

Remembering Deceased Children in Family Life: the School Case of Poor Harold (1920–31)

by *Laura King*

'He was always her little boy, I suppose.'¹ These words relate to Harold Cooper, a schoolboy from Leeds. He died just before his eleventh birthday in 1931, and his mother Mary grieved for him and fondly recalled his good nature throughout the rest of her life. These are her granddaughter Maureen's words. Harold's family – first his mother, then his sister, and then his niece, Maureen – have kept a small school case with his things inside, to remember him (Fig. 1). This article traces the story across five generations and uses it to examine ways in which families may mark the lives and deaths of those they have lost, and manage their grief.

I came to know this story through a collaborative research project in which over fifteen months Jessica Hammett and I, from the School of History, University of Leeds, met regularly with a group of family historians and worked together to explore their family histories. We encouraged them to write about their ancestors, and to post what they wrote on our project blog. One of the more experienced group members, Maureen Jessop, had researched her family history extensively, tracing her working-class Leeds roots and family further afield.² This is Maureen's written account of Harold's life and death, published on our blog in 2017:³

Harold Cooper was born in Leeds on 10 November 1920, the eldest child of Tom, a railway worker, and Mary, a machinist. He was baptised at St Saviour's Church, East Leeds on 20 November 1921 and subsequently attended St Saviour's School.

When Harold was little, Mary had a dream that she was nursing him when angels appeared from a white wall and were pulling him trying to take him away from her. She begged them not to take him. Then she saw a male figure walk down the two steps into the room. He was wearing sandals and clothing as the image usually portrayed as Jesus. Mary begged him not to let them take Harold and he put up his hand to the angels to indicate to them to stop and said 'No, not yet'. The angels and Jesus then disappeared.

Mary said from then on she knew that she would not raise him, that he would die young.

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Courtesy of Maureen Jessop and family

Fig. 1. Harold's case, with exercise book, textbook, pencil-box, and his photograph. Photo by the author.

When Harold was ten years old he got a pain in his abdomen, but because you had to pay for the doctor in those days and the family was poor, they waited to see if the pain would go away. They waited too long and when they did seek medical help it was too late as the pain was from appendicitis and peritonitis had taken hold.

Harold was taken to the Leeds General Infirmary. Mary was visiting him when he said that some children were asking him to go with them, saying 'come on Harold', and he asked his mother to tell them to go away. Mary couldn't see anything but turned and told the children to go away. Harold said 'they're very rude mam, they're not taking any notice of you'. Mary then had to go home as there were strict visiting hours in those days. When she returned Harold had died.

Harold was buried in a shared grave in Beckett Street Cemetery. The funeral director's costs were £12 7s 6d, and the cemetery costs were £2 5s.

That was a lot of money for the family and it must have been a struggle to find it.

Harold's younger sister, my mother Mary, remembers my grandmother crying and telling them that he had died, and that he was brought home and the neighbours queued to see him in his coffin. She remembers her mother crying a lot whenever she thought about him.

My grandmother never got over Harold's death. Even into her old age she talked about him and told the family what a lovely, generous boy he was, that he was well liked and that he was good in school plays, so we all grew up knowing his story.

My mother has always had his photograph on the wall and I have taken my grandchildren to visit his grave. I have his school box with his pencil case and his exercise book from the year that he died, which gives an insight into his life and dreams.

He may have had a short life but the memory of 'Poor Harold' lives on.

* * *

There is much to take from this story, about families coping in the face of illness, the way families remembered the dead, and the continued role of faith and spirituality. The fixing of Harold's identity as a child, never to be anything but a schoolboy, is significant – this was how Harold remained, always the little boy his mother lost, playing with the children who took him away. Though he never saw his eleventh birthday, his memory lives on and is more vivid to Maureen's daughter and grandchildren, four generations removed, than that of other relatives. It is significant that this story cannot be told through conventional archival research: Harold's case and the story that accompanies it remain within Harold's family, still alive and powerful today.

The interwar period was characterized by transition and contradiction. It was a period in which children were less likely to die as children from preventable diseases and illnesses, yet boys and men had died young in their hundreds of thousands on the battlefield. This was a very particular moment in terms of understandings of death and its meanings; a shifting social, medical and cultural context.⁴ These two broader contexts, of declining child mortality and mass death in the First World War and in the pandemic that followed, help us understand Harold's story. The war had had a significant impact on the Cooper family. Tom Cooper, Harold's father, had fought and been incarcerated as a prisoner of war in Germany. Tom's brother, Joseph, died in France in 1916 at just eighteen, and their mother also died during the war.⁵ The scale of loss of life in this conflict raised questions about how best to mark a death, and to remember an individual's life in the long term, at a family, community, national and global level.⁶ Remembrance of the (war) dead had become a highly visible issue in the years of Harold's short life.⁷ As

families sought to remember those who had died young in the war through a combination of public and private rituals, the Cooper family chose to remember their boy predominantly within a closed family circle, and with focus on Harold's life rather than his death, using an everyday object more than his grave to remember him. Whilst Harold's funeral and burial had been an important event for the family, his school case provided a way to focus on stories and memories of his life, rather than on the sadness of his death through visits to his grave. As Sarah Tarlow notes, the twentieth century saw a shift in families' remembrance practice away from the cemetery and towards practices and rituals in the home.⁸

