

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14462

**1. PLACE OF DEATH**

County Randolph  
Township Moberly  
City Moberly

Registration District No. 735  
Primary Registration District No. 3034  
824 W. Coates

File No. \_\_\_\_\_  
Registered No. 78  
St. 4<sup>th</sup> Ward

**2. FULL NAME**

Tyze W. Baker  
(a) Residence, No. 824 W. Coates St., 4<sup>th</sup> 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 Ella Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8<sup>th</sup> 1847

7. AGE      YEARS      MONTHS      DAYS      IF LESS than 1 day,      hrs.      or      min.

80      11      1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Tyze Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ny.

12. MAIDEN NAME OF MOTHER Louis McDaniel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ny.

14. INFORMANT Mrs Ella Baker  
(Address) Moberly Mo

15. FILED 4/12/28 Dr. J. S. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from March 25<sup>th</sup> 1928 to April 9<sup>th</sup> 1928 that I last saw him alive on April 9<sup>th</sup> 1928, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Met  
Carcinoma of the Liver  
(duration)      yrs.      mos.      ds. 12

CONTRIBUTORY (SECONDARY) 44B  
(duration)      yrs.      mos.      ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Anderson M. D.  
4-12-28 (Address) Moberly, 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 Moberly Mo      DATE OF BURIAL 4-12<sup>th</sup> 1928

20. UNDERTAKER Mahon and Son      ADDRESS Moberly 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.

