The City of Seattle

Landmarks Preservation Board

Mailing Address: PO Box 94649 Seattle WA 98124-4649
Street Address: 700 5th Ave Suite 1700

Landmark NOMINATION Application

Name: Blackford Hall

Year Built: 1945

Street and Number: 1200 Terry Avenue, Seattle WA 98101

Assessor's File No. 197820-0305

Legal Description: Lots 5 and 8, Block 111, A. A. Denny's Broadway Addition to the City of Seattle, according to the plat thereof, recorded in Vol. 6 of Plats, page 40, in King County, Washington.

Plat Name: Denny's A. A. Broadway Addition **Block:** 111 **Lot:** 5-8

Present Use: Offices and laboratories

Present Owner: Virginia Mason Medical Center
Contact: Elizabeth "Betsy" Braun, Architect, MHA
Director, Planning and Real Estate / Design, Construction & Properties Management
1202 Terry Ave., Room 318A, R3-DCPM
Seattle, WA 98101-2756
Phone: (206) 341-0941
Email: Betsy.Braun@virginiamason.org

Original Owner: Virginia Mason Hospital

Original Use: Nurses' Home

Architect: John Graham Sr., architect

Builder: Unknown

Submitted by: David Peterson Historic Resource Consulting **Date:** October 29, 2020
PO Box #115
Seattle WA 98111
(206) 376-7761 / david@dphrc.com

Reviewed by: **Date:**
(Historic Preservation Officer)

Blackford Hall

Virginia Mason Medical Center

1200 Terry Avenue

Seattle Landmarks Preservation Board

October 29, 2020

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INDEX

I. INTRODUCTION

This report documents Blackford Hall, a three-story reinforced concrete and brick structure which was constructed in 1945 to serve as a dormitory and classroom building for the Virginia Mason Hospital School of Nursing. In later decades it was used as a research center and offices.

This report was researched and written by David Peterson at the request of Virginia Mason Medical Center, the owner of the property, in order to ascertain its historic nature prior to future redevelopment. Unless noted otherwise, all images are by the author and date from October 2019. Sources used in this report include:

- Copies of the original drawing set and historic building permits, on file at the Seattle Department of Construction and Inspections (SDCI) microfilm library; and current drawings held by the owner.
- Newspaper, book, city directories, and maps referencing the property (see bibliography).
- Author's on-site photographs and building review.
- Historic photographs of the subject property to assess changes to the exterior to the building, including 1947 King County tax assessor photos.
- King County current and historic tax records; the former accessed online, and the latter obtained from the Puget Sound Regional Archives at Bellevue College in Bellevue, Washington.
- Historic photos, news articles, and other material from the Virginia Mason Medical Center Archives with assistance and guidance of Jennifer Spamer, the Archivist.

II. BUILDING INFORMATION

Name (historic/current):	Blackford Hall
Year Built:	1945
Street & Number:	1200 Terry Avenue
Assessor's File No.:	197820-0305
Original/Present Owner:	Virginia Mason Medical Center
	Contact: Elizabeth "Betsy" Braun, Architect, MHA Director, Planning and Real Estate Design, Construction & Properties Management 1202 Terry Ave., Room 318A, R3-DCPM Seattle, WA 98101-2756 Phone: (206) 341-0941 Email: Betsy.Braun@virginiamason.org
Original Use:	Nurses' Home
Present Use:	Offices and laboratories
Original Designer:	John Graham Sr.
Original Builder:	Unknown
Plat/Block/Lot:	Plat: Denny's A. A. Broadway Addition / Block: 111 / Lots: 5 and 8
Legal Description:	Lots 5 and 8, Block 111, A. A. Denny's Broadway Addition to the City of Seattle, according to the plat thereof, recorded in Vol. 6 of Plats, page 40, in King County, Washington.

III. ARCHITECTURAL DESCRIPTION

A. Neighborhood context

The subject site is located at the northeast corner of Terry Avenue and Seneca Street in the First Hill neighborhood (for purposes of this report, Terry Avenue will be considered oriented north-south, and Seneca Street east-west). First Hill is one of Seattle's earliest residential areas to develop, and is now dominated by hospitals, large apartment buildings, and institutions. It is also one of the city's smallest neighborhoods, bounded approximately by the I-5 highway on the west, James Street on the south, E Pike Street on the north, and 12th Avenue on the east.[1] ***[See Figs. 1-5 for current maps and aerial photos]***

The subject property is part of the Virginia Mason Medical Center, which extends one to two blocks to the south and west. Boren Avenue, a busy arterial, is located a half-block to the east.

To the north of the subject property, sharing a property line, is a four-story brick U-shaped building constructed in 1925 as an apartment building called the Cassel Crag. Since 1971, it has been owned by Virginia Mason Medical Center and is today used as offices.

To the east, sharing a property line, is the John Winthrop Apartments. The 28,000 square foot, four-story, unreinforced brick building has 79 units and was constructed in 1925.

South of the subject property, across Seneca Street, is the Central Pavilion of the Virginia Mason Hospital. This fourteen-story, 198,000 square foot reinforced concrete tower was constructed in phases in the 1960s and partly occupies the vacated Terry Avenue right of way between Seneca and Spring Streets. Immediately west and connected to it is the original Virginia Mason Hospital building, situated along what was originally the open Terry Avenue right of way. The original brick and terra cotta building was constructed in 1920 at the corner of Spring Street and Terry Avenue, and then extended northward to Seneca Street (this portion still visible from the subject site) in later additions.

West of Blackford Hall, across Terry Avenue, is the Virginia Mason's Lindeman Pavilion, a nine-story reinforced concrete medical office building constructed in 1988 on part of the former Doctor's Hospital which was constructed in 1943. The remainder of that 1943 building fills the rest of the block, and is known as the Virginia Mason Health Resources Building.

There are several designated Seattle landmarks within a few blocks of the site, including:

- The Sorrento Hotel (Harlan Thomas, 1909) at Terry Avenue and Madison Street;
- The Baroness Apartment Hotel (Schack & Young, 1931) at Terry Avenue and Spring Street;
- Fourth Church of Christ, Scientist/Town Hall Seattle (George Foote Dunham, 1916) at 8th Avenue and Seneca Street;
- Dearborn House (Henry Dozier, 1905) at Minor Avenue and Seneca Street, the headquarters of Historic Seattle;
- Stimson-Green Mansion (Cutter & Malmgren, 1900) also at Minor and Seneca; the historic home of C. D. and Harriet Stimson, Laura and Joshua Green, and now headquarters of the Washington Trust for Historic Preservation.

For city planning purposes, the subject parcel is zoned MIO-240-HR (Major Institution Overlay-240-Highrise), and is located in the First Hill/Capitol Hill Urban Center urban village overlay.