At the same time, spending on maternity and child welfare increased, as children's health was increasingly prioritized as part of a project to improve the health of the British 'race',⁹ although seeing a doctor still incurred a cost for those not covered by national insurance, including children. Historians have long ago quashed the idea that high child mortality meant parents felt less keenly the loss of a son or daughter.¹⁰ But parents' understandings and framings of their loss changed as the mortality rate decreased. Families like the Coopers continued in established practices of remembrance, such as keeping objects belonging to the dead, like Harold's little case.¹¹ Keeping the case and telling his story kept him 'alive' as far as possible, a substitute for his living the life he should have had.¹² This process, along with Mary's acceptance of Harold's fate as one destined to die young, provided a way for this family to reconcile the difficult emotions they felt at Harold's death. Once Harold's death had been understood by his mother, his chief mourner,¹³ as inevitable, his school case allowed Mary and her family to remember Harold with both sadness and joy, at the future he had never lived out as well as the loving and kind boy he was.

Some historians have suggested that the decline of formal mourning practices during and after the First World War pointed to the hiding of or shying away from death because of the scale of loss in the conflict.¹⁴ But rather than usher in a silence about peacetime deaths, I argue, the war asked families to consider how to 'keep alive' their dead, and in particular those who died young. There was an appetite for more personalized, individual and often private modes of remembrance for those who died outside of the war, which focused on the life rather than death of the deceased, and contended with the future they had lost as well as the grief the bereaved felt. This wasn't a lessening of discussion of death and the dead but a change in its form. The Coopers' use of objects to remember, combined with Mary's use of religious and spiritual ideas to frame and tell Harold's story, shows a family reacting to this new context.

Mary created two forms of afterlife for Harold, in the idea of his continued presence on a more spiritual or ghostly plane, and in ensuring his memory lived on through successive generations of his family, particularly through the passing down of his school case. Because he lived a short life, his family have remembered Harold more actively than they have done other

relatives. He has lived on in the memories – actual and acquired – of his family at least as long as he might have expected to live, had he not died as a child. In the years since, the loss of his life has come to seem more unnecessary, with the advent of universal healthcare and with improved treatment of diseases like appendicitis. In this sense, whilst the urge to remember Harold was initially rooted in the grief of his family, and his mother particularly, it has since remained intense because Harold's death has been understood as tragic, and representative of a time when his life could not be saved. For Maureen, Harold's death is particularly poignant because it points to a time when there were not the same welfare safety nets in place to take care of a young boy as there have been in her lifetime, and also to a time of poverty in the family's history, in contrast to generations since who have been more affluent.

By examining how Harold's memory was used and shaped over multiple generations, we can see how dead family members continued to 'act' within everyday life even after they were gone. This involves processes by which stories and memories were edited and shaped around the moment of death and in their retelling, and indeed some relatives like Harold were remembered whilst others have been forgotten.¹⁵ This individual story of the Cooper family shows how the dead could be an important, present, and influential part of everyday family life throughout twentieth-century Britain.

A LIFE CAPTURED IN A CASE

Harold's school case – 'The Wonder Lunch Case', as the manufacturer's label claimed – contains textbooks, an exercise book, and a wooden slide pencil-box. It is a mix of Harold's own things with those loaned by his school, of the mass-produced with the individual words and thoughts of the little boy. The case is around A4 size, light in weight, and was probably cheaply made. It is a little battered and clearly has been handled a lot. The well-thumbed books include *Our National Story: Part IV* and English and geography textbooks, all stamped by the City of Leeds and listing previous users. In *Our National Story* are pressed flowers: his mother or another relative likely made these after his funeral. These provide the only explicit trace of his death in the case, and even then Maureen wasn't sure where the flowers had come from. The case situates Harold in a particular point in time. His exercise book, labelled as a 'City of Leeds Education Committee Exercise Book', with Harold's name underneath, contains his essays and stories, as well as exercises in handwriting, grammar, history, biology and the like, dated throughout 1931. As Carolyn Steedman and Christina Benninghaus discuss, children's writing is shaped by and reflects the society they inhabited: Harold's writing is a window onto how he negotiated his relationship with the time and place in which he lived.¹⁶ We learn about a boy in a particular period. He makes mistakes in his writing, and the red pen of the teacher corrects them. We see him master writing capital Ts in copper-plate, using speech marks, establishing the difference between 'missed' and

