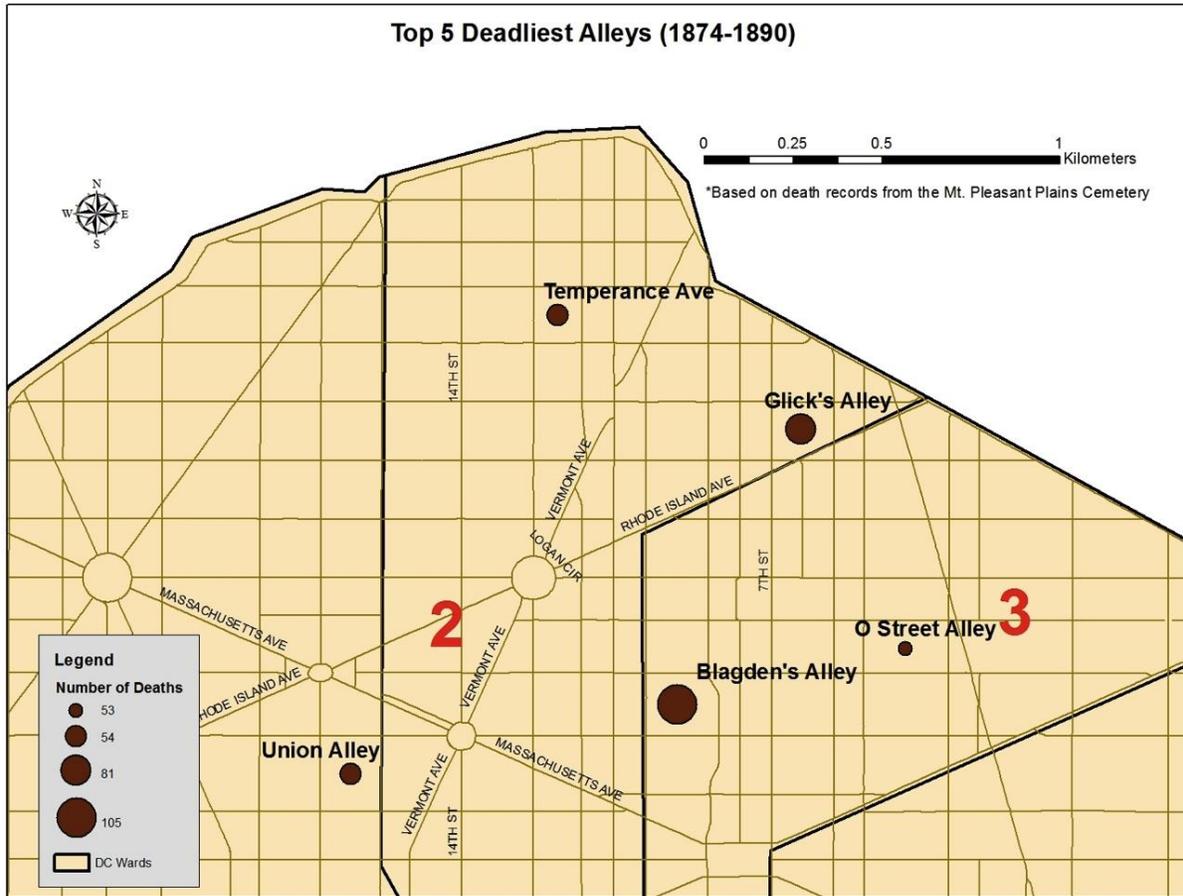


Figure 4-7. Map of the five alleys with the most number of deaths

CHAPTER 5 CONCLUSION

In addition to providing clearer analysis of mortality in the District of Columbia, this study also provides us with a better understanding of mortality within the Mt. Pleasant Plains Cemetery population. Prior to this study, it was assumed that individuals buried at the cemetery exhibited better health than most other black and white communities. The skeletal sample presented a mean age of 42.5 for men and 36.3 years of age for women, an average stature of 5'6", and good overall health (Mann and Krakker 1989). Mann and Krakker were rightly hesitant to make any big inferences about African-American health in D.C. from their small sample. In reality, between 1874 and 1890 the Mt. Pleasant Plains Cemetery possessed a mean age of 15.5 years for men and 18.76 for women, stature was unavailable for analysis, and the high percentage of infant deaths suggests grotesque health disparities. The osteological sample was good for identifying pathologies that would not have been otherwise recorded on death records. However, this is a cautionary reminder that small skeletal assemblages, particularly those recovered haphazardly or through unscientific means, should not be taken as representative of larger sample populations.

In terms of the major causes of death, few noticeable trends were evident in the ArcGIS analysis. The variations in death seemed to coincide with the general distribution of alley populations aligned closely with major streetcar routes and along K Street. One major anomaly was the heavy concentration of deaths in the Northwest quadrant of the city. The question remains as to whether or not this was a matter of sampling bias from the cemetery population or just a matter of fact and whether or not the population from Mt. Pleasant Plains Cemetery is indicative of the larger African-

American population in the District. While a certain degree of sampling bias likely exists, the large population size, variation in occupation status, and a wide array of causes of death would suggest a representative sample.

