

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

Do not use this space.

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township ..... Primary Registration District No. 1001  
 City St. Joseph, (No. 2837 Charles) ..... St. ..... Ward .....  
 File No. 3762  
 Registered No. 112

2. FULL NAME James Alexander Laing,  
 (a) Residence, No. 2837 Charles St., ..... Ward. ....  
 (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ella M. Laing,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 13, 1855</b>		
7. AGE YEARS <b>76</b>	MONTHS <b>4</b>	DAYS <b>21</b>
IF LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <b>Merchant,</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Lumber,</b>	
	10. Date deceased last worked at this occupation (month and year) <b>Feb. y. 1932</b>	
11. Total time (years) spent in this occupation. <b>18</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Scarboro, Ontario,</b>		
FATHER	13. NAME <b>John Laing,</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ross Shire, Scotland,</b>	
MOTHER	15. MAIDEN NAME <b>Eliza Smith,</b>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Macduff, Scotland,</b>	
17. INFORMANT (ADDRESS) <b>Mrs. J. A. Laing, 2837 Charles Street.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Jo. Mem. Park</b> DATE <b>Feb. 6th, 1932</b>		
19. UNDERTAKER (ADDRESS) <b>Heaton - Bell &amp; Co. 437 S. 10th St. Funeral Home</b>		
20. FILED <b>FEB 5 1932</b> <b>John R. Bender, Registrar.</b>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 4th, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Febr. 1, 1932 to Febr. 4, 1932**  
 I last saw him alive on **Febr. 4, 1932**. Death is said to have occurred on the date stated above, at **7:40 p.m.**  
 The principal cause of death and related causes of importance were as follows:

<b>Acute Uremic Poisoning</b>	Date of onset <b>1-30-32</b>
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Other contributory causes of importance:  
**Chronic Nephritic and pyramis at atrophy**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Chem.** 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? ..... (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) **William A. Robertson, M. D.**  
 (Address) **6210 1/2 Kang Hill Ave**

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.

RECORDED FEB 21 1932