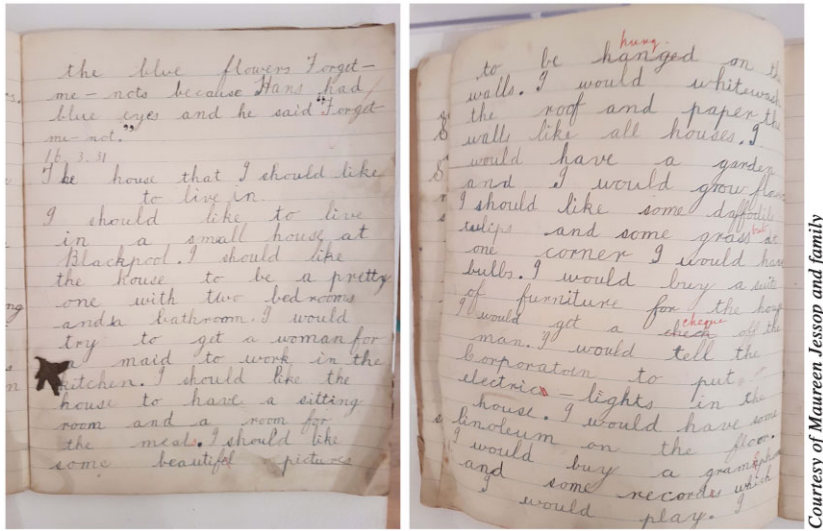


Fig. 2. Excerpt from Harold's school exercise book, Jessop private family collection

'mist', and building suspense in creative writing. We learn of his fondness for Blackpool. He enjoys tales of adventure and mischief and the occasional threat of violence, but his stories often are about people and animals showing kindness. He writes of people far from his own experience, such as tales of Greek mythology and Shakespeare's *The Tempest* (in fact, twice, the first carefully acknowledging Shakespeare's input, and the second incurring the teacher's reprimand – 'you can write better than this'). He writes stories of daily life, such as trips to the 'picture house' with friends Stanley and John, and shares his dreams too, such as the house he would like to live in (in beloved Blackpool, with two bedrooms, a bathroom, daffodils and tulips in the garden, and a maid in the kitchen; see Fig. 2).¹⁷

We cannot know what subjects Harold chose to write about and which essays followed a teacher's guidelines.¹⁸ The writing gives us a sense both of his individuality and his very ordinariness. Harold's description of his clothes – along with photos – let the reader imagine what he looked like. They help his family imagine what his life might have been, and connect them to him emotionally, physically and spatially, in his recollections of places, such as Roundhay Park. His relatives can learn about the family's life. He tells us that his mother, father and the baby sleep in one bed, and he and sister Mary sleep in the other. He describes his father's work on the railways and how this entitled the family to free travel. The writing, perhaps most significantly, helps the family to value particular qualities of his – something his mother was keen to keep alive in remembering him. He shows compassion in his writing, and a love of flowers.

Like the exercise book, the worn pencil-box shows its age and constant use. In the smooth rounded ends of the lid we can imagine Harold's daily handling of this item. It was an object many children would have used every day. Jean Barker, born in 1933, just a couple of years after Harold died, recalled being given the pencil-box she had longed for, yet the upset this caused: it had belonged previously to a schoolmate who had died in an air raid in the Second World War. She remembered feeling 'as though someone had physically belted me'. For her, being given the box was disrespectful to the memory of her late schoolmate; the pencil-box carried too strong an emotion.¹⁹ These were highly personal items; even if they changed hands, their previous owners left emotional as well as physical imprints on them.

In the textbooks we can further root Harold. *Our National Story* places Harold's life at a particular moment in Britain's relationship with the world and to a specific sense of Britishness in the interwar period. He was a child of Britain, a future lost to a nation as well as his family, in a period when politicians were increasingly interested in the health of children as part of the vigour of the British 'race' and empire.²⁰ Improving the health of children like Harold was a state concern, as more maternity and child welfare services were established through the interwar period. This was not yet the Britain in which Carolyn Steedman later described having felt valued because the milk, orange juice and school dinners she was given told her she was 'worth something'.²¹ A ten-year-old boy, after all, was not yet to the state worth the cost of a doctor's services. But children were increasingly valued for their potential as adults-to-be.²² Children of all classes were positioned in this way, signifying a future, better world in political debate despite – and perhaps because of – the scale of deaths in the First World War and the Second World War that loomed. After all, as a boy born in 1920 Harold would have fought, and might have died, in the Second World War had he survived to adulthood. His death, then, represented not only a tragic loss for his family, but also a lost future to the nation and empire, as a citizen, worker, and soldier. Harold's life and death were at once precious – a potential healthy future citizen – and fleetingly disposable, in both childhood illness and (potentially) on a battlefield.

