ҒТАХР/ МРНТИ / IRSTI: 03.20
ӘӨЖ/УДК/ UDC: 93/94 https://www.doi.org/10.51889/2959-6017.2025.84.1.005

Saktaganova Z.G. [1], *Shapagatova D.D.* *[2]

[1] *Doctor of Historical Sciences, Karaganda University named after Academician E.A. Buketov, Kazakhstan, Karaganda. E-mail: zauresh63@mail.ru*

*[2]*Master of Humanities, Karaganda University named after Academician E.A. Buketov, Kazakhstan, Karaganda. E-mail: tasdi.com@mail.ru*

CHILDREN'S HEALTHCARE OF THE KARAGANDA REGION IN THE MIDDLE OF 1950S AND 1960S

Abstract

The article examines the history of healthcare in the territory of Central Kazakhstan, based on archival data, which reflects the relationship of household and social living conditions with the level of childhood morbidity in the Khrushchev period. Soviet history is rich in events that radically influenced the healthcare sector in Kazakhstan: the establishment of Soviet power on Kazakh territory; famine of the 1920s, 1930s; Great Patriotic War in 1941-1945; nuclear tests on the territory of the Semipalatinsk test site (1949–1963); change of leaders of the USSR and Kazakh SSR and others. The period of the second half of the 1950s - the second half of the 1960s is characterized as a time of recovery after the military events of the 1940s, which negatively affected the size of the Kazakh population and its public health. It is impossible not to note the fact of attracting the younger generation to work as one of the results of past military events, which led to a decrease in the quality of health of working children and the generation following them. Nuclear tests conducted on the territory of the Semipalatinsk test site also could not but affect the morbidity pattern in the Karaganda region, taking into account internal migration. The influence of these and other factors is analyzed in this article, prepared on the basis of archival materials of the State Archive of the Karaganda Region.

Keywords: Soviet childhood; childhood history; Central Kazakhstan; health history; history of Soviet childhood in Kazakhstan; childhood morbidity; disease prevention; history of Kazakhstan.

З.Ғ. Сақтағанова [1], *Д.Д. Шапағатова* *[2]

[1] *тарих ғылымдарының докторы, академик Е.А. Бөкетов атындағы Қарағанды университеті, Қазақстан, Қарағанды. E-mail: zauresh63@mail.ru*

[2]гуманитарлық ғылымдар магистрі, академик Е.А. Бөкетов атындағы Қарағанды университеті, Қазақстан, Қарағанды. E-mail: tasdi.com@mail.ru

1950-1960 ЖЫЛДАРДЫҢ ОРТАСЫНДАҒЫ ҚАРАҒАНДЫ ОБЛЫСЫНЫҢ БАЛАЛАР ДЕНСАУЛЫҚ САҚТАУ САЛАСЫ

Аңдатпа

Мақалада «Хрущев» кезеңіндегі бала аурушандық деңгейімен қатар тұрмыстық, әлеуметтік өмірлік жағдайлардың өзара байланысын көрсететін мұрағаттық деректерге негізделген Орталық Қазақстан аумағындағы денсаулық сақтау тарихы қарастырылады, Кеңес тарихы Қазақстанның денсаулық сақтау саласына түбегейлі әсер еткен оқиғаларға бай: Қазақстан аумағында Кеңес өкіметінің орнауы; 1920 жылдардағы, 1930 жылдардағы ашаршылық; 1941-1945 жж.Ұлы Отан соғысы; Семей полигоны аумағындағы ядролық сынақтар (1949-1963 жж.); КСРО және ҚазКСР басшыларының ауысуы және басқалар. 1950 жылдардың екінші жартысы - 1960 жылдардың екін-ші жартысы кезеңі 1940 жылдардағы

Қазақстан халқының санына және оның қоғамдық денсау-лығына теріс әсер еткен әскери оқиғалардан кейін қайта қалпына келтіру кезеңімен сипатталады. Өткен әскери оқиғалардың нәтижесінің бірі ретінде жас ұрпақты еңбекке баулу фактісін атап өтпеу мүмкін емес, бұл еңбек еткен балалар мен оларға ілесіп келе жатқан ұрпақтың денсаулығы-ның сапасының төмендеуіне әкелді. Семей полигоны аумағында жүргізілген ядролық сынақтар да ішкі көші-қонды ескере отырып, Қарағанды облысындағы ауру-науқастық жағдайларға алып келген көрінісіне әсер ете алмады. Осы және басқа да факторлардың әсері Қарағанды облысының мемлекеттік мұрағатының мұрағат материалдары негізінде дайындалған мақалада талданған.

Кілт сөздер: кеңестік балалық шақ; балалық шақ тарихы; Орталық Қазақстан; денсаулық сақтау тарихы; Қазақстандағы кеңестік балалық шақтың тарихы; бала аурушандығы; ауруларды алдын алу; Қазақстан тарихы.

Сактаганова З.Г. [1], *Шапагатова Д.Д.* * [2]
[1]*доктор исторических наук, Карагандинский университет имени академика Е.А. Букетова, Казахстан, Караганда.*
E-mail: zauresh63@mail.ru

[*2]*магистр гуманитарных наук, Карагандинский университет имени академика Е.А. Букетова, Казахстан, Караганда.*
E-mail: tasdi.com@mail.ru

ДЕТСКОЕ ЗДРАВООХРАНЕНИЕ КАРАГАНДИНСКОЙ ОБЛАСТИ СЕР. 1950-Х – СЕР.1960-Х гг.

Аннотация

В статье рассматривается история здравоохранения на территории Центрального Казахстана, основанная на архивных данных, в которых отражена взаимосвязь бытовых, социальных жизненных условий с уровнем детской заболеваемости в «хрущевский» период. Советская история богата событиями, кардинально повлиявшими на сферу здравоохранения Казахстана: установление советской власти на казахстанской территории; голод 1920-х гг., 1930-х гг.; Великая Отечественная война 1941-1945 гг.; ядерные испытания на территории Семипалатинского полигона (1949-1963 гг.); смена руководителей СССР и КазССР и другие. Период второй половины 1950-х – второй половины 1960-х гг. характеризуется как время восстановления после военных событий 1940-х гг., которые негативно отразились на численности казахстанского населения и его общественном здоровье. Нельзя не отметить факт привлечения к работе подрастающего поколения как один из результатов прошедших военных событий, который привел к снижению качества здоровья работающих детей и следующего за ними поколения. Ядерные испытания, проводимые на территории Семипалатинского полигона, также не могли не повлиять на картину заболеваемости Карагандинской области с учетом внутренней миграции. Влияние этих и других факторов проанализировано в данной статье, подготовленной на основе архивных материалов Государственного архива Карагандинской области.

