

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

Do not use this space.

DECEASED MAR 24 1938

**1. PLACE OF DEATH**

County Greene

Registration District No. 315

Township 5 Campbell

Primary Registration District No. 5440

City Springfield (No. 1 Central Hospital)

File No. 6831

Registered No. 160

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** POPOFF, Peter 110

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ Bulgaria  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? 17 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**

-

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

9-13-1900

**7. AGE**

37

5 MONTHS

6 DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.

Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Marine Corps

10. Date deceased last worked at this occupation (month and year) 1-11-35

11. Total time (years) spent in this occupation 14 yrs.

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Sefia, Bulgaria

**FATHER**

**13. NAME**

Petko Popoff

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Bulgaria

**MOTHER**

**15. MAIDEN NAME**

Dorothy (?) Popoff

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Bulgaria

**17. INFORMANT (ADDRESS)**

Deceased

**18. BURIAL, CREMATION, OR REMOVAL**

Springfield, Mo DATE 2-21-38

**19. UNDERTAKER (ADDRESS)**

Alma Lohmeyer Funeral Home  
Springfield, Mo

**20. FILED**

Feb 21, 1938 Charles George Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb. 19, 1938 19

**22. I HEREBY CERTIFY, That I attended deceased from** Aug. 29, 1937 19 to Feb. 19, 1938 19

I last saw him alive on Feb. 19, 1938 19 Death is said to have occurred on the date stated above, at 5:44 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, bilateral

Date of onset

1932

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**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) H. Smith, A.A. Surgeon, M.D.

(Address) U.S. Hosp. for Def. Del., Springfield, Mo.

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.