HAROLD'S DEATH

The first sign that Harold was ill was a pain in his abdomen. He might have complained of tummy ache, perhaps accompanied by vomiting. Such an illness might easily have been an upset stomach or virus. Like most working-class families, the Coopers would not have called a doctor for minor illnesses. By the interwar period, the 1911 National Insurance scheme would have covered access to a local panel doctor for workers in regular employment, but did not cover their dependents. The panel doctors were available to workers' children for a fee, of somewhere between two and seven shillings for a surgery appointment or home visit.²³ Some families were covered through payments to private insurance schemes and friendly

societies, and some doctors in working-class neighbourhoods offered their services free to those who couldn't afford fees.²⁴ In nearby Hunslet, for example, Irish brother and sister Drs Michael and Jessie Cooke treated patients regardless of the ability to pay.²⁵

The family were not well off. Harold, his parents, and two siblings lived in a two-up two-down house in Cavalier Street, in the Bank, an impoverished industrial part of Leeds which underwent slum clearance the year after Harold died.²⁶ They lived on Tom's wages as a railway goods porter and Mary's earnings as a machinist in the clothing trade.²⁷ Theirs was the one house in the street with electric lighting, but they used it intermittently to save the expense. Harold tells us himself of how the children were lucky enough to have a rocking horse and a three-wheel bicycle despite their poverty; Maureen told me how her grandmother saved hard each Christmas and birthday in order to give her children each a present. This was a family that wouldn't have been the worst off in their area, but had very little to spare. At around five shillings, a doctor's visit might have set them back a tenth of Tom's weekly income, or a seventh of the thirty-five shillings Mary recalled as her mother's housekeeping budget.²⁸

Harold's appendix may have burst, leading to an easing of symptoms, before he became more unwell. By the time the family realized Harold was seriously ill, it would have been clear that he needed to be admitted to hospital. Appendicitis can escalate quickly; indeed, in a *Lancet* article from the previous year, one doctor noted that schoolboys in particular were 'rather secretive' in their illnesses, and so might present late as patients in the case of appendicitis.²⁹ In Leeds, a worker like Tom might well have been a member of the Leeds Workpeople's Hospital Fund. For a small weekly contribution (two-pence in 1930), Tom and his dependents would have had access to free hospital care. Even if he had not managed to pay into this scheme, the fund received significant charitable donations, which were growing in the early 1930s. These covered patients who needed hospital treatment but couldn't pay, and children were prioritized. Moreover, emergency cases were admitted to the Leeds General Infirmary (LGI) regardless of the ability to pay. Emergency hospital care was available to children like Harold if and when it was needed.³⁰ When he reached the LGI, doctors operated to try and save him. Sadly, peritonitis had set in, and infection followed. He died soon afterwards.

Harold was one of only seven children aged five to fifteen who died from appendicitis in Leeds in 1931.³¹ Mortality rates had dropped significantly across all age groups by the 1930s, and though the first year of life remained perilous, a child of ten could confidently be expected to live.³² Yet mortality rates for Leeds were slightly higher than the national average, and significantly higher in the poor neighbourhood where Harold lived than in the leafy suburbs.³³ If he had been able to see a doctor more quickly, he might have been saved; fast diagnosis was important to recovery. Maureen suggests that the family 'waited to see if the pain went away'. As she points out, their poverty meant they might not have had the money to call for a doctor

immediately. Working-class families like the Coopers had long been used to looking after their own health, and only seeing a doctor in extreme cases.³⁴ Given the speed with which appendicitis can escalate, through the bursting of the appendix and subsequent peritonitis, it might well have been impossible to save Harold regardless.³⁵

Mary found out that Harold had died when she arrived at the hospital to visit him. She was given a written notice of his death. The notice makes brutal reading: 'Dear Sir', it begins, 'I regret to inform you that Harold Cooper died on 10 October 1931, at 9.35 o'clock p.m. and will thank you to make the necessary arrangements to remove the body not later than Wednesday, the 14 October 1931.' The mix of standard print ('I regret to inform you') with inked stamped dates and handwritten personal details (Harold's name) must have felt unfeeling and impersonal to the Coopers.³⁶ The post-script added an extra emotional blow: 'Bodies must be removed on week days and between the hours of 8 a.m. and 5 p.m.' The notice also gave the hours in which patients' effects could be collected.³⁷ His death in this context was just one more case to be administered by a local institution; such a standardized letter told the Coopers that their son didn't much matter except as a body and set of belongings which had to be disposed.