[1] Some surveys place the eastern border at Broadway and Boren where they meet at Alder Street, retaining the Swedish Hospital campus in First Hill but separating the Seattle University campus from it, thus creating a much smaller neighborhood. Some surveys consider Yesler Avenue as the southern boundary, rather than James Street. The 1975 Steinbrueck/Nyberg historic survey placed the boundaries at Pike Street on the north, 15th Avenue on the east, and Dearborn Avenue on the south.

In the 1975 building inventory of the First Hill neighborhood by Victor Steinbrueck and Folke Nyberg (part of their citywide inventory project), the subject building was not identified as a building of significance either to the neighborhood or to the city. The property is not included in the Seattle Department of Neighborhoods Historical Sites Database.

B. Blackford Hall site and building description

The subject site is located at the northeast corner of Terry Avenue and Seneca Street in the First Hill neighborhood. The parcel measures approximately 120 by 128 feet, with a grade sloping downward approximately 22 feet from the southeast to northwest property corner. There are two structures on the parcel—Blackford Hall, built in the 1940s and the subject of this report, and the MRI Building, which was built next to Blackford Hall in 1987. ***[See Figs. 6-33 for current photos of the buildings]***

Blackford Hall is a Modern-style building designed by John Graham Sr. in 1944 and constructed in 1945.[2] It originally served as nurses' housing and classrooms for the Virginia Mason School of Nursing; the residential uses were on the upper floors and the basement level held teaching spaces. In the late 1950s the building was repurposed for offices and medical research purposes; it remains in use as office space today.

Blackford Hall is three stories in height, configured as two full stories over a basement which is daylighted on the west side and below grade at the east side due to the grade (therefore, the west or Terry Avenue facade appears to be three stories, but will be referred to as the basement, first floor, and second floor). The structural system is reinforced concrete frame with brick and tile infill walls, on a concrete foundation.[3] The roof is flat with a low parapet.

The building is organized into an asymmetrical T-shaped plan, measuring 120 feet by 128 feet overall, oriented with the top of the "T" along Terry Avenue. This layout originally created a landscaped courtyard open to Seneca Street at the first floor of the building, separated from Seneca Street by a brick privacy wall. The courtyard dimensions were approximately 89 feet by 56 feet, and it was simply landscaped with lawn, trees, and foundation shrubs, for the benefit of the nurses' quarters on the first and second floors which originally overlooked it. In 1987, the one-story MRI Building was constructed in the courtyard, largely filling it, which required the removal of the brick privacy wall. (See below for more information about the MRI Building).

Blackford Hall presents a crisp, boxy appearance when viewed from the west (Terry Avenue). The facade features two upper stories in rug brick which are organized into ten window bays, supported by a basement level concrete plinth. The brick is laid in a running bond with flush mortar joints, and is painted a uniform buff color. (Historic photos show bricks were originally a random mix of dark and light hues, which created a more contrasting appearance to the first floor). Upper floor windows are punched openings in a regular grid across the ten bays; the first floor windows are rectangular and vertically oriented, while the second floor windows are smaller and nearly square. All upper floor windows feature cast stone sills and soldier course brick headers. At the top of the facade, the parapet is capped by a simple, slightly projecting two-part cast stone cornice which creates a strong horizontal shadow line.

The west facade basement exterior of the building is concrete, finished with a parge coat painted an off-white color. The main entry to the basement level is located off-center on the west facade, at the seventh bay from the north. Flanking the entry is decorative vertical reeding cast into the concrete walls. The

[2] Tax records record the building's completion as 1946, but other evidence shows that it was occupied by the end of 1945.
[3] King County historic tax records state that the building is frame construction with brick veneer, but photos in the collection of Virginia Mason Archives of the construction of the building clearly show concrete frame with masonry infill walls.

entry leads to a foyer and stairwell. When originally constructed, this entry provided access to the classrooms, meeting rooms, and offices for the instruction of nurses, which occupied the basement level.

Between the basement and first floor is a concrete marquee projecting over the sidewalk, which spans the width of the facade, only interrupted at the eighth window bay where the marquee turns vertically and extends above the parapet to wrap the stair roof penthouse. The tower-like nature of this hooded window bay is further emphasized by three small punched-opening windows (lighting interior stairwell landings) linked vertically by raised concrete spandrel panels and unified by a raised flat concrete frame. The line of the concrete marquee between the basement and first floor is continued around the north and south facades by a cast stone tripartite reeded band.

Fenestration at the basement level of the west facade consists of a band of windows to the north of the main entry, separated by narrow concrete piers, which directly engage the bottom of the concrete marquee. These windows do not closely adhere to the bay structure of the windows on the upper floors. The windows share a continuously level projecting concrete sill, but are set on a concrete bulkhead which increases in height as the sidewalk grade drops to the north. Similar windows wrap the southwest building corner, but with a higher sill height due to the grade. The band of windows north of the main entry is interrupted by a narrow recessed secondary building entry, which occurs below the third window bay of the upper levels.

Fenestration on the rear and side facades of Blackford Hall continue the pattern of punched-opening windows on a grid pattern, and most are dimensionally the same as the west facade's second floor windows.

Almost all of the windows in the building retain original steel sash and frames. The typical window features six lites, with two tall upper casements flanking a wider fixed lite, over three smaller lites of which the center has a hopper-style operation and the flanking lites are fixed.

Before the construction of the MRI Building, the garden courtyard along the southeast side of Blackford Hall served as an amenity to the residential component (nurses' quarters) of the building, which occupied the first and second stories. These upper stories are directly accessed through the former courtyard by concrete steps from the Seneca Street sidewalk, which lead to a projecting one-and-a-half story flat-roofed porch. The porch spans four window bays and is supported by five slender concrete piers. At the first two southernmost bays are double doors leading to a large end room with windows on three sides, which originally functioned as a residential common lounge.[4] Farther north along the exterior porch is the main building entry at this floor, leading to a foyer. The entry is heavily glazed, with sidelights and a high transom, and features an ornamental arrangement of heavy muntins and shaped lites.

Due to the use of the building since the late 1950s for research and office purposes, rather than as nurses' quarters, a large amount of mechanical and ventilation equipment has been installed at various locations over the years. Some of this equipment can be found on the north side of the building, in the space adjacent to the Cassel Crag building to the north, on the roof of an above-ground basement-level addition which was constructed as part of work to enlarge the basement in 1971. Mechanical and ventilation equipment can also be found on the south side of Blackford Hall, next to the MRI Building, and on Blackford Hall's roof.

On the east side of Blackford Hall and the MRI Building, next to the adjacent John Winthrop apartment building, there is a concrete walk leading to a rear exit and stairwell at the far east end of Blackford Hall.

