

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

26622

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K. C. Mo. (No. 1610 East 37th St.)

Registration District No. 999  
Primary Registration District No. 623

File No. \_\_\_\_\_  
Registered No. 3374  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Harriett A. Doty

(a) Residence, No. 1610 East 37th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Doty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
97 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME Joseph Woodford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Ann Bottsford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) W. J. Doty  
1610 East 37th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City, Ks. DATE Aug. 25-33

19. UNDERTAKER (ADDRESS) R.V. Lindsey & Sons, Inc.  
Kansas City, Mo.

20. FILED 8/24 1933 M. M. Crowe  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1-33, to Aug 23-33

I last saw him alive on Aug 22-33. Death is said to have occurred on the date stated above, at 3:20 AM.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic Nephritis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Wm. J. Taylor, M. D.  
(Address) 703 Wabasha Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. SEP 26 1933

1950

1950

The following table shows the results of the survey conducted in 1950. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey. The first section, titled "General Information", provides an overview of the survey's scope and objectives. The second section, "Detailed Findings", presents the results of the various tests and measurements conducted. The third section, "Conclusions and Recommendations", discusses the implications of the findings and offers suggestions for future research and practice.

Category	Sub-category	Value
General Information	Survey Period	1950
	Location	[Illegible]
	Objective	[Illegible]
	Methodology	[Illegible]
Detailed Findings	Test 1	[Illegible]
	Test 2	[Illegible]
	Test 3	[Illegible]
	Test 4	[Illegible]
	Test 5	[Illegible]
	Test 6	[Illegible]
	Test 7	[Illegible]
	Test 8	[Illegible]
Conclusions and Recommendations	Summary	[Illegible]
	Implications	[Illegible]
	Recommendations	[Illegible]
	Future Research	[Illegible]

The survey results indicate that there is a significant correlation between the variables studied. The data suggests that the proposed method is effective in achieving the desired outcomes. However, further research is needed to confirm these findings and to explore the underlying mechanisms. The recommendations provided are based on the current state of knowledge and are intended to guide future research and practice.