Perhaps Mary and Tom wondered afterwards whether Harold might have lived if he had seen a doctor more quickly. But perhaps not – it is likely that any idea that his life might have been saved has only arisen in more recent decades, in which seeing a GP is free and in which treatments for appendicitis and post-operative infections have improved. After all, as Mary insisted, it was Harold's fate that he should die young.

COPING IN THE FACE OF A CHILD'S DEATH

The family gave Harold as lavish a funeral as they could. He was buried in Leeds Cemetery, now known as Beckett Street Cemetery, in east Leeds. The funeral director's bill shows the Coopers paid for a shroud, bearers and three carriages, although an individual grave was out of their reach, as it would have been for many working-class families. A minister, likely from St Saviour's church where Harold had been christened, attended. Harold's name was included on a shared headstone, with six people unknown to the family, from a young baby to a man of twenty-four. The costs totalled over £14. This substantial sum was probably met by a pay out of burial insurance, the value of which depended on how much the family paid in each week. The vast majority of working-class families subscribed to such insurance in this period.³⁸ They would likely have supplemented this pay-out with collections or loans from relatives, friends and neighbours, a common practice which would have helped demonstrate the love and affection of Harold's wider family. Such expenditure went unquestioned amongst the working classes, even if middle-class critics asked how either weekly payments for burial insurance or substantial amounts spent on funerals could be justified for those with small incomes.³⁹ For families like the

Coopers, a 'good send off' said something: it protested that Harold's life and death were valuable in a moment in which there were contradictory messages about whose lives were most valued by the state, and why. The funeral marked the start of what for his mother was a lifelong mission to keep his memory alive.

For Mary, a religious or spiritual framing offered the best way to come to terms with Harold's death. As in Maureen's account, above, Mary told of two moments in Harold's story: her dream when Harold was an infant, and Harold's vision of children leading him away from her, as he was dying. These were important in remembering Harold: Mary suggested the dream meant she knew that Harold would die young, and the children taking him away suggested an afterlife for Harold. This was reinforced by the fact that after his death, Harold's sister Mary thought she saw him one morning, though when her mother looked, he had gone. His brother, Arthur, also spoke of seeing him in the hospital in which Harold had died.⁴⁰ Harold's continued presence was potentially comforting, but also a source of sadness as his mother never saw him herself. Mary was one of many in this period who took comfort in spiritualist beliefs.⁴¹

Combining Christian and spiritual beliefs gave Mary a way to deal with Harold's death. Her grief was in part assuaged through the belief that dying young was Harold's destiny. As C. S. Lewis wrote in 1961 in his famous work on grief, 'If a mother is mourning for not what she has lost but for what her dead child has lost, it is a comfort to believe that the child has not lost the end for which it was created.'⁴² The interwar period, with the impact of the First World War, saw a shift away from the formal practices of the Christian church, with declining attendance and a rise in alternatives such as spiritualism.⁴³ By this period, specific memorial items created in the wake of death often lacked the explicit religious dimension common previously.⁴⁴ Such trends were typified by the Cooper family for whom, Maureen summarized, 'the religion was there but they weren't churchgoers'.⁴⁵ The family used the church intermittently, for weddings, baptisms and funerals, including Harold's, and they believed in a god and an afterlife.⁴⁶ Yet while use of the church became more variable for many families, belief in the afterlife strongly persisted across the population: throughout the century, a steady half of adults claimed to believe in life after death.⁴⁷

These continuities in more generalized faith beliefs are striking given broader changes in religious practice. It's notable that whilst Mary mentions Jesus, the emphasis in her telling of Harold's story was on Harold's transition to an afterlife – God and the church are not particularly present. Indeed, it was first-hand experiences of these events that were significant rather than faith or religion as such. If we move away from institutional narratives of decline, with their over-emphasis on church attendance and belief in a specific Christian God, we see deep continuities in religious faith. This was not a period of wholesale secularization, but of shifting ways of engaging with and using religion and faith. An idea of fate sat comfortably alongside Mary's Christian beliefs.⁴⁸ Spiritualist beliefs in the ongoing presence of the

dead, and potential communication with them, peaked during the interwar years in the grief and mourning of those bereaved in the First World War. Spiritual narratives provided a way for Mary and her family to understand Harold's death, as a boy who died young when child mortality rates had fallen over the previous generation.