Ключевые слова: советское детство; история детства; Центральный Казахстан; история здравоохранения; история советского детства Казахстана; детская заболеваемость; профилактика заболеваний; история Казахстана.

Introduction.

The history of health care is one of the priorities in the process of studying the problem of childhood of any period. This is because public health is directly dependent on the quality of life of society, which affects the younger generation most acutely.

N.A. Semashko, while serving as the first People's Commissar of Health (1918-1930), proposed the creation of a new Soviet health care system, which was based on several principles, further refined and finally presented in 1947 as follows:

- state nature of healthcare (centralization);
- preventive health protection;
- free and generally accessible qualified medical care;
- unity of medical science and practice, prevention and treatment;
- participation of the broad masses of workers and public organizations in the construction of healthcare and in solving its problems [1, p. 121].

These principles had been developed before, but for the first time in the world they were implemented and formed the basis of state policy in the Soviet Union, where they formed the basis of centralized budgetary Soviet medicine that operated in all union republics. A system of medical institutions was built, which made it possible to provide uniform principles of organizing healthcare for the entire population, from distant villages to capital cities: first aid station (FAP) - local clinic - district hospital - regional hospital - specialized institutes [2, p. 120].

Access to healthcare was ensured by the fact that medical care was free, all citizens were assigned to local clinics at their place of residence and, depending on the complexity of the disease, could be referred for treatment higher up the steps of the healthcare pyramid.

The medical system paid special attention to issues of motherhood and childbirth. To support motherhood and infancy, a vertical system was organized - from antenatal clinics and district maternity hospitals to specialized institutes. The best medicines and conditions were allocated for young mothers, and training in obstetrics and gynecology was considered one of the most prestigious medical areas. A network of specialized children's clinics was also created, which contributed to a significant reduction in child mortality rates.

One of the important steps in the development of the newly introduced system was the implementation of the principle of preventive health care. Prevention was understood by N.A. Semashko in the narrow sense as sanitary measures, in the broad sense as health improvement, prevention and prevention of diseases. The task of every doctor and the entire system of medical institutions, as N.A. believed. Semashko, was not only to cure, but to prevent the disease, which was considered as a consequence of unfavorable social conditions and an incorrect lifestyle. In this regard, special attention was paid to such social diseases as venereal diseases, tuberculosis and alcoholism. For this purpose, a system of appropriate dispensaries was created, which were supposed to not only treat, but also monitor the living conditions of patients, informing the authorities about the non-compliance of these conditions with sanitary standards and the potential threat that patients could pose to others.

In the 1930s and 1940s the structure of child and adolescent health authorities has undergone a number of reorganizations. Thus, in 1935, children's clinics were created. In 1947, in connection with the merger of hospital and clinic institutions, children's clinics and children's clinics were merged with children's hospitals or with the children's departments of adult hospitals. This system still operates today. In the children's outpatient department of the hospital, children of all ages are observed and treated by the pediatrician of this single medical district. The duties of doctors at children's clinics included examination and further observation of children sent to pioneer camps; taking measures to prevent the introduction of infectious diseases into health institutions and their spread; examination and observation of children sent to boarding schools. Doctors and nurses working in kindergartens were on staff at children's clinics or children's departments at clinics for adults. The medical staff carries out their work in close contact with local doctors and clinic specialists. The work of kindergarten medical staff was aimed at creating the necessary conditions for the proper psychophysical development of children, introducing physical education, preventing morbidity among them, instilling hygiene skills, preventing infectious diseases, etc.

To prevent infectious diseases, schoolchildren were given preventive vaccinations in a timely manner (against tuberculosis, smallpox, diphtheria, whooping cough, tetanus, polio, etc.), the school medical staff identified infectious patients and children in contact with them; together with sanitary

and epidemiological stations, anti-epidemic work and sanitary supervision over the maintenance of premises and compliance with sanitary and hygienic standards and rules in the school were carried out, the work of school buffets and canteens was monitored; sanitary and hygienic working conditions for students in labor workshops; sanitary educational work was organized among students, teachers and parents.

Methods and materials. In the course of writing this work, specific methods of historical research were used as specific cognitive tools: historical-comparative, historical-typological, historical-systemic analysis, methods of structural and functional analysis, which were used to systematize the entered archival materials.

This publication contains archival documents from the funds of the State Archive of the Karaganda Region - 469 ("Karaganda Regional Department of Public Education"), 567 ("Stalinsky District Council of Workers' Deputies of Karaganda"), 653 ("Executive Committee of the Leninsky District Council of Workers' Deputies of Karaganda"), 664 ("Karaganda Regional Health Department of the Ministry of Health"), 1188 ("Executive Committee of the Railway Council of Workers' Deputies of Karaganda"). Funds 567, 653, 1188 contain specific information about the functioning of the healthcare sector of the city of Karaganda in connection with the content of documents for only one district. Basically, data from 664 funds were used, since it includes a large layer of information on the functioning of the health authorities of the Karaganda region during the period under study, there are materials on inspections of the implementation of preventive measures among children, recreational activities, materials on the work of professional personnel in the field.

Discussion. Today, issues of the history of healthcare in Kazakhstan remain relevant for study and include a large number of works that can be grouped by research problems:

1.) publications reflecting the theoretical foundations of the study;

2.) works devoted to the history of the development of the Soviet healthcare model;

3.) works covering the functioning of the modern Kazakhstan healthcare system;

4.) studies examining the issues of maternal and child health as one of the main components of state health care.

The first group includes the publication of K.T. Baizhienova, which is devoted to the study of materials from state organizations of the healthcare system of the Republic of Kazakhstan as historical sources. The author has developed and proposed an original approach to assessing the reliability of the historical source under study, as well as the process of deciding on the possibility of its use in the process of scientific research [3]. Russian author Komarov Yu.M. devoted his work to the theoretical study of the formation and development of the Semashkin model of healthcare, which existed in the Soviet Union until 1989 [1].

