

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

	3116 LOCAL FILE NUMBER				
DECEASED	1 NAME FIRST MIDDLE LAST GEORGE T. TOKUDA	2 SEX M	3 DEATH DATE (MO DAY YR) Apr. 5, 1985	146-8 STATE FILE NUMBER	
	4 RACE (WHITE BLACK AM IND ETC (SPECIFY)) Japanese	5 AGE LAST BIRTH DAY (YRS) 72	6 UNDER 1 YEAR MOS 	7 UNDER 1 DAY HOURS MINS 	8 BIRTHDATE (MO DAY YR) May 29, 1912
	9 COUNTY OF DEATH King	10 CITY TOWN OR LOCATION OF DEATH Seattle		11 PLACE OF DEATH <input checked="" type="checkbox"/> HOME <input type="checkbox"/> INTRANSPORT <input type="checkbox"/> EMERG RM OUT PIN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 	12 RECEIVED EMERGENCY CARE AMBULANCE FIRETR PARAMED? No YES/NO
	13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Washington	14 CITIZEN OF WHAT COUNTRY USA	15 MARRIED NEVER MARRIED WIDOWED DIVORCED Married	16 SPOUSE (IF WIFE GIVE MAIDEN NAME) Tama Inouye	17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No
	18 SOCIAL SECURITY NO 	19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Pharmacist	20 KIND OF BUSINESS OR INDUSTRY Own		
	21 RESIDENCE NUMBER AND STREET 	22 CITY/TOWN OR LOCATION King	23 INSIDE CITY LIMITS? (YES/NO) Yes	24 COUNTY Washington	25 STATE Washington
	26 FATHER NAME FIRST MIDDLE LAST Tsunezo Tokuda	27 MOTHER MAIDEN NAME FIRST MIDDLE LAST Sayo Tokuda			
	28 INFORMANT NAME Tama Tokuda	29 MAILING ADDRESS 	STREET OR RFD NO 	CITY OR TOWN 	STATE
	30 BURIAL CREMATION REMOVAL OTHER (SPECIFY) Cremation	31 DATE (MO DAY YR) Apr. 10, 1985	32 CEMETERY/CREMATORY NAME Butterworth's	33 LOCATION CITY/TOWN STATE Seattle, Washington	
	34 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>	35 NAME OF FACILITY Butterworth-Manning-Ashmore Mortuary	36 ADDRESS OF FACILITY 300 East Pine Seattle, WA 98122		
CERTIFIER	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
	37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		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 <i>[Signature]</i>		SIGNATURE AND TITLE X		
	38 DATE SIGNED (MO DAY YR) 4-8-85	39 HOUR OF DEATH (24 HRS) 2130	42 DATE SIGNED (MO DAY YR) 	43 HOUR OF DEATH (24 HRS) 	
	40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Glen K. Kiyonaga, M.D., 2902 Beacon Ave. So., Seattle, WA 98122		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) NJA #928-85				
	47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))		INTERVAL BETWEEN ONSET AND DEATH		
	(A) 	DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
	(B) 	DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
	(C) 	DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
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) Yes		
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 		
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 <i>[Signature]</i>	59 DATE RECEIVED (MO DAY YR) APR 9 1985				

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

By
Seattle, Wash.

APR 11 1985

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

GEORGE'S DEATH CERTIFICATE

CERTIFIED COPY OF DEATH CERTIFICATE

DEPARTMENT OF HEALTH

THE DISTRICT OF COLUMBIA

STATE OF WASHINGTON

CERTIFICATE OF DEATH

1918

1918

[Handwritten signature]

APR 1 1918

DEPT. OF HEALTH

DISTRICT OF COLUMBIA

THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY THE REGISTRAR OF DEATHS