KEEPING HAROLD'S CASE

Keeping Harold's case, passing it on and choosing to talk about Harold provided Mary and Tom Cooper with a compelling way to show their love for their son, and to remember him. There are other examples of such items. In Leeds Museums and Galleries' collection is a pair of child's boots, given by his workmates to an expectant father, whose name is unknown. When his wife and baby died in childbirth in 1903, he strung the boots on the back of a door with a red shoelace, a constant reminder of their absence and memory. A Miss H. Dawson, daughter of the man's deceased wife (probably his daughter too), donated these to the museum in 1981, late in her own life.⁴⁹ At Saffron Walden Museum is a similar case belonging to Violet Dix, a middle-class girl who died aged ten in 1921.⁵⁰ It includes clothes, schoolwork and, interestingly, post-mortem photographs, which were less common by this period. The museum's interpretation suggests that whilst the family couldn't bear to throw them away, they left these items untouched until Violet's niece donated them in 1973. For some families making an object public and giving it status in a museum collection could be an act of remembrance.⁵¹ For any family treasured objects could provide a way to keep alive the memory of children who had gone.⁵² Families collected a range of items relating to their dead, but objects relating to children were often particularly emotionally laden and therefore particularly treasured.

In contrast to Violet's, Harold's case was stored by his parents in their house, kept as a treasured item, and is still held by the family. It was kept in the family's sideboard with other important family items. The sideboard itself constituted an important emotional object for the family and its history, and sits today in Maureen's mother's home.⁵³ Maureen wondered if the case had also spent time in Tom's army chest, which he had kept since his service in the First World War. Either way, the case was associated with the family's precious and historical materials. Maureen believed the case was brought out occasionally and Harold regularly came up in conversation. Again, she recalled how Harold's mother Mary talked about him frequently, with stories of his good nature, such as that 'he would give his last sweet away'. Situating Harold's case with other precious family objects suggests a wish to make visible his life and not let him be forgotten, and to preserve his legacy for the family's historical record. The way the family preserved Harold's memory is indicative of both the specific emotions at play for the individuals involved and the wider social and cultural context in which this

family lived. The case was a way of positively commemorating the life that Harold did have, and taking control of his legacy.

Throughout the nineteenth century and much of the twentieth century, there was a mix of practices when children died: in some families deceased children were little mentioned, particularly if they had died in infancy, whereas in others, they were regularly spoken of.⁵⁴ Growing up in the postwar period, Bill, another family historian we worked with, discussed how he only learnt details about his sister who had died in 1936 at just three months, because of his family history research. Though he vaguely knew of her, his mother did not mention her. Whether she spoke to others, we do not know. Bill perceived changing practices: he contrasted the mid 1930s when ‘sort of a line was drawn under it’ with today, when he perceived ‘you’d be more open’.⁵⁵ Silence could point to emotions that were too difficult to voice.⁵⁶ But Harold’s case shows us how, in contrast, some families were actively and openly remembering throughout the interwar period, working hard to keep talking about a lost child. How widely dead children were spoken of long after their death varied significantly, and according to class, gender, and circumstance of death. The Coopers actively worked to remember Harold *because* he died as a child. For the Coopers, the constant telling of Harold’s story and keeping his case provided a means to celebrate the life he had as well as manage the grief and sadness they felt at his death.

Harold’s case is an example of an ‘emergent object’ – an everyday item that became significant after death and which, as Elizabeth Hallam and Jenny Hockey put it, would ‘come to act within processes as potent reminders of the deceased’, rather than something produced in response to death (a ‘dedicated object’).⁵⁷ Such objects were becoming more commonly used by families as the twentieth century progressed. At the same time there was a decline in the use of more elaborate ‘dedicated’ items of commemoration (such as mourning cards, jewellery and post-mortem photography), common amongst affluent groups in the Victorian and Edwardian periods.⁵⁸ Ann-Marie Foster suggests the 1930s were the key decade of change, as even in the case of war deaths and mining disasters the use of specific memorial items in remembrance was disappearing by the end of the decade.⁵⁹ As Hallam and Hockey suggest, more individualized items have become more common in the later twentieth century, part of a diversification and personalization of memory processes.⁶⁰ What Harold’s story shows us is how a family’s relative poverty combined with their cultural and social context in the interwar period, just a few short years after the First World War, produced a situation in which the preserving and use of an everyday object allowed the family to continue to ‘speak’ of Harold (in verbal and non-verbal ways), to remember him as an individual, and to place attention on his life, short though it was, rather than his death and loss.

REMEMBERING HAROLD INTO THE TWENTY-FIRST CENTURY
Mary and Harold's stories – the young boy who died and the mother who lost her son – have been closely connected in the family's memory. Maureen's mother passed on descriptions of her mother crying, and Maureen thought that her grandmother 'felt the loss of him all her life' and said 'she always talks about him'.⁶¹ It is noteworthy that Maureen used the present tense, despite her grandmother being dead. The sense of Harold's story as one still being told by Mary – if indirectly – was palpable.