Although alleys were generally perceived as dangerous and vile places, it seems the biggest threat was a lack of healthy living conditions. Of the 1,858 alley residents who were buried in Mt. Pleasant Plains Cemetery between 1874 and 1890, only three died of gunshots of which one was accidental. There were no reported deaths from stabbings. The main cause of traumatic death was from burns, usually caused accidentally as a result of clothing catching fire during cooking or pressing laundry. It is possible that a number of factors could have allowed violent deaths to go unreported or caused victims of violent deaths to be buried in other locations. However, in analyzing the spatial distribution of juvenile delinquency in alleys between 1893 and 1909, Borchert concluded that the number were relatively small (Borchert 1980a:164). Borchert's study coupled with this data suggests that alley life was not as violent as purported by many popular accounts.

As mentioned earlier, alleys were known for being havens of drunken and sexual slackness. In one study, Mrs. Georgia Swift King reported alcoholism as one of the main causes of death amongst urban blacks, attributing it to insanity, idiocy, and paralysis. "That intemperance is one of the principal factors in the terrible death-rate among the Negro population in the cities, there can be no question" (DuBois 1896:28). She estimated that 99 percent of the entire urban population was addicted to alcohol to some extent, clearly an exaggeration but telling of how others viewed urban mortality. It is difficult to understand exactly how many deaths result from alcohol-related illness but

only two alley deaths explicitly list alcoholism. A number of ailments related to kidney disease, kidney failure, rheumatism, gout, convulsions, paralysis, and premature or stillbirths could have been attributed either directly or indirectly from alcohol.

Tied to this discussion of alcohol and death was the issue of morality. As mentioned previously many assertions have been made about the high rates of sexually transmitted diseases (STDs) amongst urban populations but just as with alcohol, the number of deaths is low. Of the 1,858 alley deaths, syphilis was the only STD listed and accounted for only ten deaths. Of those ten, nine cases were congenital resulting in the death of infants age one and younger. As was the case with alcohol, it is possible that more deaths went undocumented or perhaps people were living with STDs and dying from other ailments.