The interior of Blackford Hall has been altered repeatedly, beginning in the 1960s to adapt spaces for office and research use, with later renovations in piecemeal fashion on all floors as required. The most significant alteration was at the basement level. When originally constructed, the basement extended only

[4] Listed on the original architectural drawings as a "Living Room."

halfway eastward under the first floor; the easternmost portion of the basement level was simply unexcavated space under the first floor. In 1971, this section was excavated and the basement enlarged to the full floor dimensions, as well as a small separately-roofed basement level addition on the north.

At present, floors are typically arranged as offices or small laboratories along double-loaded corridors, interspersed with larger spaces such as conference rooms. Original finishes are not recorded in historic tax records. Finishes vary by location—floors include hardwood, carpet, terrazzo, painted concrete, and resilient flooring; walls are painted gypsum wallboard and plaster; ceilings are drop acoustic systems throughout.

Interior features which date from the original construction are few, but include a black marble fireplace surround and hearth located in the large room at the south end of the first floor.[5] This room had originally been intended for use as a lounge or living room for the nurses who resided in the building. Another interior space likely dating to original construction is the stairwell at the building's west facade, which retains heavy pipe handrails and terrazzo flooring.

C. MRI Building

The MRI Building shares the same tax parcel with Blackford Hall. Its main entrance is located mid-block on Seneca Street between Boren and Terry Avenues. The MRI Building's north wall is located within nine inches of Blackford Hall's exterior wall, but they are not connected on the interior or exterior (except by flashing to enclose the narrow space between them). The building was designed in 1986 by Naramore, Bain, Brady & Johanson (NBBJ), and was constructed in 1987.

"MRI" is an acronym for "magnetic resonance imaging," a medical diagnostic technique which uses a magnetic field to create computerized images of parts of a patient's body. According to a news article at the time of its construction, the MRI Building was sited at that location because it was the only space on the Virginia Mason campus available which adequately met the MRI equipment's unusual housing requirements—the huge, powerful magnet and shield required a separate building with 13 foot ceilings, and a ground floor location was required to accommodate the tremendous weight of the equipment.[6] The substantial mass of the building is designed to block interference from outside sources and to contain the magnetic field.

The MRI Building is a one-story, flat-roofed steel and reinforced concrete structure, rectangular in plan, measuring approximately 51 by 55 feet, and built directly against the sidewalk. The exterior is finished with painted stucco, and the front (south) facade is characterized by a steel-tube and sandblasted glass band of windows separating the interior lobby from the sidewalk. The interior is simple, consisting primarily of a lobby/waiting room, office, the MRI scan room, a large equipment room, and support spaces. Interior finishes are typically carpet or vinyl tile flooring, gypsum wallboard walls, and wallboard or acoustical tile dropped ceilings. There have been no significant alterations to the MRI Building since its construction.

D. Summary of Blackford Hall primary alterations

Historic tax assessor photographs, some architectural drawings, and the building permit record provide information regarding alterations to the building. The exterior of Blackford Hall is largely intact, but the building's setting and relationship to its context was significantly altered with the construction of the MRI Building in 1987.

[5] Likely Italian Potoro marble, jet black with yellow and white veins.
[6] "MRI Construction begins," *Pulse* newsletter, August 1987, p. 3.

Below are the major permitted alterations to the property (those valued more than $1,000) prior to that time:

Permit	Date	Est. Cost	Comments on permit
364588	1944	$150,000	Build
503164	1963	$1,000	Alter existing building
511198	1965	$2,000	Alter portion of nurses residence
524570	1967	$5,000	Alter portion of 2nd floor of building
536614	1970	$10,000	Alter portion of basement (Occupancy: Nurses home/lab area)
539161	1971	$25,000	Construct basement under existing building
540534	1971	$25,000	Occupy basement being constructed under No. 530161 [sic] as animal quarters & research lab
545189	1972	$3,500	Install partition in room 315 of existing building per plans
548904	1973	$3,000	Install air conditioning & duct work 1st floor existing building

As previously described, the most significant work was the enlargement of the basement in 1971. The designer of that work was Thompson, Miller & Lyons, Engineers.

A visual inspection of the property reveals the additional alterations to the building:

- Non-original windows at a few locations, including two at the west facade south end of the second story; and one at the west facade south end third story. There are several locations on all facades where a lite of an original window has been removed and replaced with a mechanical louver or vent.
- The original multi-hued brick cladding has been painted a uniform color.
- As previously described, the interior has been repeatedly altered as needed over time.

IV. HISTORICAL CONTEXT

A. The development of the First Hill neighborhood

First Hill is one of Seattle's oldest neighborhoods, developing early in the city's history due to its close proximity to the city's original downtown core which was centered around Pioneer Square. In the late 1850s, the hillside rising to the east above the young settlement of Seattle was heavily forested and was called Yesler's Hill, because pioneer Henry Yesler cleared the timber for his saw mill at the foot of what is now Yesler Way.[7] Later entrepreneurs found freshwater springs on the hill which were developed as an early private utility in the 1870s. ***[See Figs. 37-47 for historic images of the neighborhood]***

Between 1880 and 1900, Seattle's population grew dramatically, from approximately 3,500 people to 80,600. During this period, the northern part of Yesler's Hill began to be developed as a fashionable neighborhood convenient to downtown, and was referred to as "First Hill." Wealthy and prominent Seattle families began to build mansions on the hilltop and slopes to take advantage of views of the Olympic Mountains and Puget Sound. More modest homes and duplexes developed south of the neighborhood, between E Jefferson Street and Yesler Way. The First Hill neighborhood was also one of the earliest areas served by streetcar lines, via Yesler Way and James Street. Madison Street sliced through the middle of the neighborhood, connecting downtown to Madison Park. A cable car installed in 1889-1891 along Madison Street helped establish it as a major paved thoroughfare and commercial spine in later years.[8]

The neighborhood attracted some of the earliest apartment building development in Seattle, including the St. Paul (1901, altered) at Summit Avenue and Seneca Street, which was the first apartment building in the city; the St. Francis (1902) at the southwest corner of 9th and Madison; and the San Marco (Saunders & Lawton, 1905) at the southeast corner of Minor and Spring.