As Maureen relates the story, ninety years on from Harold's death, Mary's accounts of her dream and of children taking Harold away are important details that must be preserved, but the explanatory framing of the story shifts to highlight the social and financial context the family were living in. In later conversations, she reflected that even if he had seen a doctor more quickly, the limitations to medical intervention at the time meant he might always have died of the disease, whereas a child today would be more likely to survive in this scenario.⁶² Remembering both Mary and Harold together, Maureen empathizes deeply with her relatives, and fondly remembers her grandmother, but also tries to understand this story for what it tells us historically. For Maureen, Harold's case holds the story of a family who tragically lost their son and also the family's changing situation over generations, as one no longer constrained by such poverty and one better cared for and protected in an era of universal and mostly free medical care. Whilst Harold's mother sought to make sense of Harold's death through ideas about destiny and the afterlife, Maureen stresses the context – the lack of state help for Harold, the poverty the family suffered, and the surgical and medical treatment available at the time. What links the two is Harold's case, which has enabled this changing way of telling Harold's story over time.

Although Maureen has various items relating to Harold, it is the case that has mattered most.⁶³ Maureen is keen to preserve it, despite the fact she doesn't want to keep much 'stuff' related to her family history. She contrasted herself to other family historians who tended to hoard family collections.⁶⁴ That this case exists when very few other things from Maureen's family have survived is revealing, pointing to this particular culture of long-term remembrance for deceased children. The sense that Harold's case has 'just always been there' was a repeated theme in Maureen's interviews.⁶⁵ Maureen suggests that having the case along with photos of Harold has 'definitely' made a difference, 'because you don't really think about other people that have gone'.⁶⁶

For Maureen, Harold's story made her feel 'a sadness of course'. Indeed, across multiple generations the family have come to know him as 'poor Harold'. This emotion was particularly present when Maureen showed us documents relating to Harold's death, such as the bill for his funeral. But when we discussed Harold's school case, Maureen expressed different emotions: empathy, curiosity, pride. She recalled 'doing Orpheus and Eurydice at school', like Harold some thirty years before her own lessons

in Greek mythology.⁶⁷ She enjoys having the case in her house and takes it out intermittently, such as ‘when you’re clearing a cupboard or something, that’s what I do. I’ll get it out and then I’ll sit on the floor and start reading it’. She said she was ‘glad that the story’s been kept with us, that he hasn’t been forgotten because people do get forgotten when they die, don’t we, you know?’⁶⁸ Here, the change Maureen makes from thinking about ‘people’ getting forgotten to the inclusive ‘don’t we’ is telling. For, often practices of remembrance can be about a desire to be remembered in turn when ‘we’ ourselves die.

The case as a physical object, to be touched, looked at, smelled, explored, allowed the family to engage with Harold’s story more intensely. Relatives who never met him can ‘recall’ Harold as a living boy, an individual, with emotions other than sadness. Passed down twice already, each time from mother to daughter, the object has acted as an emotional repository for the family over ninety years and five generations.⁶⁹ When we published her blog post, reproduced above, Maureen’s daughter commented: ‘Great Nanna Mary & Great Grandad Tom would be so happy and proud that Poor Harold’s story has lived on through our generations and even more proud that their granddaughter has put pen to paper to make his story known beyond the family. Well done mum’.⁷⁰ It has been kept within the family: until our work together, only family members had seen the case, though Maureen and her family enjoyed telling the story to a wider audience and are ‘thrilled’ that the case was displayed in our museum exhibition.⁷¹ Here, the project methodology, one involving long-term collaborative work with a historian to interview her and examine her private family archives – opening up new kinds of sources otherwise unavailable to an academic historian – has allowed us to trace the emotional meanings of objects, photos and documents across five generations. Working with Maureen has also allowed us access to her expertise, expertise that is emotional and experiential as well as based in skilled genealogical research. Harold’s case, then, is something we have come to understand through collaboration with Maureen, through many often emotional conversations.⁷²