The contained alleys of D.C. differed from those in other major cities, which were largely open ended, running “through the blocks like a minor street” (Groves 1974:275). Unfortunately, the gross mortality experienced by African Americans in the District was felt by urban African-American populations throughout the country. Speaking about Atlanta, Mrs. Rosa Morehead Bass challenged her audience to:

“... visit any alley in our city whose church spires point heavenward, and whose inhabitants boast of being the most cultured people of the South. I say pause a moment and look down that alley, and near that bank of stagnant water, and see the long row of tenement houses, poorly built – out of old lumber, that has never been disinfected – and not even plastered. The inmates are poorly clad, poorly fed, and strange to say, the poorer they are, the more filthy we find them. Disease and death are rivals. Whenever an epidemic of smallpox and fever visit us, they find these unfortunates their favored victims. Their poverty maddens their brain, and they strew disease and death in their pathways.” (DuBois 1896:30)

In Savannah Georgia, Mr. R.R. Wright, President of Georgia State Industrial College remarked, “In the city of Savannah, during the year 1894, 251 colored persons died

without medical attention. This is 33 1/3 percent of the total number of deaths among these people for that year. About 60 percent of this number of deaths were children under the age of ten” (DuBois 1896:48).

Statistically, the mortality of African Americans in Washington, D.C. during the late-nineteenth century are directly comparable to the sample derived from Freedman’s Cemetery in Dallas, Texas. Large-scale excavations in the 1990s uncovered 1,157 bodies from which paleodemographic data was derived. The Freedman’s Cemetery (1869-1907) offers a good comparison with the Mt. Pleasant Plains Cemetery (1870-1890) because as an urban cemetery, its tenure stretched a similar time frame. Just as the District witnessed a massive increase in migration, the African-American population in Dallas, Texas grew from 1,200 to 9,000 between 1870 and 1900 (Davidson et al. 2002). Additionally, both Mt. Pleasant Plains and Freedman’s Cemetery served as the dominant cemeteries in their respective cities, with the Freedman’s Cemetery being the only formally established African-American cemetery in Dallas.

The mean age at death at the Freedman’s Cemetery between the Early and Middle Period (1869-1899) was approximately 21 years of age (Davidson et al. 2002:232). At Mt. Pleasant Plains the mean age at death was 17.18 years and 19.3 years at the rural post-reconstruction era site of Cedar Grove Cemetery (1878-1930) in Arkansas, suggesting a higher fertility rate and perhaps infant mortality rate in D.C. than Dallas, Texas or Lafayette County, Arkansas (Figure 5-1). However, sampling bias could skew these mean ages at death. While the Mt. Pleasant Plains statistic was derived from death records, Cedar Grove and Freedman’s Cemetery were derived from physical remains recovered during archaeological excavations. Analyzing death records

alone could miss burials that were not documented with the city, while archaeological excavations could miss burials due to poor preservation as mentioned earlier or simply undiscovered remains.

The health disparities between black and white populations in D.C. and Dallas were relatively similar. In D.C., the death rate for African Americans between 1875 and 1880 on average was more than double that of whites (DuBois 1896). The stark racial contrasts are further elucidated when considering the average age at death. Between 1896 and 1900, the average age at death for whites was 38 years and for blacks 25 years (Richardson 1989:311). Conversely a sample of the white population of Dallas, Texas, offered through the George Loudermilk daybooks (1902-1909), help to shed light on the racial disparities in health in Dallas. During this brief seven-year period there were 3,114 recorded burials, 2,935 of which had recorded ages of death. According to this sample the mean age at death for white Dallas residents was approximately 31.6 years compared to 21 years from the Freedman's sample (Teague 2013).

At the Atlanta Conference on "Mortality Amongst Negroes in Cities," a number of explanations were offered as to why African-American mortality and morbidity were so high in urban centers across the nation. Reflecting on the "general conditions of mortality," Miss Lucy Laney, believed that "The truth is, he [the poor tenant] does not see the importance of having the house thoroughly cleaned before occupying it, and if the rent is cheap he does not parley, but pays the installment and takes possession" (DuBois 1896:36). Professor W. B. Matthews affirmed his belief that ignorance was the primary cause of death, arguing that people were simply ignorant of proper hygiene and the necessity of clean air.