By the early 1910s, prominent residences, civic structures, and institutions had been established on First Hill. Religions institutions included St. Mark's Episcopal Church (1897, demolished), the forerunner of St. Mark's Episcopal Cathedral, at Seneca Street and Harvard Avenue; the huge First Presbyterian Church (1907, demolished) at 7th Avenue and Spring Street, which by 1920 had the largest congregation of its denomination in the country; and First Baptist Church (1912) which remains at Harvard Avenue and Seneca Street. Clubs included the imposing Scottish Rite Cathedral Masonic lodge (c. 1912, demolished) at Broadway and Harvard Avenue; and the Sunset Club (1915) at Boren Avenue and University Street. Two prominent hotels were the Sorrento (Harlan Thomas, 1909) at Terry Avenue and Madison Street; and the Perry (Somervell & Cote, 1906, demolished), nearby at Boren Avenue and Madison. The Frye Art Museum at 704 Terry Avenue began as a private art collection attached to the First Hill mansion of Charles and Emma Frye, which first opened to the public in 1915. Just beyond the south end of the neighborhood was the domed King County Courthouse at 7th Avenue and Terrace Street, which had been a highly visible landmark from its construction in 1890 until its demolition in 1931.

A cluster of Roman Catholic institutions developed at the turn of the 20th century on First Hill. Jesuits established the forerunner of Seattle University with the construction in 1894 of the Garrand Building on the south side of Madison Street at Broadway, which would eventually become a dominant presence in the neighborhood. The Academy of the Holy Name (c. 1900, demolished) nearby at Broadway and Union Street was a school for girls. Between 1905 and 1907, St. James Cathedral was constructed at 9th Avenue and Marion Street to mark the move of the bishopric from Vancouver, Washington, to Seattle in 1903. Eventually, Catholic institutions would cover several blocks, including O'Dea High School which was built in 1923 at Terry Avenue and Marion Street; Columbus/Cabrini Hospital, established in 1916 in the

[7] This section derived primarily from Dorpat, Paul, "Seattle Neighborhoods: First Hill—Thumbnail History," HistoryLink essay 3095, www.historylink.org, March 14, 2001.

[8] "Seattle Neighborhoods: Madison Park – Thumbnail History," HistoryLink.com Essay #2808, by Junius Rochester, November 16, 2000. Horse-drawn streetcars had been introduced in Seattle in 1884, cable cars in 1887, and electric streetcars in 1889. By 1892, Seattle had 48 miles of streetcar lines and 22 miles of cable car lines.

former Perry Hotel at Boren Avenue and Madison Street; a convent; diocesan offices; and support buildings.

By the 1920s, First Hill was transforming into a denser neighborhood. The old prominent families moved to new, more fashionable areas in the city developed after 1900 (such as Capitol Hill, Washington Park, Mt. Baker, Broadmoor, or The Highlands), and the old mansions were subdivided into apartments, or demolished and replaced with apartment buildings. Some mansions remaining to the present day include the Hofius House/Catholic Archbishop's Residence (1902) at the corner of Spring Street and Boren Avenue; and the Dearborn House (Henry Dozier, 1905) and Stimson-Green Mansion (Cutter & Malmgren, 1900), both at the corner of Minor Avenue and Seneca Street.

However, most single family homes were removed as apartment house construction intensified between 1910 and 1930. Apartment buildings varied in size from three-story walk-ups to elevator buildings of more than ten stories, and appealed to different renter markets. Some were tall, prominent luxury buildings with large units, such as the 12-story Marlborough House (1928) at 1220 Boren Avenue, the 12-story 1223 Spring Apartments (1929), and the 13-story Gainsborough (1930) at 1017 Minor Avenue, all designed by Seattle architect Earl Morrison. These buildings had only a few apartments per floor, maid's quarters, elaborate common areas, and refined architectural details. Other apartment buildings were geared towards smaller units with modest rents, such as the 10-story Lowell-Emerson (Harry Hudson, 1928) at 8th Avenue and Spring Street, which featured two-room apartments, Murphy wall beds, and efficiency kitchens.[9] Many of the apartment buildings constructed during the 1920s were on or near Boren Avenue, such as the Sovereign (J. Lister Holmes, 1925) at 1317 Boren. The six-story Art Deco style Baroness Apartment Hotel (Schack & Young, 1930-31) was built nearby, at Terry Avenue and Spring Street.

Also during the first decades of the 20th century, First Hill attracted hospital development and the neighborhood began to be closely associated with health care. The earliest was T. T. Minor Hospital (Heins & LaFarge, with Somervell & Cote, 1906) at Harvard Avenue and Spring Street, which operated until 1929 (the building is now owned by First Baptist Church). Swedish Hospital, established around 1910 in the Capitol Hill neighborhood, moved to Summit Avenue and Madison Street around 1911, eventually expanding to over twelve blocks between Madison, Boren Avenue, and Broadway. Virginia Mason Hospital was established in 1920 in a new building on Terry Avenue between Spring and Seneca Streets, and eventually expanded to an urban campus of approximately four blocks. Part of that expansion was the incorporation of the former Doctor's Hospital, which had been established in the 1940s at 9th Avenue and University Street. King County's Harborview Hospital was established just south of First Hill in a 15-story tower built in 1931 near the site of the former courthouse.[10]

In the postwar period, First Hill again experienced growth and change. In 1946, Boren Avenue was widened to create a major arterial through the heart of the neighborhood. In the late 1950s and early 1960s, the construction of the Interstate 5 highway created an emphatic western boundary between First Hill and downtown. Buildings located in the route were demolished, and the blocks adjacent to the highway tended to deteriorate due to the noise and increased traffic.

Many of the First Hill hospitals underwent expansions in the 1950s and 1960s, building Modern-style wings to house advanced treatment facilities.[11] Modern-style apartment buildings began to be built on First Hill, such as the 14-story Nettleton (Earl Morrison, 1949-50) at the southwest corner of 9th Avenue and Spring Street, and the 18-story Horizon House (1956, with a 1961 addition) at 9th Avenue and University Street. In 1961, changes in federal mortgage policies and Washington State law allowed

[9] James, pp. 94-95; 125-135.
[10] Kreisman, pp. 161-175.
[11] In 1958, the largest hospital in Seattle was King County Harborview with 480 beds, followed by Swedish (375), Providence (356), the US Public Health Service/Marine Hospital (331), Veterans Administration Hospital (325), the University of Washington Hospital (300), Virginia Mason (217), Doctor's Hospital (187), Seattle General (116), Maynard (100), and Columbus (100). (Bigelow, pp. 58-89).

condominiums for the first time, which led to the conversion of some apartment buildings from rentals to condominium ownership.

In the late 1970s, First Hill was partly reconnected to downtown at University and Seneca Streets by the construction of Freeway Park. In the decades since the 1980s, earlier patterns of growth have continued—expansion of hospitals, construction of condominiums and apartment buildings, and increasing population density of the neighborhood.

B. History of Virginia Mason

Virginia Mason Hospital was established in 1920 by physicians James Tate Mason, a surgeon; John M. Blackford, an internist (for whom the subject building was named); and Maurice F. Dwyer, a radiologist.[12] The three had operated a medical practice together beginning in 1917.

