

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

Do not use this space.

**1. PLACE OF DEATH**

47 County Iron  
Township Dust  
City Dust (No.         )

Registration District No. 393  
Primary Registration District No. 5548

File No. 8265  
Registered No. 5

**2. FULL NAME**

Alta Fay Trolinger  
(a) Residence. No.          St.          Ward.           
(Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)         

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>19</u>	<u>        </u>	<u>        </u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work           
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Goodland  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Trolinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)           
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Edith Lakue

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)           
(STATE OR COUNTRY) Missouri

14. INFORMANT J. R. Lakue  
(Address) Goodland, Mo.

15. FILED Apr 18, 1932 Belle Cippin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 27<sup>th</sup>, 1932, to Mar 29, 1932, that I last saw her alive on Mar 29, 1932, and that death occurred, on the date stated above, at 2.20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza complicated with acute inflammation of nasal passage IIB  
(duration) 1 1/2 yrs. 07 mos. 04 ds.  
CONTRIBUTORY (SECONDARY) IIB  
(duration)          yrs.          mos.          ds.

18. WHERE WAS DISEASE CONTRACTED           
IF NOT AT PLACE OF DEATH         

19. DID AN OPERATION PRECEDE DEATH? No DATE OF         

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. R. Adams M. D.  
, 19          (Address) Goodland, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Goodland Mo. DATE OF BURIAL Mar 30 1932

20. UNDERTAKER J. M. Adams ADDRESS Goodland, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 28 1932