Research of the second historiographical group can be divided into two subgroups: a.) works devoted to the history of healthcare in the USSR; b.) works covering the problems of the functioning of medical services and the health care system as a whole on the territory of Soviet Kazakhstan. Subgroup "a" includes the work of T.V. Davydova, devoted to the historical analysis of the reform of Soviet healthcare in the post-war years [4]. The history of the formation of the Soviet healthcare system was also covered by the authors Astryukhina I.I., Kazantseva A.V., Skoromets N.M. [5]. The second subgroup includes scientific publications by K. Zhakupova, who studied the history of medicine in Kazakhstan based on archival materials of the 1920s – 1930s. [6] and Galina G.F., in which she examined the development of the health care system of the Kazakh SSR from the 1920s to the 1940s. [7]. Regional aspect of the formation and development of healthcare highlighted in her work Kozlova Zh., who on the pages of the newspaper "Industrial Karaganda" described the beginning of the development of the healthcare system of the city of Karaganda, which dates back to 1930 [8].

The second group of works includes the publication of Baizhienova K.T., Omarova B.K. and Kalmenova B.T., who noted the role of legislative acts and government programs, identified the features of reforming the priority areas of the medical care system for the population in the training and retraining of medical personnel [9]. Baizhienova K.T., Akhmetshina G.U., Omarova B.K., Kamzaev B.K. reviewed the stages of development of the healthcare system on the territory of independent Kazakhstan, identified the main problems in the functioning of healthcare services in

Kazakhstan during the period of independence [10]. Akanov A.A. and Kamaliev M.A. in their work, they analyzed the modern healthcare system of the Republic of Kazakhstan and the prospects for its development [11].

The group of studies devoted to the study of maternal and child health includes the publication of Khisamutdinova R.R. and Mukhambetgalieva A.K., who identified positive and negative trends in the development of the health care system for women and children in the Kazakh SSR. Based on archival documents of the Aktobe region, they proved that an important direction in the development of healthcare was the fight against the growth of epidemic diseases caused by the war and famine of 1946-1947. [12]. Bekmagambetova M. is another researcher of maternal and child health in Soviet Kazakhstan based on materials from another region - the Kostanay region. The article by M. Bekmagambetova examines the development of children's healthcare in the region in the context of national practices [13]. Alshykenova A.T. and Musabalina G.T. covered the history of the fight against childhood tuberculosis in the southern region of Kazakhstan based on archival documents of the Central Administration of the Republic of Kazakhstan, statistical data on the incidence of tuberculosis in the Republic of Kazakhstan, as well as data from periodicals of the beginning of the last century [14].

Results. By 1950, the war-ravaged economy had been restored. The number of medical institutions, hospital beds, and doctors not only reached the pre-war level, but also significantly exceeded it. In 1950, on the territory of the Kazakh SSR there were 265 thousand doctors (including dentists) and 719.4 thousand paramedical workers, there were 18.8 thousand hospital institutions with 1010.7 thousand beds. In rural areas there were more than 63 thousand paramedic and paramedic-obstetric stations. Since the 1950s Allocations for health care increased from year to year, and by 1965, during the 4 post-war five-year plans, funding reached a record figure - 6.5% of GDP. It was possible to increase by an order of magnitude all the main indicators of the material and economic base of healthcare. The number of doctors from 14.6 per 10 thousand people. population in 1950 grew to 23.9 in 1965; paramedical workers from 39.6 to 73.0; hospitalization in cities increased at this time from 15% of the population to 20.1%, in rural areas - from 7.7% to 18.9%; the number of hospital beds increased from 57.7 to 96.0 per 10 thousand population; the number of clinics and outpatient clinics reached 36.7 thousand, antenatal clinics and clinics for children - 19.3 thousand [4, p. 165].

Thus, despite the problems of the period of formation of healthcare in the Soviet state (weak material and technical equipment, lack of professional personnel, standard premises and beds for the provision of medical services), the indisputable achievement of the industry on the territory of the Kazakh SSR in the 1950s. became a widely developing network of government institutions with the introduction of socialist principles: free of charge, universal access, planning, preventive direction, budget financing. Post-war positive changes in public health indicators, improvement of sanitary and living conditions of the population, growth of the network of medical institutions, increase in the number of medical workers, expansion of access and quality of service testified to the successful functioning of the principles of the Soviet state model of healthcare.

Using archival materials from the Karaganda region, one can trace how the principle of carrying out preventive measures by N.A. was implemented in practice. Semashko in the second half of the 1950s. During the study period, only 68.5% of children who reached one year of age were under systematic observation (at least once a month), which is an extremely low figure. Especially few children were under continuous supervision in the Zhana-Arkinsky district - (20.0% of those who reached one year of age), Temir-Tau - 41%, Karaganda 62%. The best continuous monitoring of children in the first year of life was organized in the Voroshilovsky district - 91%, in the city of Balkhash - 86% [15, p. 35]. But even in cities and villages with high rates of observation of children, it cannot be said that the observation was carried out in depth and all preventive measures were taken.

Table 1. Indicators of continuous observation of children who have reached one year of age (mid-1950s) [15, p. 35].

Voroshilovsky district	Balkhash	Karaganda	Temir-Tau	Zhana-Arkinsky district	**Total**
91%	86%	62%	41%	20%	**68.5%**

As a preventive measure, there was also early identification and fixation of sick children, special attention was paid specifically to newborn children through children's consultations - treatment and preventive institutions that provided out-of-hospital qualified medical care to children from birth to three years of age, as well as monitoring the child's development, preventive vaccinations and health education of parents [16, p. 147]. As of 01/01/1956, 231,706 children were under the supervision of city and rural children's consultations, 34,760 more children than in 1954. The increase in the number of children under the supervision of consultations occurred due to an increase in the intake of children and better organization of their registration. However, it cannot be said that the registration of children was organized correctly everywhere and that all children were fully registered, especially in rural areas.

