The Core of Public Health
Vital Records and Statistics

by Ronald D. Eckoff

Collecting vital records was one of the major responsibilities—and challenges—of the State Board of Health when it was established in 1880. Vital records (births, deaths, and marriages) would be tabulated and analyzed to identify problems and assess the effectiveness of sanitary and other preventive measures.

Some counties had started registering births in 1867 on the local level. But these reports tended to be incomplete and erratic, as were the local records submitted to the State Board of Health after 1880.

In the first years, many local health authorities did not report to the board. A Charles City doctor found the board’s list of questions “exhaustive” and answered only a few. When compared to census figures, it was clear that only half of the Iowa deaths in 1880–1881 were reported to the State Board of Health. But eager to analyze the available numbers, and after an enormous amount of hand tabulation, the board published nearly 700 pages of tables and statistics in 1883. Because of uneven compliance, the statistics provided only a limited understanding of the prevailing fatal diseases in the state.

Optimistically, the Board of Health anticipated that reporting would rapidly improve with a little time and education. The board’s 1917 quarterly bulletin reminded readers that birth certificates, which the Board of Health provided, were often needed for individuals to prove age, citizenship, and the rights to vote, hold public office, and inherit property. However, collecting records continued to be relatively unsatisfactory until the Iowa legislature passed the U.S. Census Bureau’s Vital Records Model Registration Act in 1921.

As World War II approached, the demand for birth certificates exploded. In June 1940, the Department of Health employed 13 people to search records and make certified copies of birth certificates. Within six weeks, the staff was doubled. These 26 people were divided into three eight-hour shifts, providing proof of citizenship for all people who were born in Iowa. Meanwhile, the night shift worked on indexing the records from 1880 to 1921. The workload continued to increase until Pearl Harbor, when it tripled overnight. Many Iowans found they needed a birth certificate, including those who wanted to work in the war industries. Within two weeks, the incoming mail rose from 3,000 letters per week to 10,000. The staff of the Vital Statistics Section expanded to 100.

Working in the State Medical Library, Jeannette Dean-Throckmorton received a request in August 1941 from an Indianola woman whose daughter Nina now needed a birth certificate. Dean-Throckmorton, who may have delivered Nina in her early years as a country doctor in Chariton, sent the mother a sworn affidavit and instructed her to take it, “together with any newspaper clippings, school cards, Cradle Roll of your Church, Baby Book, etc. and go to the Courthouse in Indianola where they will tell you what to do to get a sworn birth certificate.”

Dean-Throckmorton couldn’t resist expressing her opinion (no doubt the opinion of many who worked in Vital Records) that “if the State of Iowa had had a law for birth registration thirty years ago, all this trouble and expense for you and for me would have been avoided.”

The responsibilities and scope of activities of the Iowa Department of Public Health have expanded manyfold over the past 125 years. However, vital records and statistics continue to be the core of public health, allowing the department to distill from massive amounts of data the course of diseases and the effectiveness of health measures.
“During World War I, 1918 was a bad year of the flu. [At the University of Iowa Hospital in Iowa City] we lost five striped nurses and three white nurses, eight nurses altogether. . . . They brought students over and it seemed like the poor boys just died like flies. The hospital that was built for contagious diseases hadn’t been opened, it was brand new. When the flu broke out they brought the students over and put them on the top floor thinking that would be safer up there from everybody else. It wasn’t very long until the whole building was full. They’d bring them in the afternoon and maybe they’d be gone by morning. It just seemed to take them in no time.”

— Bess Burrows

“It was terrible out there [at Camp Dodge in Des Moines]. That was one of the reasons why we were held up and they didn’t send us overseas was because the flu was so terrible they were dying out there two or three hundred a day. They were hauling them in dray wagons down to the embalming station. They didn’t have anything to put them in. They just wrapped them up in Army blankets and stacked them in the wagons, hauled them down to the mortuary where they put the bodies in rough boxes. They stacked the rough boxes outdoors. Oh, there was a row three wide, and about fifteen or sixteen long, and about eight or ten high.”

— Claude Davis