

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.

PAAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 5042
 Township Law Primary Registration District No. 3002 Registered No. 768
 City Kansas City (No. 17.25 Harrison) St. Ward

2. FULL NAME Etta Murrell Harrison
 (a) Residence, No. 1725 Harrison 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Usual place of abode)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 75
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
 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) Mo.
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME Mary Henderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 17. INFORMANT Sallie Bellis
 (ADDRESS) 1725 Harrison
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Westlawn DATE 2/16 1934
 19. UNDERTAKER Nathan W. Thalhinger
 (ADDRESS) 1520 N. 5th St.
 20. FILED 2-16 1934 M. M. Crowe
Coat Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1934
 22. I HEREBY CERTIFY, That I attended deceased from 2-11-1934 to 2-17-1934
 I last saw him alive on 2-11-1934 Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy of
arteriosclerosis
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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) [Signature] M. D.
 (Address) 1572 N. 2nd

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated techniques. The goal is to ensure that the information gathered is both reliable and comprehensive.

The third part of the document focuses on the results of the analysis. It presents a series of charts and graphs that illustrate the trends and patterns observed in the data. These visual aids are crucial for understanding the underlying dynamics of the system being studied.

Finally, the document concludes with a series of recommendations based on the findings. These suggestions are aimed at improving the efficiency and accuracy of the data collection process. The author believes that these changes will lead to more meaningful insights and better overall performance.