Table 2. Early coverage of newborns with medical supervision in the region [15, p. 155]:

Year	Admission of children under 1 year	Incl. up to 1 month	Early coverage	Medical patronage up to 3 days		Visiting nurses	
				Total	%	Total	%
1955	23 476	21 525	81.7%	13,828	64.2	20 614	81.1

Table 3. The best indicators for servicing newborn children in the Karaganda region, 1955 [15, p. 156]:

	Early coverage	% of doctor visits in the first three days	% of sister visits to children under 1 month
Balkhash	94%	91	100
Voroshilovsky district (district center)	100%	97	100

In medical care for young children, the main thing is to organize systematic monitoring of these and carry out the necessary measures to ensure the correct growth and development of the child. 68.5% of children who reached one year of age were under systematic observation (at least once a month), which was extremely insufficient at that time. Especially few children were under continuous supervision in the Zhana-Arkinsky district - (2.0% of those who reached one year of age), Temir-Tau - 41%, Karaganda - 62%. The best continuous monitoring of children in the first year of life was organized in the Voroshilovsky district - 91%, Balkhash - 86%. The low percentage of coverage of children with medical supervision in the first 3 days after discharge from the maternity hospital in the Ulutau district is 12%, in the Zhana-Arkinsky district - 24%, in Temir-Tau - 36%, Osakarovka and Karaganda - 63% [15, p. 156].

But even in cities and villages, where the majority of children were under systematic supervision, we cannot state that it was carried out in depth with all preventive measures.

Table 4. Indicators of reduction of early complementary feeding, artificial feeding of children in the early stages in the Karaganda region, in% [15, p. 35].

	Balkhash	Temir-Tau	Karaganda	Shetsky district
Reducing complementary feeding for children under 3 months	15.6%	18.7%	12.3%	33.7%
Reducing complementary	4.1%	5.7%	4.3%	-

feeding for children under 6 months				

Thus, in the consultation of the city of Balkhash, where the majority of children were continuously systematically observed by the children's consultation, they could not achieve a reduction in early complementary feeding, artificial feeding of children in the early stages, in the city of Balkhash 15.6% of children received complementary feeding for up to 3 months, and were transferred to artificial feeding for up to 6 months feeding 4.1% of children. Many children were fed incorrectly in the city of Temir-Tau (18.7% received complementary feeding up to 3 months) and 5.7% of children under 6 months were transferred to artificial feeding. In the city of Karaganda, these figures are respectively 12.3% and 4.3%. In the Shetsky district, 33.7% of children received complementary feeding until 3 months [15, p. 156].

Children's consultations in 1955 improved the early detection of tuberculosis: 39.7% of children had a Pirquet test (in 1954 - 37.2%), but this figure was still too low.

Table 5. Indicators for early detection of tuberculosis in children of the Karaganda region, 1955 [15, p. 36]

Populated areas of Karaganda region	Balkhash	Dzhezkazgan	Saran	Karaganda	Temir-Tau	Telmansky district	Osakarovsky district	Nurinsky, Karkaralinsky, Zhana-Arkinsky, Ulutau, Dzhezkazgan districts
% of children (under 1 year) who had a Pirquet reaction	68.1%	59.2%	55.9%	44.3%	15.1%	5.4%	1.8%	0

Table 5 shows that the best indicators for early detection of tuberculosis: in the city of Balkhash, where 68.1% of children had a Pirquet test before the age of 1 year, of which 5.1% reacted positively. In the city of Dzhezkazgan 59.2%, in Saran 55.9%, in Karaganda 44.3% of children underwent the Pirquet reaction [15, p. 36]. The worst indicators for early detection of tuberculosis among children under 1 year of age are in the Nura, Karkaralinsky, Zhana-Arkinsky, Ulutau, Dzhezkazgan districts, where among the children who have reached the age of one year, not a single child has undergone the Pirquet test. Very low rates of early detection of tuberculosis in Osakarovsky district - 1.8%, Telmansky 5.4%, in Temir-Tau this figure is 15.1% [15, p. 36]. Thus, it is clear that even in cities with the best indicators for early detection of tuberculosis, only half of children who have reached the age of one year are examined for tuberculosis. Consequently, the high incidence of tuberculosis with high mortality is associated with the weak and unsatisfactory work of children's consultations for early detection of tuberculosis and timely treatment.

Preventive vaccinations in the mid-1950s. on the territory of the Karaganda region were carried out unsatisfactorily. In the region, only 71.2% of children who reached one year of age were immunized against smallpox. The situation was especially bad with preventive vaccinations against smallpox in the Karkaraly district, where 9.2% of children who reached the age of one year were immunized against smallpox, in Dzhezkazgan 11.9%, in Temir-Tau - this figure is 44.3%, and in In the Kuvsky district, 55 children were observed up to 1 year of age; 65 children were immunized against smallpox up to 8 months [15, p. 35].

According to inspection reports, preventive vaccinations were carried out unsatisfactorily. In the region, only 71.2% of children who reached one year of age were immunized against smallpox. The situation is especially bad with preventive vaccinations against smallpox in the Karkaraly district, where 9.2% of children who have reached the age of one year are immunized against smallpox, in

Dzhezkazgan 11.9%, in Temir-Tau - this figure is 44.3%, and in In the Kuva region, 55 children were observed up to 1 year of age; 65 children were immunized against smallpox up to 8 months. During the same period, the prevention of infectious diseases among children of the first year of life was poorly carried out. Children aged 8 months were vaccinated against smallpox - in City Children's Hospital No. 1 of Karaganda - 90.6%, in Balkhash - 82%, in Akchetau - 90%, Kounradsky - 95%. The indicators of the city children's hospital No. 3 of Karaganda were not high enough, where only 45.2% of children under 8 months were vaccinated against smallpox, in the Regional Children's Hospital - 55.7%, in Temir-Tau - 53.4%, in Saran – 49%, Dzhezkazgan – 48%, in Tokarevka only 11.7%. Anti-tuberculosis work was carried out extremely insufficiently in City Children's Hospital No. 2 in Karaganda - 33% and in City Children's Hospital No. 3 - 38.6%, and in Saran only 21.1% of children underwent the Pirquet reaction [17, p. 59].

The incidence of acute childhood infections in 1955 still remained high, and for certain infections such as scarlet fever, whooping cough and gastrointestinal diseases, it even increased. If in 1954 the incidence rate per 1000 children in urban nurseries was 95.2, in rural nurseries it was 128.0, then in 1955 there was a decrease in the incidence of measles, in urban nurseries there were 67.4 cases per 1000 children, and in rural in nurseries, per 1000 children were sick 53.0. The highest incidence of measles in 1955 was in city nurseries in the city of Balkhash - 210.9, Saran - 103.0, in the city of Temir-Tau this figure was 47.7, Dzhezkazgan - 48.7, in Karaganda - 33 ,3. In the Republic in 1955, per 1000 children in urban nurseries, 213 children fell ill with measles, and in rural nurseries 114.2. The mortality rate from measles in urban nurseries is 1.9, in children under 1 year of age 6.2, in rural nurseries no deaths were registered in 1955. For comparison, in 1954, the mortality rate from measles was 1.5 in the city (4.5 in children under 1 year of age), 4.6 in the village (15.3 in children under 1 year of age) [15, p. 36].

