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 15 1936

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

Do not use this space.

9321

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001 — File No.
City St. Joseph, (No. St. Joseph,s Hospital St. Ward) — Registered No. 324

2. FULL NAME Albert H Bodtke
(a) Residence, No. III4 South 20th Str St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August. 28. 1876.
7. AGE: YEARS 59 — MONTHS 4 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Draftsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Engineer
10. Date deceased last worked at this occupation (month and year): Feb. 1936.
11. Total time (years) spent in this occupation: 25 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kalbude Germany

FATHER
13. NAME: Edward Bodtke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Alvina Dumke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Frieda Bodtke Mo. 1114 South 20th. Str. St. Joseph
18. BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemetery
PLACE St. Joseph Mo. DATE March 4 1936
19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str. St. Joseph Mo.
20. FILED MAR 3 1936 19 John R. Bender 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936, to March 2, 1936
I last saw him alive on March 2, 1936. Death is said to have occurred on the date stated above, at 7:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/24/36
Influenza Encephalitis	2/29/36

Other contributory causes of importance: 11 [illegible]

Name of operation none Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? No
If so, specify —
(Signed) Gordon D Wright M.D., M. D.
(Address) 845 So 19 St. St. Joseph, Mo