It is notable how far dynamics of age and gender have affected these memory processes. While the loss of children was felt deeply by fathers,⁷³ the centrality of motherhood in women’s lives influenced how this history was remembered and preserved. The women of the Cooper family played the main part. Harold’s mother initially, as described above, but also sisters and daughters who have been entrusted with and been pleased to take part in the preserving of a little boy’s memory. Women are often responsible for the passing down of objects and histories.⁷⁴ As these women have reached the later years of their lives – Maureen’s mother is in her nineties – the responsibility for the case as a physical object and the memory of Harold has been passed down. This reflects the interest of older generations in their families’ histories, and represents a moment in the life cycle, often of the death or aging of relatives, and the experience of becoming the family’s

main 'curator' of their archives and history. For this family, Harold's story has in itself been a way of constructing cross-generational memory and identity, a family whose stories and histories span generations.⁷⁵ By valuing and memorializing Harold's traits as kind and generous, and in caring about his memory, the family has not only been able to pass on a shared sense of belonging across decades, but a sense of pride in being the sort of family to whom kindness, care, and history matter. For the Cooper family across five generations, Harold's has become a positive story of choosing to remember a kind and generous boy, as well as a tragedy of a child who should not have died so young. Emotions and memories are dynamic, responding to the contemporary context and shifting as they pass through different generations.

CONCLUSIONS

When telling Harold's story, Maureen laughed that 'we haven't been allowed to forget him'.⁷⁶ This article is about both how a family chose to mark a little boy's death in the 1930s and the legacy of those decisions in the decades since, in how his life and death have figured in the family's sense of its own history and identity. This story demonstrates the changing context of remembrance in the interwar period, and the simultaneous persistence of long-established rituals. The impact of the First World War on death, grief, mourning and remembrance has been much debated, but with very little evidence of what actually happened within families.⁷⁷

Combining a narrative around Harold's destiny and afterlife with the use of his school case meant Harold lived on in two senses: as a ghostly figure, playing with the children who took him away and appearing to his siblings intermittently, and in the stories and objects through which his family regularly 'conjured' his memory. In this changing context, Harold's story shows us a trend towards commemorating an individual's life rather than their death, as objects reflecting the experiences and character of the deceased were favoured over specifically created memorial items. For the Coopers, this combination of objects and story allowed the family to cope with the grief they felt at Harold's death at the time, and in the decades since, to understand his life as one that was lost young in an age before free universal healthcare and before reliable surgery and post-operative care for a disease that has since become much less likely to be fatal. Reacting to a context which urged the visible commemoration of lives lost young and futures un-lived, the Coopers put to work older traditions of remembering deceased children to create an open, active and powerful way of remembering Harold that would last generations.

This conclusion has implications for methodology: by working with family historians, we have been able to understand the nature of what was and was not discussed in the wake of death, within the relative privacy of family life, and as transmitted over multiple generations. The significance of objects such as Harold's case is that they are still held within the family that

created them; their situation outside formal archives makes them meaningful to his family and significant to us as historians.⁷⁸ Our collaborative methodology allowed us to work with Maureen to interrogate and understand the emotional meaning of this object.⁷⁹

Overall, then, personal objects such as Harold's case offered families the chance to exert a new sense of control and agency over what was increasingly understood to be the unnatural and unbearable upsetting of the life cycle through a child's death. The family used Harold's case and the stories associated with it to achieve control in how his story was told and how he was remembered. It helped the family to remember the eleven years of life Harold did have, and reflect on the 'what if' question of what kind of person he might have grown up to be. Telling his story in this way meant the family could remember him and what might have been without being overcome by the grief they felt at his death, and sadness that he couldn't be saved. Harold's case and story have continued to 'act' on the family over many decades. The family engaged in dynamic memory processes to control the way Harold's memory lived on. By using the power of the object to exert emotions over multiple generations, the Cooper family created a legacy for Harold that was not just about his death or their sadness, but about his individuality and subjectivity, and the positive emotions associated with remembrance. As he did not grow up to make his own, the Cooper family in the 1930s created a lasting legacy for Harold which was to persist over many decades.

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1 Interview with Maureen Jessop by Jessica Hammett, August 2018.

2 Maureen found family in Coventry, Melton Mowbray, Birmingham, Blackburn, Dublin, and even an ancestor transported to Van Diemen's Land (Tasmania).

3 Maureen Jessop, 'Poor Harold': <https://livingwithdying.leeds.ac.uk/2017/10/09/poor-harold/>, accessed 20 Aug. 2019. Fifteen family historians were invited to share research, attend training, and write their histories. During our collaboration, Maureen wrote two blog posts and a booklet summarizing her family's history, participated in two interviews, and allowed us to look through her family's 'archive' – documents, photos and objects, including Harold's case. For more on this methodology, see Laura King and Jessica Hammett, 'Family Historians and Historians of the Family: the Value of Collaboration', in *Making Histories*, ed. Paul Ashton, Tanya Evans and Paula Hamilton, Berlin, 2020.

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5 Maureen Jessop, 'Life on "The Bank": My Family's Story', p. 35. (Copy available at Leeds Central Library Local and Family History Department).

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64 Notes from visit to Maureen, May 2018.

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66 Interview with Maureen, August 2018.

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