Measles among all acute infectious diseases in toddlers accounted for 65.4% in the village and 40.0% in the city. In the Republic, the mortality rate from measles in urban nurseries is 1.004 (for children under 1 year of age 5.03), in rural ones 1.2% (for children under 1 year of age 2.2%). Thus, in 1955, the mortality rate from measles was 47.6% of the total mortality rate from all infectious diseases (in the Republic this figure is 33.3%) [17, p. 58].

Based on the results of these data, we can conclude that the incidence of acute infections in nurseries at the time of 1955 in the Karaganda region remained at a high level, but there was a slight decrease compared to 1954, for measles: in city nurseries from 95, 2 to 67.4 per 1000 children, in rural nurseries from 128.0 to 53.0 per 1000 children. The mortality rate from measles in urban nurseries increased from 1.5 to 1.9 in children under 1 year of age from 4.5 to 6.2. The incidence of dysentery was highest in nurseries in Temir-Tau - 85.7 per 1000 children, in Karaganda 73.9. The mortality rate from gastrointestinal diseases was 57.1%, the mortality rate from acute infections was higher than the rate for the Republic - 45% [17, p. 59]. The absence of indications in reports on the presence of children suffering from chronic dysentery in rural nurseries indicates poor-quality diagnosis of gastrointestinal diseases.

Thus, we can note insufficient preventive work in the form of timely vaccinations in a number of nurseries in the Karaganda region, as evidenced by high mortality rates from measles: in the city of Balkhash, out of 232 children with measles, 6 died, in the city of Saran, out of 62, died 2, in Karaganda, out of 120, 2 died; incidence of diphtheria in urban nurseries in Balkhash - 6.3, Temir-Tau - 5.5, Karaganda - 5.2, Dzhezkazgan and Saran - 4.0, per 1000 children [17, p. 59].

In 1956, the number of sick children receiving treatment at home increased. However, a significant number of sick children, even those with infectious diseases, were consulted and served as a source of infection for other children. Most dysentery was identified in consultations in Balkhash - 63%, in Shet district - 90%; diphtheria in the Dzhezkazgan region - 54% and the city of Karaganda - 22%; scarlet fever in the Shet district - 40%, in the Dzhezkazgan region - 100%, in Balkhash and Saran - 24%; measles in Voroshilovsky and Telmansky districts - 29%, in Saran - 19% and in Balkhash - 17%; whooping cough in Osakarovsky district - 67%, in Temir-Tau - 35%, in Voroshilovsky district - 34%, in Ulutau district - 33% [18, p. 158].

Based on these data, we can conclude that in 1956 the number of infectious patients admitted in consultations decreased to 28.4% against 36% in 1955, but still remained high. The overall morbidity rate of children in 1956 decreased in comparison with 1955 by 5%, the number of cases of disease per 1000 children decreased from 874 to 806, 0.8 cases of disease per 1 child registered for consultations, and for 1 child under one year of age 1.8 cases [18, p. 158].

In reducing the spread of infectious diseases and improving medical care for children, an important place was occupied by the issue of restructuring outpatient care for children in such a way that every child received medical care at home, and the consultation should serve only healthy children within its walls. In connection with this, most of the consultation centers in the city of Karaganda have restructured their work; sick children do not come to the consultation, but receive help at home. In other cities and regions, the majority of children at the reception are sick children and among them are highly infectious. Thus, out of 100 sick children in the city of Saran, 83 children received help in consultation and only 17 children at home; in Dzhezkazgan, 70 out of 100 sick children received help in consultation, in Osakarovka - 76, in the Kuvsky district - 90, in Dzhezkazgan - 96. What was completely unacceptable and required restructuring work in such a way that a sick child would receive care at home, and, if necessary, in a hospital.

Table 6. Structure of childhood morbidity in the Karaganda region in the mid-1950s. (per 1000 children) [18, p. 159]

Year	Gastrointestinal diseases		**Focal pneumonia**	Childhood infections			
	All intestinal diseases	**Dysentery, acute and chronic**		**Measles**	**Scarlet fever**	**Whooping cough**	**Diphtheria**
1955	**67.1**	**32.0**	**59.0**	**31.3**	**21.5**	12.8	5.4
1956	63.2	26.3	56.0	17.2	11.0	**13.1**	**7.2**

From the data presented it is clear that in 1956 the incidence of scarlet fever decreased by 10.5 cases per 1000 children, measles by 14.1, dysentery by 5.7 cases, all intestinal diseases by 3.9 cases, and pneumonia by 3 cases. The incidence of diphtheria per 1000 children increased by 1.8 cases and whooping cough by 0.3 cases. The highest incidence of diphtheria per 1000 children is given by Balkhash - 10.8, Karaganda - 8.8, Saran - 6.3. The incidence of diphtheria decreased in 1956 compared to 1955 in the city of Dzhezkazgan, Voroshilovsky district, Karkaralinsky, Ulutausky, and increased in Temir-Tau, Osakarovsky, Telmansky and Zhana-Arkinsky districts. The incidence of scarlet fever was higher than the regional average (11.0) in Karaganda 17.6 per 1000 children, Saran – 15.0. An increase in the incidence of scarlet fever was noted in the city of Dzhezkazgan - from 4.0 to 10.5 per 1000 children, Nurinsk - from 2.0 to 6.36. The highest incidence of measles (regional average 17.2 per 1000 children) was observed in the mountains. Saran and Voroshilovsky district 43 per 1000 children, in Kuvsky - 42.0, in Karaganda, Temir-Tau and Kounradsky district - 25.0, Balkhash - 17.0, Karkaralinsk - 15.0. The lowest incidence of measles is observed in the Osakarovsky district - 1.7 per 1000 children. The highest incidence of whooping cough (regional average 13.1) was observed in the Zhana-Arkinsky district - 33.6 per 1000 children, in Temir-Tau - 31.7, in Saran and Voroshilovsky district 16.0. The incidence of whooping cough has decreased in Balkhash and Ulutau district. Thus, the cities of Karaganda, Temir-Tau, Balkhash, Saran, Dzhezkazgan, Telmansky and Voroshilovsky districts have the highest incidence of childhood infections [18, p. 159].

