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BOOK 129 PAGE 835

SEATTLE KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 40104 — STATE FILE NUMBER 146-8

1. NAME - FIRST, MIDDLE, LAST: JAMES W NICHOLS	2. SEX: M	3. DEATH DATE (MO DAY YR): DEC. 20, 1982		
4. RACE (WHITE, BLACK, AM IND ETC) SPECIFY: WHITE	5. AGE - LAST BIRTHDAY (YRS): 56	6. UNDER 1 YEAR: MOS. DAYS	7. UNDER 1 DAY: HOURS MINS.	8. BIRTHDATE (MO DAY YR): August 21,1926
9. COUNTY OF DEATH: KING				
10. CITY TOWN OR LOCATION OF DEATH: SEATTLE	11. PLACE OF DEATH - (X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 7 ☐ OTHER PLACE: VETERANS ADMINISTRATION MEDICAL CENTER			12. RECEIVED EMERGENCY CARE AMBULANCE, FIRST TR. PARAMED: NO YES/NO
13. BORN STATE (IF NOT IN USA GIVE COUNTRY): ALASKA	14. CITIZEN OF WHAT COUNTRY: U.S.A.	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: DIVORCED	16. SPOUSE (IF WIFE GIVE MAIDEN NAME):	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): YES
18. SOCIAL SECURITY NO: 574 07 2005	19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): COMMERCIAL FISHERMAN		20. KIND OF BUSINESS OR INDUSTRY: COMMERCIAL FISHING	
21. RESIDENCE - NUMBER AND STREET: 2201 3RD AVENUE	22. CITY/TOWN, OR LOCATION: SEATTLE	23. INSIDE CITY LIMITS? (YES/NO): YES	24. COUNTY: KING	25. STATE: WASHINGTON
26. FATHER - NAME, FIRST, MIDDLE, LAST: JAMES HENDERSON NICHOLS		27. MOTHER - MAIDEN NAME, FIRST, MIDDLE, LAST: ORA SPIGER		
28. INFORMANT - NAME: JIM NICHOLS	29. MAILING ADDRESS - STREET OR RFD NO.: 2201 3rd AVE #1502	CITY OR TOWN: SEATTLE,	STATE: WASHINGTON	ZIP
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): CREMATION	31. DATE (MO DAY YR): 12-22-1982	32. CEMETERY/CREMATORY - NAME: ARTHUR A WRIGHT CREMATORY	33. LOCATION - CITY/TOWN, STATE: SEATTLE, WASHINGTON	
34. FUNERAL DIRECTOR SIGNATURE: [signature]	35. NAME OF FACILITY: ARTHUR A. WRIGHT FUNERAL HOME	36. ADDRESS OF FACILITY: 520 W RAYE, SEATTLE, WASH		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X [signature] M.D.
36. DATE SIGNED (MO DAY YR): DECEMBER 21, 1982
39. HOUR OF DEATH (24 HRS): 1130
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
42. DATE SIGNED (MO DAY YR):
43. HOUR OF DEATH (24 HRS):
44. PRONOUNCED DEAD (MO DAY YR):
45. HOUR PRONOUNCED DEAD (24 HRS):

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): R. DAVIDSON M.D. VAMC, 4435 BEACON AVENUE SOUTH, SEATTLE, WASHINGTON 98108

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C).)
(A) ACIDOSIS, RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(B) CHRONIC RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(C) DIABETES — INTERVAL BETWEEN ONSET AND DEATH: YEARS

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.
49. AUTOPSY? (YES/NO): NO
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): NO

51. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (SPECIFY):
52. INJURY DATE (MO DAY YR):
53. HOUR OF INJURY (24 HRS):
54. DESCRIBE HOW INJURY OCCURRED:
55. INJURY AT WORK? (YES/NO):
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY):
57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:

58. REGISTRAR SIGNATURE: X [signature] NO19
58. DATE RECEIVED (MO DAY YR): DEC 23 1982

Registered
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Indirect
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Mailed

I HEREBY CERTIFY: That the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

DEC 29 1982

By

Seattle, Wash.

CS 13.30.78 "Disclaimer"

Not a certified copy unless raised seal of the Health Department and original countersignature appear hereon.