Dr. Mason was the first president of the board of Virginia Mason. His previous experience had been in the public sector, serving as King County coroner from 1913 to 1917, and as head of staff at the King County Hospital from 1917 to 1922. Dr. Blackford came to Seattle in 1917, after working at the Mayo Clinic in Rochester, Minnesota, for six years. Dr. Dwyer had come from Providence Hospital in Seattle.[13] The three wanted to offer a privately owned hospital and an on-site group practice of specialty-trained physicians for the comprehensive care of their patients, patterned after the Mayo Clinic, at a time when group practice was considered controversial and most physicians operated alone.[14] The facilities were initially organized into the Virginia Mason Hospital, and the Mason Clinic, which operated out of the same building.

In 1922, Virginia Mason established a School of Nursing. By providing training to nurses, the hospital secured a stable but inexpensive supply of nursing staff, while also ensuring the quality of the nursing services provided to its patients.[15] In 1925, the hospital began training intern physicians; by 1931, four interns per year were accepted. Some of these interns stayed on as medical residents. In 1938, the hospital established a surgical residency, the oldest active program of its kind in Seattle.

As a private hospital, Virginia Mason suffered during the onset of the Great Depression in the early 1930s, since fewer patients were able to pay their bills. The hospital maintained viability by contracting with regional employers such as Boeing, the Seattle Police Department, and the US Postal Service to supply medical care to their staff—a move considered controversial at the time. In 1934, Virginia Mason transitioned from a for-profit corporation to a non-profit association (the clinic would remain separate as a partnership until the 1980s, when it was restructured as a non-profit).[16]

In the mid-1950s, Virginia Mason leadership began to expand the institution from a "relatively small hospital and specialty clinic" to a regional medical center.[17] This began a decades-long period of growth in buildings and operations. Virginia Mason continued to expand facilities and remain on the forefront of medical care in the region. The institution has been particularly associated with advancements in the fields of obstetrics, diabetes, cancer treatment, and hyperbaric medicine.

In more recent decades, growth has continued. In the 1980s, Virginia Mason began to develop satellite clinics in the Seattle suburbs, either through new construction or through acquisition of existing medical clinics. Statewide relationships grew, with existing hospital systems in eastern Washington and

[12] The hospital was named for Dr. Mason's daughter, Virginia Mason, and also for Dr. Blackford's daughter, Virginia Mason Blackford, who coincidentally shared a similar name.
[13] Kreisman, pp. 167.
[14] Ross, p. 3.
[15] "Virginia Mason History," Virginia Mason Medical Center, www.virginiamason.org.
[16] Ross, p. 78, 89.
[17] Ross, pp. 40-41.

throughout the Pacific Northwest.[18] In 1992, Virginia Mason began overseeing operation of the Bailey-Boushay House, the first skilled nursing and outpatient chronic care management program in the United States designed and built specifically to meet the needs of people with HIV/AIDS.[19]

Today, Virginia Mason Hospital is part of Virginia Mason Medical Center, which is a non-profit subsidiary of the parent company Virginia Mason Health System. Collectively, the Virginia Mason system includes a multispecialty group practice of more than 470 physicians offering primary and specialty care; the Virginia Mason acute care hospital in Seattle, which is licensed for 336 beds and includes one of the region's busiest emergency departments; the 226-bed Virginia Mason Memorial hospital in Yakima; and a network of clinics in the central Puget Sound region and the Yakima area. (Virginia Mason's main campus in the First Hill neighborhood of Seattle is referred to as Virginia Mason Hospital and Seattle Medical Center.)

Virginia Mason also includes the Benaroya Research Institute (previously known as the Virginia Mason Research Center), which seeks new treatments for autoimmune diseases like type 1 diabetes, rheumatoid arthritis, multiple sclerosis and lupus; the Bailey-Boushay House, which serves patients with HIV/AIDS and those who need end-of-life care for cancer, Huntington's disease, ALS and other conditions; the Virginia Mason Foundation, the fund-raising division of the health system; and the Virginia Mason Institute, which provides education, training and executive coaching to other organizations and health care providers.

C. The development of the Virginia Mason campus

The original Virginia Mason facility was an 80-bed five-story brick and terra cotta hospital and clinic building at the northwest corner of Spring Street and Terry Avenue, designed in the Italian Renaissance Revival style by the Seattle architecture firm Bebb & Gould. Completed in 1920, it resembled an apartment block in order to fit into the surrounding residential neighborhood, and in fact was devised to be "readily converted into an apartment house or hotel" in the event that the hospital was unsuccessful.[20] In 1928, an architecturally similar four-story addition extending northward along the block to Seneca Street, designed by Seattle architect John Graham Sr., doubled the size of the facility.[21] This addition was enlarged further in 1945 with the construction of four additional floors.[22] ***[See Figs. 34-36 and 48-55 for historic maps and images of Virginia Mason]***

As Virginia Mason grew, initial expansion of the hospital and clinic facilities occurred on the west side of the hospital towards the mid-block alley, with the construction of Hospital West Addition in 1937. It was further enlarged in 1941 (and again in 1966 and 1977). In 1944-45, the subject building, Blackford Hall, was designed and constructed at the northeast corner of Seneca and Terry, as nurses housing.

Across the alley to the west of the hospital, the rest of the block fronting 9th Avenue between Spring and Seneca Streets as late as 1951 consisted of apartment buildings and a single-family house, as evidenced by the Sanborn map of that year. In 1952-53, the northwest portion of this block was redeveloped with a new five-story 50,000 square foot Modern-style building to house the Mason Clinic, today known as the Buck Pavilion North Clinic. The architect was John Graham & Company of Seattle, with Ellerbe & Company of St. Paul, Minnesota (the designer of many Mayo Clinic buildings), as consulting architect.

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[18] Ross, p. 74.
[19] "Fast Facts," Virginia Mason Medical Center, www.virginiamason.org.
[20] "Virginia Mason Hospital, Inc.," advertisement for bond offering, Seattle Times, April 22, 1920, p. 26. And in fact, the other three street corners of that intersection were filled in the next few years by apartment buildings—the John Alden (1924) at the southwest corner; the Baroness (1931), a Seattle landmark, at the southeast corner; and the Rhododendron (1928) at the northeast corner, now the Inn at Virginia Mason.
[21] "Plans for third unit of hospital are being made," Seattle Times, October 28, 1928, p. 32.
[22] "Virginia Mason adds 4 floors," Seattle Times, May 11, 1945, p. 24.