Dr. Frank Churchill of Chicago attributed a number of factors to high infant mortality rates, of which one was the use of midwives in delivering babies. He argued they were not properly trained to be delivering babies and their ill-training led to mortality amongst infants. In light of this, he advocated for the establishment of more hospitals and dispensaries (DuBois 1896:40). Dr. H. R. Butler attributed high rates of still-born deaths to the fact that African-American women did so much housework even while pregnant (DuBois 1896:21). The truth is that it is difficult to ascertain which one of these conditions was the greatest cause of African-American mortality, although it is clear that a theme of poverty runs through all of them.

While it is undeniable that many of these alley communities experienced their fair share of crime, violence, and lewd behavior, this study demonstrates that some of the greatest ills to plague these communities were the spread of diseases beyond their control. I sought to highlight health disparities amongst the African-American population in the District of Columbia to complicate the idea that African Americans experienced emancipation and its effects as a homogenous group. The statistical data from the Mt. Pleasant Plains Cemetery demonstrate that within the black community, disparities in health have existed at least as early as the Reconstruction era.

The increased segregation of inhabited alleys over time and the concentration of African-American deaths around K Street, signify the solidification of structural forms of racial discrimination in housing practice. While the District did not face many of the same harsh Jim Crow laws that existed in the post-Reconstruction South, it is my contention that the racial discrimination they faced in housing adversely affected their health. Many native-born black Washingtonians were able to escape the harsh realities

of alley life that migrant blacks, many of whom were likely formerly enslaved, had to confront. However, even in cases where alley death statistics are negated, black and white disparities still exist in mean ages of death and mortality rates.

It was these bio-economic cleavages between alley and non-alley mortality that served as the foundation of a class divide within the black community not only in Washington, D.C., but also throughout the country. When newly freed African Americans came into contact with free African Americans, the enormous struggle for upward economic mobility laid the foundation for the stigmatization of poor black communities. As the demographics of these alley communities changed, negative stereotypes became affixed onto poor, largely foreign-born, African Americans. When opportunities for relocation were made available to alley residents through services from the Washington Sanitary Company, poor blacks were largely barred from entry on account of their race. Reflecting on the severity of the situation during a conference in Atlanta, Dr. H. R. Butler bemoaned:

“The city has neglected and is still neglecting the colored people, and especially that class of them which is dependent upon its charity in times of sickness. It has millions to build prisons with, but not a dollar with which to build charitable institutions. It allows money grabbers to build small huts and crowd into them five times the number of people that should be allowed; it has no law by which the owners of this property can be made to keep it clean. The houses are never painted, the wells are filled with the filth of the neighborhood and the fences are never white-washed, and the city is powerless to interfere. Family after family move into these places, and often only one or two are left to tell the story. My friend, it is one thing to stand here in this clean, well-lighted hall and read papers on this subject, but it is altogether different to go down into those dark, poor and humble homes and see death going through destroying the old and the young because of the negligence on the part of those in authority” (DuBois 1896:22-23).

Modern sociological studies of disparities in health and wealth have employed a number of different theoretical frameworks to seek out root causes and solutions to

these issues. Celious and Oyserman propose a *heterogeneous racial group perspective* to better understand the “multiple experiences of being Black in America” (Celious and Oyserman 2001). While their study focused on the material affects of color within the black community, I view the *heterogeneous racial group perspective* as a sort of meta-theory encompassing aspects of Critical Race Theory and Black feminist and womanist perspectives, allowing researchers to highlight institutional and structural disparities through the intersectionality of color, class, and gender within black communities.

In another analysis of modern health disparities between the black and white populations in America, Williams and Collins (2001:404) argue, “... racial residential segregation is the cornerstone on which black-white disparities in health status have been built in the US.” Segregation, they continue, limits socioeconomic mobility and increases health disparities through restricted educational and employment opportunities. As historical archaeologists, the application of various forms of a *heterogeneous racial group perspective* would help us to avoid essentializing histories and understand the multiple origins of health disparities and pathologies. This is of particular importance when studying the convergence of many different black communities in urban spaces.