The quality of medical services was, of course, influenced by the condition of the medical institutions themselves. For example, according to an inspection report on treatment and preventive activities, city hospital No. 11 was merged with an outpatient clinic with a total capacity of 100 beds, while including a therapeutic department with 70 beds; children's department 20 beds; obstetrics and gynecology department 10 beds. The hospital served an area with a population of 8 thousand, of which

450 were workers and 2,000 children, and was located in adapted buildings, most of which did not meet sanitary and hygienic standards. In order to solve this problem, a major renovation was carried out in the therapeutic building. The departments were equipped with soft equipment in sufficient quantities, in contrast to the equipment, which was insufficient due to poor supplies. Personnel the hospital was also understaffed due to low capacity: out of 16 medical units available By the staff employed only 10.5; physical persons doctors - only 7 people [19, p. 33].

Outpatient care was provided to the population by an outpatient clinic located in an adapted dugout-type room, with equipment and diagnostic rooms not satisfactorily equipped. No specialized care was provided, so the population received specialized care in other hospitals. Hospital No. 11 had two therapeutic plots, two children's - service children's plots was carried out paramedics , for lack of medical frames. The children's clinic in the village of Kompaneisk served 2,000 children and had a hospital with 20 beds. The room itself was very small and did not meet any sanitary standards. In the somatic department, along with patients with pneumonia and other diseases, there were also patients with tonsillitis. During the treatment of patients, intravenous infusions of blood and plasma were not performed, which was necessary for these diseases [19, p. 34]. Patients in the hospital were treated by a doctor, and reception at the outpatient clinic and servicing of patients at the sites was carried out by paramedics. The outpatient clinic was also very small, there were only two rooms: one for reception and one for vaccinations and all other procedures. Free treatment for children under one year of age was not provided.

According to materials on the state of work on the protection of motherhood and childhood in the Dzhezkazgan region for 1962, it can be noted that the level of high-quality medical supervision of children and their mothers remains low. The provision of medical care in remote livestock areas of state farms and workers' settlements in the region was especially unsatisfactory. Many women gave birth at home without appropriate medical care due to the lack of maternity beds, even in the central estates of state farms. In remote areas, children were not vaccinated against tuberculosis. Monitoring of children in the first year of life, feeding and provision of preventive measures was also not organized. There were no mother and child corners in the Karsakpai children's clinic or in local hospitals. As a result of unsatisfactory implementation of preventive vaccinations against diphtheria, the incidence of diphtheria in children in 1961, compared with 1960, more than doubled [20, p. 393].

In the district hospital, the nutrition of sick children was organized extremely unsatisfactorily: “Ponomareva’s five-month-old child, who was bottle-fed, was given bread, sugar, tea in the morning and evening, and at lunch - soup, porridge, compote.” All patients in the same hospital, including children, did not have the opportunity to bathe in a timely manner, and laundry was also disorganized. Due to the lack of beds for children, sick children slept with their mothers. The hospital was not heated regularly and was generally in an unsanitary condition. Tuberculosis children were hospitalized in the same ward with children admitted to the hospital with other diseases [20, p. 394].

The funds allocated to organize free meals for children of single and needy mothers in 1961 were not used. Almost no baby food products were delivered to the district stores, and the small assortment of baby food products available at the food supply base was not sold due to the expiration of the shelf life. Three district hospitals, designed for 5 state farms, and the district hospital were located in unsuitable premises, were poorly equipped, and were insufficiently provided with medicines. At the transhumance site in the Kara-Kum hospital there was no doctor at all, as a result of which the patients were served by paramedics [20, p. 394].

To confirm the need to prevent the increase in the number of childhood intestinal diseases by maintaining the sanitary condition of streets, courtyards, and houses, we can present materials that record the proportional dependence of these two indicators. According to the information provided by the doctor of the sanitary and epidemiological station of the Leninsky District Council of Workers' Deputies R.T. Zhampeisov, the incidence rate in the region decreased: typhoid fever - by 6.3%, acute dysentery - by 2.8%, diphtheria - by 76.7%, toxic dyspepsia - by 32.8%, whooping cough - by 42.8% and the absence of cases of polio [21, p. 108]. However, as of 1962, a high incidence of acute intestinal and droplet infections was still recorded in the region.

According to the same report, the largest number of acute intestinal diseases were recorded on the most polluted streets: Krylova, Altaiskaya, Saranskaya, Melkombinatskaya, Pishchevaya, Tovarnaya, Konduktorskaya, Liteinaya, Balkhashskaya, Zonalnaya, Vskryshnaya. R.T. Zhampeisov in his report noted the fact that not all affected streets were supplied with high-quality drinking water, namely the streets: Vskryshnaya, Liteynaya, Tovarnaya, Zonalnaya. Not all inspection wells were covered with lids, which resulted in systematic contamination of tap water. This fact was recorded on the territory of the village of Fedorovka, Bolshaya Mikhailovka station [21, p. 108]. The unsatisfactory cleaning of streets, courtyards, a number of housing and communal services and departments was also particularly noted: house management Nos. 1, 2, 4, City Housing Administration, SU No. 5, Kirov SU, especially in the territory of private sector households. The managers of some enterprises practiced settling dormitories with people who came from business trips or agricultural work without prior sanitary treatment; not all communal baths had disinfecting chambers, which contributed to the emergence of cases of parasitic typhus [21, p. 109].

During the period mid-1950s – mid-1960s. In the Karaganda region, some achievements can be noted in the field of treatment and preventive services for the child population, as evidenced by the steady decrease in child mortality. In 1957, compared to 1956, the quality indicators of the work of children's urban treatment and preventive institutions improved significantly. Thus, the percentage of medical visits to newborns in the first 3 days after discharge from the maternity hospital increased from 66 to 72%, and visits to nurses from 87 to 90%. The monitoring of children of the 1st year of life who are registered with the children's clinics at the clinic has also improved. The percentage of children systematically observed by a doctor increased from 67 to 75% and exceeds the republican average of 72%, the percentage of children visited monthly by a sister increased from 72 to 82% and is also significantly higher than the republican average of 75%. Significant achievements have also been made in organizing the reception of children in children's consultation clinics. The intake of sick children has decreased and the percentage of patients with infectious diseases identified within the walls of clinic consultations has sharply decreased: diphtheria from 20 to 9%, scarlet fever from 12 to 6%, measles from 11 to 9%, whooping cough from 17 to 11%, pneumonia from 34 to 28 % and dysentery from 41 to 16% [22, p. 113].