In the decade of the 1960s, expansion of the physical campus continued. To accommodate increased use of automobiles by patients and staff, Virginia Mason constructed a parking structure on the half-block on the west side of 9th Avenue, between Seneca and Spring Streets. By the beginning of the decade, the block bounded by Spring, Seneca, 9th, and Terry was largely built out by Virginia Mason buildings, so expansion was directed to adjacent blocks. In 1962, a new two-story 53-bed East Wing to enlarge the hospital was constructed to the east, spanning over the Terry Avenue.[23] The new building was to include an underground parking garage, new patient rooms, surgical suites, and a recovery room.[24] Almost immediately, construction of three additional floors on the new wing began, as well a portion of the building at ground level in the Terry Avenue right of way (which had been approved for vacation by the Seattle City Council in 1960).[25] In 1977-78, five stories were added to this wing, and a new four-story building was constructed to fill the hospital's north court on Seneca Street between Terry and 9th Avenues. Both the addition and new building were designed by Naramore, Bain, Brady & Johanson (NBBJ).[26] In 1975-76, the Mason Clinic built a new eight-story structure on the northeast corner of 9th Avenue and Spring Street, today known as the Buck Pavilion South Clinic.

In 1971 and 1972, Virginia Mason purchased three nearby apartment buildings, all five- to seven-story brick structures built in the mid-1920s. They included the Cassel Crag Apartments at the southeast corner of University Street and Terry Avenue; and the Hudson Arms and Northcliffe Apartments, located adjacent to each other on the west side of Boren Avenue between Seneca and Spring Streets.[27]

In 1980, Virginia Mason expanded significantly with the purchase of the former Doctor's Hospital property, which was located across Seneca Street to the north.[28] Doctor's Hospital was housed in a three-story Modern-style building following an E-shaped plan, which filled the entire block bounded by Seneca and University Streets, and 9th and Terry Avenues. The original building was designed by George Wellington Stoddard and constructed in 1943-44; the original entrance on University Street retains bas-relief sculptures by Seattle sculptor Dudley Pratt. A later addition to the building by NBBJ was constructed in 1967.[29]

Construction by Virginia Mason in recent decades has been characterized by new buildings with larger floorplates, rather than piecemeal additions. In 1988-89, the southwest quadrant of the former Doctor's Hospital property was demolished, and the nine-story Lindeman Pavilion North Clinic medical office tower was constructed, with its main entrance across Terry Avenue from the subject building. In 1997-1999, a five-story tower and parking garage was built at the northwest corner of Seneca Street and 9th Avenue to house Virginia Mason's Benaroya Research Institute. In 2008-2011, the Floyd and Delores Jones Pavilion was constructed on the site of the Hudson Arms Apartments (which had been destroyed by fire in 1997), and the Northcliffe Apartments, which was demolished in 2007.

In total, from 1920 to 2014, the Virginia Mason campus expanded with twenty-six additions or new buildings. Virginia Mason Medical Center also owns property not currently occupied by medical facilities, including three former apartment buildings, all purchased in 2005-2006—the Baroness Hotel (James Schack, 1931), a designated Seattle landmark; the Inn at Virginia Mason (John Hudson & HG Hammond, 1928), originally built as the Rhododendron Apartments; and the Chasselton Apartments (John Hudson, 1925). Other properties include two surface parking lots; and nearby retail buildings in the 1000 block of Madison Street. In 2010, Virginia Mason began its most recent master-planning process, which resulted in the publication of its Major Institution Master Plan (MIMP) approved by the City of Seattle in 2014.

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[23] "Virginia Mason History," Virginia Mason Medical Center, https://www.virginiamason.org/virginia-mason-history.
[24] Ross, p. 45.
[25] Vacation Ordinance 89379 to vacate Terry Avenue between Spring and Seneca Streets passed in 1960.
[26] "New work at hospital," Seattle Times, April 23, 1978, p. 137.
[27] Ross, p. 63.
[28] "Three-hospital merger: Final transfer today," Seattle Times, June 11, 1980, p. 39.
[29] Kreisman, pp. 171-172.

D. Overview of nursing in Seattle

Throughout history, most sick care took place in the home and was the responsibility of family, friends, and neighbors with knowledge of healing practices. In the United States, family-centered sickness care remained traditional until the 19th century.

In Washington, hospitals established before the turn of the 20th century were frequently operated and supported by religious organizations. In these cases, nuns or volunteer laypersons served as nurses. As one historian explained, "care of the sick was looked upon as a work of mercy. There was little help from either medical science or drugs. Little wonder that hospitals of the 19th century were regarded as places of death where the homeless found a decent exit from this world."[30] In the late 19th century in Washington, nursing largely consisted of providing comfort, a clean bed, and food to the sick. There was no training for nurses, except that gained through experience.

The first hospital in the Pacific Northwest was established in 1858 at Fort Vancouver, Washington Territory, and run by the Sisters of Charity of Providence, a Catholic order of nuns from Montreal. In 1877, three of these nuns left Fort Vancouver to run the publicly-funded King County Poor House in Georgetown, at the request of county authorities. It was the first King County hospital. The following year, the Sisters established the private Providence Hospital at 5th Avenue and Madison Street in downtown Seattle (later moving to a new facility at 17th Avenue and E Cherry Street in 1910). While Catholic orders of nuns established most of the hospitals in the region, other religious organizations established them as well, including the Episcopal Church, which established the Fannie C. Paddock Memorial Hospital in Tacoma in 1882 (later renamed Tacoma General Hospital) and St. Luke's General Hospital in Bellingham in 1892; and the Methodist Church, which founded Deaconess Hospital in Spokane in 1889.[31]

The field of professional nursing is generally regarded to have begun with the efforts of Florence Nightingale in England in the 19th century. Following her experiences and work in the Crimean War of 1854-56, she established training schools in England and a system of instruction for nurses. The Civil War in the United States, much like the Crimean War in the case of England, brought the need for skilled nurses to the attention of government agencies, and brought about the first major reforms in nursing in this country.[32]

Both Nightingale and the American Medical Association in the mid-to-late-1800s advocated for nurses to be housed in suitable quarters that were separate from the hospital where they worked.[33] Nightingale strongly recommended that nurses homes should be overseen by a head nurse, rather than by physician staff. Nursing at the time was largely the realm of women, typically single, whose employment opportunities outside the home were limited to domestic and service work (e.g., cooks, housekeepers, typists, teachers) due to Victorian-era social mores. Nurses' homes near hospitals helped accommodate the nurses' typically long workdays, and provide affordable housing. As nurse training programs developed, nurses' residences also allowed supervision of young women nursing students' personal lives.

