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.

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

Do not use this space.

2719

FEB 24 1936

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 9

(No. , St. Ward)

2. FULL NAME August Droste

(a) Residence, No. St. Louis 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St. Louis Mo.

FATHER
13. NAME Henry Droste
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME McLaughlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 1-17-36 19

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) St. Louis, Mo.

20. FILED Jan 18 1936 W. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15- 19 36

22. I HEREBY CERTIFY, That I attended deceased from 7-5-32, 19, to 1-15- 36, 19
I last saw him alive on 1-16-36, 19 Death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Marked Advanced Pulmonary Tuberculosis with Cavity formation	Unknown
Other contributory causes of importance: Pre Senile Psychosis	4 yrs

Name of operation No Date of No
What test confirmed diagnosis? Clin-Lab-X-Ray 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? None
(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) G. Tivis Graves Jr. M. D.
(Address) Farmington, Mo.