According to archival data, by 1960 the picture of the incidence of childhood infections had changed for the most part towards a decrease in the number of sick children.

Table 8. Picture of childhood morbidity in the Karaganda region (per 1000 children) [15, p.p. 362, 373, 375, 380].

Year	Hepatitis	Pneumonia	Gastrointestinal diseases		Qatar of the upper respiratory tract	Infections					Flu
			Gastrointestinal diseases	Dysentery		Diphtheria	Scarlet fever	Whooping cough	Measles	Polio	
1959	201.20	86.07	62.92	15.85	58.70	5.60	11.60	12.80	48.60	0.38	6.27
1960	174.56	13.18	53.49	11.27	58.27	3.06	11.80	22.70	37.34	0.23	5.09

According to Table 8, for almost all childhood diseases the indicators decreased to varying degrees (if we take the 1959 indicators as 100%): there were 13.24% fewer children with hepatitis; those sick with pneumonia – by 84.7%; in terms of infectious diseases: the number of children with diphtheria

decreased by 45.36%, poliomelitis - by 39.47%, with measles - by 23.2%; those suffering from dysentery – by 29%; the number of children with influenza decreased by 18.82%; registered patients with gastrointestinal diseases - by 15%; children with catarrh of the upper respiratory tract decreased by 0.7%. On the contrary, the number of children suffering from infections such as scarlet fever and whooping cough increased: children began to suffer from scarlet fever by 1.72%, whooping cough - by 77.34%.

Conclusion. In general, the picture of childhood morbidity in the Karaganda region by the 1960s. looked much better than in gray. 1950s, as evidenced by various types of data examined during the writing of this publication. But, despite the overall positive dynamics in the children's healthcare system, there were also negative aspects that were reflected in a decrease in the quality of the system.

Having examined reliable facts reflecting the picture of public children's health, we can identify the factors that influenced the low quality of medical care for children in the period of the mid-1950s - mid-1960s. on the territory of the Karaganda region:

- insufficient and untimely implementation of preventive measures;
- personnel shortage in the field;
- remoteness of some settlements;
- lack of necessary medical equipment in hospitals;
- low sanitary condition of hospitals.

In order to improve the quality of medical care during the period under study in the Karaganda region, areas of functioning of the children's health care system were identified, which received close attention from higher authorities:

- preventive measures (vaccinations, social hygiene, medical supervision);
- treatment at home (outpatient clinic, children's consultations);
- hospital treatment;
- providing medical institutions with the necessary medical equipment.

Thus, in the medical care of children in the Karaganda region in the mid-1950s - mid-1960s. The main thing was to organize systematic monitoring of children and carry out the necessary measures to ensure the correct growth and development of the child. In order to raise a healthy, comprehensively developed generation, a wide network of children's treatment and preventive institutions, preschool institutions, boarding schools , pioneer camps (including sanatoriums) and other institutions was organized.

The enormous importance of the Soviet healthcare model based on the principles of N.A. Semashko was the establishment of a unified state healthcare complex with free education and treatment, public and planned medicine. The principles of Soviet healthcare, thus, contributed to the formation of the medical care system for the population of the Kazakh SSR and laid a huge layer of theoretical, scientific and practical basis that influenced the development and establishment of the national healthcare system of the Republic of Kazakhstan.

References:

1. Komarov Yu.M. O nauchnoj osnove Semashkinskoj modeli zdravoohraneniya // ORGZDRAV: Novosti. Mneniya. Obuchenie. Vestnik VShOUZ. - 2015. - №1 (1). - S. 120-127.

2. Rudenkov I.V. Pervyj sovetskij narkom zdravoohraneniya Nikolaj Semashko - osnovopolozhnik obrazcovoj sistemy medicinskih uchrezhdenij // EiKG. - 2015. - №2 (114).- S. 119-123.

3. Bajzhienova Қ.T. Dokumenty i materialy fondov zdravoohraneniya kak istoricheskij istochnik // Vestnik Karagandinskogo universiteta. Seriya «Istoriya». - 2020. - № 1(97). - S. 51-56.

4. Davydova T.V. Reformirovanie sovetskogo zdravoohraneniya v poslevoennye gody: istoricheskij analiz // Vestnik TGU. Gumanitarnye nauki. Social'naya istoriya Rossii. - 2015. - № 8 (148). - S. 164-170.

5. Astryuhina I.I., Kazanceva A.V., Skoromec N.M. Stanovlenie sovetskoj sistemy zdravoohraneniya // Materialy VI Vserossijskoj nauchno-prakticheskoj konferencii «Ot kachestva medicinskogo obrazovaniya – k kachestvu medicinskoj pomoshchi». – Ekaterinburg, 2017. - S.48-55.

6. Zhakupova K. Istoriya mediciny Kazahstana po arhivnym dokumentam (1920-1930 gg.) // Qazaqstan tarihy. URL: https://e-history.kz/ru/news/show/6228.

7. Galina G.F. Razvitie sovetskoj sistemy zdravoohraneniya v Kazahskoj SSR v 1920-1940-e gg. // Gasyrlar avazy – Ekho vekov. - 2022. - № 1. - S. 14-22.

8. Kozlova Zh. Pervye vrachi Karagandy // Industrial'naya Karaganda - Karagandy, 2014. - № 12/13. - S. 3.

9. Bajzhienova K.T., Omarova B.K., Kalmenova B.T. Istoriya razvitiya zdravoohraneniya v nezavisimom Kazahstane // Vestnik Karagandinskogo universiteta. Seriya «Istoriya. Filosofiya». – 2023. - № 1(109). - S. 49-55.

10. Bajzhienova K.T., Ahmetshina G.U., Omarova B.K., Kamzaev B.K. Etapy istoricheskogo razvitiya sistemy zdravoohraneniya v Kazahstane: problemy i perspektivy // Vestnik Karagandinskogo universiteta. Seriya «Istoriya. Filosofiya». - 2024. - № 29,1(113) - S.32-39.