The first nursing schools or formal nurse training programs in the United States based on Nightingale's methods were established in 1873 at Bellevue Hospital in New York City, Massachusetts General Hospital in Boston, and Connecticut State Hospital in New Haven. The success of these three led to a proliferation of similar nurse training programs throughout the country. The programs provided a reliable source of nurses for the hospitals to which they were associated. By 1900, approximately 400 to

[30] Bigelow, p. 7.
[31] Bigelow, pp. 3, 6-8.
[32] Donahue, p. 254.
[33] Nightingale and McDonald, pp. 17-21; Donahue, pp. 308-309.

800 schools of nursing were in operation across the United States.[34] These programs followed a fairly typical pattern:

> *"The school was either affiliated with or owned by a hospital that provided the students with the clinical experience considered necessary for the education of a nurse. Students received two to three years of training. While in the program students carried out the majority of patient care activities offered in the hospital, receiving only a modicum of classroom education in the form of lectures on patient care and related subjects. At the end of the educational program, students received a diploma and were eligible to seek work as a trained nurse. These early nurse education programs were, in reality, little more than apprenticeship programs that used student nurses for their labor. Despite their significant shortcomings, however, they proved very popular with both hospitals and students and created a pattern of hospital-based nurse education that persisted until the mid-twentieth century. And, while many disparaged the exploitative nature of the nurse education system, the presence of trained nurses with their emphasis on cleanliness, orderliness and close observation of patients successfully transformed hospitals into scientific institutions of caring. Further, the popularity of the schools, as evidenced by their high student admission rates and the large numbers of nurses they graduated, testified to the profession's appeal as an excellent occupation in which to carve out a career. Schools of nursing did improve over time. Better oversight of nursing educational programs by state licensing boards as well as the increasingly complex demands of patient care led the schools to increase the amount of theoretical instruction and decrease the amount of direct work performed by students."*[35]

The need for skilled nurses increased as hospitals became more widespread and could offer more treatments to patients. Between 1850 and 1900, great advances were made in the medical sciences, and during that period the fields of biology, cellular pathology, clinical microscopy, bacteriology, and physiology were founded. The development and use of anesthesia and sterilization became understood, diagnostic and surgical procedures progressed, and medical practices became standardized.[36]

In Washington State, the first nursing school was established in 1892 at the Fannie C. Paddock Memorial Hospital in Tacoma. Between 1895 and 1900, six more Washington hospitals established schools of nursing, and by 1920, twenty-four other hospitals had opened schools.[37] Before 1909, the quality of instruction at early schools could vary greatly. Early programs in Washington were characterized as follows:

> *"Students were required to be graduates of grade school. They were paid $5 to $8 a month their first year and $10 a month for their second year, most courses being two years. "Classes" consisted of lectures by local doctors whenever they had time and wherever the doctors happened to be, in the hospital or in their offices. Classes were not allowed to interfere with either the doctor's or student's work. Students worked 10 hours a day. Scrubbing, cleaning, washing and sweeping were part of their duties and they also moved swiftly into patient nursing, both in the hospital and on call to patients' homes. It was not unusual for a student to work in surgery a few weeks after beginning training and it was common practice to leave the hospital at night in charge of student nurses."*[38]

Other sources drawing on examples of late 19th and early 20th century hospitals in the eastern United States describes nursing school conditions as strict, and that hospital nurses of that era were subjected to severe discipline. Most maintained residences for nursing students and nurses that were located in buildings on or near the hospital campus but separate from the hospital facility itself. Their rooms could be inspected at any time, and they were reprimanded, even expelled, for any infraction of the rules, including impertinence, carelessness, overfamiliarity with patients, or talking with a house officer. They were not allowed to wear jewelry or elaborate hairstyles, and the type of shoes that they might wear was

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[34] Lyman and Collier, "American Nursing: An Introduction to the Past / Professional Nurse Education Begins," www.nursing.upenn.edu.
[35] Lyman and Collier, "American Nursing: An Introduction to the Past / Professional Nurse Education Begins," www.nursing.upenn.edu.
[36] Bigelow, p. 8.
[37] Bigelow, pp. 3, 8.
[38] Bigelow, p. 8.

dictated. At most hospitals, nurses were not allowed to leave the grounds without a pass. This control was seen as necessary for both practical and moral reasons.[39]

In 1909, the Washington State legislature passed the Nurse Practice Law, establishing standards for nursing schools, qualifications of students, exam boards, and licensure of graduate professional nurses (the Washington State Nurse's Association had been founded only the year before). Washington State was one of the earliest states to require registration of nurses by examination; the first had been North Carolina, in 1903.[40] With this threshold law, education gained importance, and hospitals stopped paying allowances to student nurses and started charging tuition instead. Full time instructors were employed, and curricula were expanded.

The University of Washington began a Nursing department in 1917, which within three decades developed into an independent professional school with its own dean. By 1930, there were 30 schools of nursing in the state, but this number would decline to 17 by the late 1950s as programs were closed or discontinued to become affiliated with colleges and universities.[41]

In 1931, King County's newly-constructed Harborview Hospital and the University of Washington agreed to establish an integrated four-year curriculum for nursing students, with the UW managing the educational program and Harborview serving as the training location. Harborview Hall, the nurses' home, was built in 1931 to serve as living quarters for the University of Washington nursing students. In 1946, the state's first medical school was established at the University of Washington, expanding the role of Harborview as a teaching hospital, training UW physicians as well as nurses.[42] Harborview Medical Center remained the university's primary hospital for nurses' and physicians' training until completion of University Hospital on the UW campus in 1959. The UW also established affiliations with Northern and Western State Hospitals, Providence Hospital, Virginia Mason, and Swedish Hospital in the 1930s and 1940s. Seattle University, located on First Hill, also developed similar affiliations with nearby Providence Hospital and Virginia Mason at various times, as early as the 1920s. By the late 1950s, accredited professional degree programs were offered by only three Washington institutions: the UW, Seattle University, and Walla Walla College. [43]

E. Virginia Mason School of Nursing

Virginia Mason opened a nursing school in 1922, two years after the hospital had been established. In 1926, residential quarters were first acquired, consisting of an old two-story single-family dwelling which had been located at the northwest corner of Terry Avenue and Spring Street, but which was moved towards the alley to accommodate the construction of the main hospital building.[44]

With the construction in 1928 of the addition to the main hospital building, an entire floor of the new unit was devoted to the dormitory for the nurse's training school. At that time, the school had an enrollment of 60 and reportedly graduated about 20 nurses each year.[45] Beginning in 1929, professors from nearby Seattle College (now Seattle University) provided instruction to the Virginia Mason nursing students. By the late 1920s, enough nursing school graduates had accrued to organize an alumni association.[46]

During the early decades of the program, a history of Virginia Mason Hospital recounts that "the life of a student nurse was not considered much fun," and involved long hours, typically organized as two split