Furthermore, using a heterogeneous racial group perspective forces us as anthropologists to reconsider what we determine to a representative model. Representative of whom? In the case of African Americans in D.C. during the latter part of the nineteenth century, migration was so fluid that what may have been representative one year, was no longer representative ten years later. As mentioned earlier, the populations of alley residents increase by more than six hundred percent in

a nine-year span from 1871 to 1880. In truth, the Mt. Pleasant Plains Cemetery represents a broad stroke of black identities including: refugee, native Washingtonian, free, formerly enslaved, military veteran, poor, middle class, infant and adult. It is imperative that we attempt to “disentangle” these multiple experiences, for both black and white communities, before we make interracial comparisons.

Further research remains to be done. Mapping the remaining locations of death for those who died in non-alley locations could offer some revealing information about the spatial variability of death. Additionally, plotting key infrastructural components such as sewage, healthcare facilities, water hydrants, and schools, could uncover environmental factors contributing to health disparities. In the future racial disparities in mortality could also be teased out using a comparable sample of white alley deaths from another cemetery population.

In conclusion, when the District allocated a budget for the archaeological survey of Walter C. Pierce Community Park, they earmarked funding for commemoration and memorialization. At the moment no commemorative memorial has been installed. A generic “No Trespassing,” sign is the only recognition that the site once served as a historic African-American cemetery (Figure 5-2). In light of this study, it is important that a memorial be established that accurately reflects the similarities and diversity of African-American life in nineteenth century Washington, D.C.

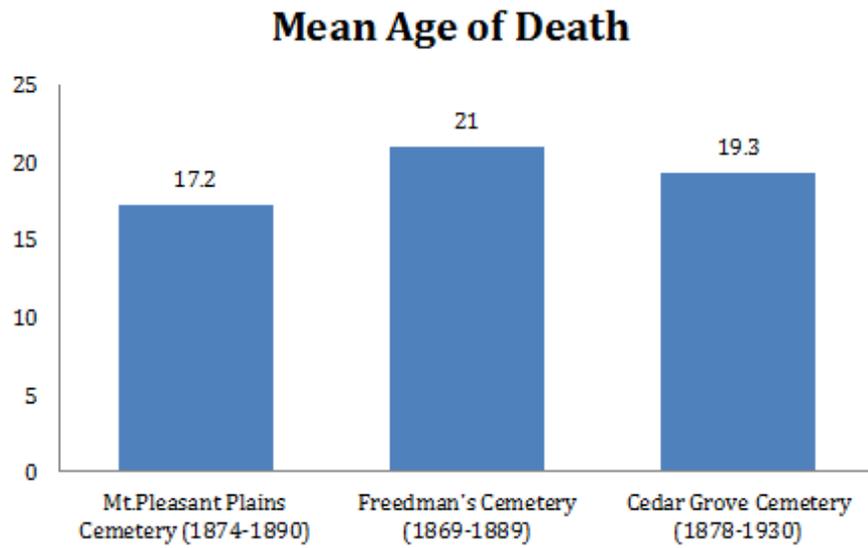


Figure 5-1. Mean age at death at African-American cemeteries



Figure 5-2. No Trespassing sign at Walter C. Pierce Community Park

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BIOGRAPHICAL SKETCH

Justin Dunnavant was born and raised in Frederick, Maryland with his two older brothers and younger sister. His parents are originally from Brooklyn, New York. Justin graduated from Governor Thomas Johnson High School at the age of fifteen and entered Howard University where he received dual degrees in history and anthropology (2009-Summa Cum Laude). Upon completion, he was awarded a Fulbright Student Fellowship to conduct historical and archaeological research in Kingston, Jamaica for the 2009-2010 academic year. In the summer of 2010, Justin Dunnavant entered the graduate program in the Department of Anthropology at the University of Florida as a McKnight Doctoral Fellow where he intends to continue to pursue his doctoral degree.