11. Akanov A.A., Kamaliev M.A. Sistema zdravoohraneniya Respubliki Kazahstan: sovremennoe sostoyanie, problemy, perspektivy. // Social'nye aspekty zdorov'ya naseleniya. Elektronnyj nauchnyj zhurnal. - 2010. - №3 (15). URL: http://vestnik.mednet.ru/content/view/215/30/lang,ru/

12. Hisamutdinova R.R., Muhambetgalieva A.K. Razvitie sistemy ohrany zdorov'ya sovetskih zhenshchin i detej v 1946—1953-h gg. (po materialam Aktyubinskoj oblasti) // Vestnik Orenburgskogo gosudarstvennogo pedagogicheskogo universiteta. Elektronnyj nauchnyj zhurnal. – 2020. - № 2 (34). - S. 204-216.

13. Bekmagambetova M. «Zdorovye deti - zdorovoe budushchee». Ohrana materinstva i detstva v pozdnesovetskom kazahstane (na primere Kostanajskoj oblasti). // Vestnik KazNPU im. Abaya. Seriya «Istoricheskie i social'no-politicheskie nauki». T.4. - 2022. - № 71. DOI: 10.51889/2021-4.1728-5461.02.

14. Alshykenova A.T., Musabalina G.T. Istoriya sistemy detskogo zdravoohraneniya v yuzhnom regione // Vestnik Evrazijskogo nacional'nogo universiteta im. L.N. Gumileva. Seriya: Istoricheskie nauki. Filosofiya. Religiovedenie. - 2023. - № 2(143). - S. 18-32. – DOI 10.32523/2616-7255-2023-143-2-18-32. – EDN BQCUUR.

15. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 664. Op. 1. D. 23.

16. Bol'shaya Medicinskaya Enciklopediya (BME), pod red. Petrovskogo B.V. – M.: EKSMO, 2015. – s. 880.

17. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 664. Op. 1. D. 24.

18. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 664. Op. 1. D. 27.

19. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 1188. Op 1. D. 129.

20. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 567. Op. D. 116.

21. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 653. Op. D. 28.

22. Gosudarstvennyj arhiv Karagandinskoj oblasti. F. 664. Op. 1. D. 30.

Список использованной литературы:

1. Комаров Ю.М. О научной основе Семашкинской модели здравоохранения // ОРГЗДРАВ: Новости. Мнения. Обучение. Вестник ВШОУЗ. - 2015. - №1 (1). - С. 120-127.

2. Руденков И.В. Первый советский нарком здравоохранения Николай Семашко – основоположник образцовой системы медицинских учреждений // ЭиКГ. - 2015. - №2 (114). - С. 119-123.

3. Байжиенова К.Т. Документы и материалы фондов здравоохранения как исторический источник // Вестник Карагандинского университета. Серия «История». - 2020. - № 1(97). - С. 51-56.

4. Давыдова Т.В. Реформирование советского здравоохранения в послевоенные годы: исторический анализ // Вестник ТГУ. Гуманитарные науки. Социальная история России. - 2015. - № 8 (148). - С. 164-170.

5. Астрюхина И.И., Казанцева А.В., Скоромец Н.М. Становление советской системы здравоохранения // Материалы VI Всероссийской научно-практической конференции «От качества медицинского образования – к качеству медицинской помощи». – Екатеринбург, 2017. - С.48-55.

6. Жакупова К. История медицины Казахстана по архивным документам (1920-1930 гг.) // Qazaqstan tarihy. URL: https://e-history.kz/ru/news/show/6228.

7. Галина Г.Ф. Развитие советской системы здравоохранения в Казахской ССР в 1920-1940-е гг. // Гасырлар авазы – Эхо веков. - 2022. - № 1. - С. 14-22.

8. Козлова Ж. Первые врачи Караганды // Индустриальная Караганда - Караганды, 2014. - № 12/13. - С. 3.

9. Байжиенова К.Т., Омарова Б.К., Калменова Б.Т. История развития здравоохранения в независимом Казахстане // Вестник Карагандинского университета. Серия «История. Философия». – 2023. - № 1(109). - С. 49-55.

10. Байжиенова К.Т., Ахметшина Г.У., Омарова Б.К., Камзаев Б.К. Этапы исторического развития системы здравоохранения в Казахстане: проблемы и перспективы // Вестник Карагандинского университета. Серия «История. Философия». - 2024. - № 29,1(113) - С.32-39.

11. Аканов А.А., Камалиев М.А. Система здравоохранения Республики Казахстан: современное состояние, проблемы, перспективы. // Социальные аспекты здоровья населения. Электронный научный журнал. - 2010. - №3 (15). URL: http://vestnik.mednet.ru/content/view/215/30/lang,ru/

12. Хисамутдинова Р.Р., Мухамбетгалиева А.К. Развитие системы охраны здоровья советских женщин и детей в 1946—1953-х гг. (по материалам Актюбинской области) // Вестник Оренбургского государственного педагогического университета. Электронный научный журнал. – 2020. - № 2 (34). - С. 204-216.

13. Бекмагамбетова М. «Здоровые дети - здоровое будущее». Охрана материнства и детства в позднесоветском казахстане (на примере Костанайской области). // Вестник КазНПУ им. Абая. Серия «Исторические и социально-политические науки». Т.4. - 2022. - № 71. DOI: 10.51889/2021-4.1728-5461.02.

14. Алшыкенова А.Т., Мусабалина Г.Т. История системы детского здравоохранения в южном регионе // Вестник Евразийского национального университета им. Л.Н. Гумилева. Серия: Исторические науки. Философия. Религиоведение. - 2023. - № 2(143). - С. 18-32. – DOI 10.32523/2616-7255-2023-143-2-18-32. – EDN BQCUUR.

15. Государственный архив Карагандинской области. Ф. 664. Оп. 1. Д. 23.

16. Большая Медицинская Энциклопедия (БМЭ), под ред. Петровского Б.В. – М.: ЭКСМО, 2015. – с. 880.

17. Государственный архив Карагандинской области. Ф. 664. Оп. 1. Д. 24.

18. Государственный архив Карагандинской области. Ф. 664. Оп. 1. Д. 27.

19. Государственный архив Карагандинской области. Ф. 1188. Оп 1. Д. 129.

20. Государственный архив Карагандинской области. Ф. 567. Оп. Д. 116.

21. Государственный архив Карагандинской области. Ф. 653. Оп. Д. 28.

22. Государственный архив Карагандинской области. Ф. 664. Оп. 1. Д. 30.