[39] Rosenberg, pp. 226-228.
[40] Bigelow, p. 4, 8.
[41] Bigelow, p. 9.
[42] Bigelow, p. 5.
[43] Bigelow, p. 17.
[44] Ross, p. 11.
[45] "Mason Hospital dedicating new 4-story addition," Seattle Times, October 28, 1928, p. 32.
[46] Ross, p. 18.

shifts of work with class study in between. Students were not allowed to address each other by first names while on duty, fines were levied if standard-issue nurse uniform caps were not worn, and students were required to stand whenever a physician entered the room. Pay was $10 per month, which increased to $15 per month during World War II. Between 1925 and 1952, the school graduated 579 nursing students.[47]

In 1945, Blackford Hall was constructed to house the Virginia Mason nursing students, and nursing program classrooms and offices. However, in 1957, the school was assimilated into the University of Washington's program as it became difficult for Virginia Mason to continue to finance the nursing education program, and Blackford Hall began to be used for other purposes.[48]

F. Blackford Hall's construction and use

In the early 20th century, prior to the construction of Blackford Hall, the subject site was occupied by five wood-frame two-story townhouses which dated to about 1910 and were demolished some time after 1936, likely around 1940.[49] In the early 1940s, the subject site was described on King County tax assessor notes as a surface parking lot used by hospital patrons, and as late as April 1944 was the site of a neighborhood victory garden.[50] The lot was reportedly purchased by Virginia Mason in 1945 for $14,500, apparently just before construction of the subject building.[51] ***[See Figs. 56-69 for historic images of the subject building]***

Almost no Seattle Times coverage could be found regarding the planning or construction of the building, other than notices for bids which were posted in classified ads in November 1944. Original project drawings by John Graham Architects and Engineers note in the title block that it was a Federal Works Agency (FWA) project, suggesting one of the sources of funding.[52] Application for construction of the subject building was submitted on November 13, 1944, and a building permit (#364588) was issued on January 4, 1945. Permit notes indicate that excavation work began immediately thereafter. The reinforced concrete structure topped out in June 1945, and the building was completed and occupied by October 1945.[53]

Blackford Hall was designed to serve as both dormitory and classroom for the Virginia Mason School of Nursing. Teaching spaces were located at the basement level, which was accessed at grade from Terry Avenue on the west. Basement level rooms were arranged along a north-south corridor, with offices, a classroom, and support spaces at the north, and a large L-shaped lecture room with connecting laboratory at the south end of the building. Extending to the east was a short corridor with storage and mechanical space, and a recreation room; and beyond that, unexcavated below-grade space.

The first and second floors, accessed through the courtyard from Seneca Street on the south (or by stairway from the basement level), housed the nurses' dormitory rooms, arranged along a T-shaped double-loaded corridor. There were a total of 41 dorm rooms, which measured approximately 12 by 15 feet in plan, intended to accommodate two nurses each. Near the center of each upper floor were shared lavatories, a linen room, and the "matron's" or housemother's room. Because the first floor served as the

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[47] Ross, pp. 23-24.
[48] Ross, p. 23.
[49] "Construction of hospital addition," short film, 1928, Virginia Mason Archives. The building's occupants were recorded in H. C. Grey's *Seattle House and Street Directory* (1928).
[50] "Strolling around town," Seattle Times, April 24, 1944, p. 12.
[51] Ross, p. 67.
[52] The FWA operated from 1939 to 1949 and was the successor to several New Deal era federal programs (the Public Buildings Administration, Public Roads Administration, Work Projects Administration, and others) which were restructured for efficiency into one entity.
[53] 1946 Virginia Mason SAGA yearbook, p. 56 (Virginia Mason Archives), describes students moving into the building in October 1945, with the building's final interior decorating completed in December 1945. King County tax assessor records state the building was completed in 1946.

entry to the residential levels, this floor also included a residential foyer with a check-in office, a reception room, a laundry room, and a small "snack kitchen" (meals were presumably taken at a cafeteria in another Virginia Mason building). In addition, along the west side of the first floor there was the Nursing School library, and filling the south end of the floor was a living room/social lounge which featured a marble fireplace as a focal point. When Blackford Hall opened, the clinic doctors donated a grand piano for the living room.

The School of Nursing occupied the whole of the subject building for twelve years. In 1957, the school was assimilated by the University of Washington's nursing program, and vacated Blackford Hall over the course of a few years as uses phased out. As late as 1960, the nursing library was still located in the building. In 1961, the building still housed the nursing education offices and meeting rooms; the former nurses' rooms were used as intern physician and resident quarters; and the nursing library was expanded to include the entire hospital's library.[54]

Later uses

As space became available in Blackford Hall beginning in 1957, the building became occupied over time by the Virginia Mason Research Center, and modified into laboratory, research, and office space as needed.

Originally called the Virginia Mason Foundation for Medical Education and Research, the center had been founded in 1956 as a nonprofit research and educational foundation, supported both by the clinic doctors and by civic and business leaders in the community, established to better secure funding for medical research and clinical trials. As described in a recent history of Virginia Mason, "the purposes of the research center were to provide facilities, funds, and staff in support of clinically oriented research activities, to supplement VM Hospitals' Medical Education Program by providing research training opportunities for residents in medicine and surgery, and to maintain close liaison with other research programs being conducted in the community and at the national level. Ultimately it was envisioned that the foundation would place increasing emphasis on basic research in the medical sciences."[55] Some of the Research Center's most significant accomplishments were in the fields of diabetes, cancer treatment, and hyperbaric medicine.

As grants were received for new projects, part of the funds were often used to adapt Blackford Hall's interior space to accommodate the unique needs of the research, in piecemeal fashion. Different research projects occupied different parts of the building, and expanded or contracted over time.[56] By 1969, the building was largely occupied by the Research Center, which by then used all three floors.

In 1969, a 15-foot-long hyperbaric chamber was installed in Blackford Hall as part of research into the physiology of deep sea diving, health hazards, and treatments for divers. The work was sponsored by corporate, military, and government funding. The chamber was set up in what had been the basement's large lecture room at the south end of the building. At the time of installation, it was reportedly the most advanced facility on the West Coast. The following year, a second chamber was installed with room for more than one patient.[57]

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[54] 1960 Board of Trustees report; 1961 public newsletter. (Author correspondence with Jeni Spamer, Virginia Mason Archivist, January 10, 2020).

[55] Ross, p. 44.

[56] Board of Trustees reports, 1960, 1961, 1963, 1967, 1968 (Virginia Mason Archives).

[57] Ross, pp. 42-43; Crowley, Walt, "Virginia Mason Medical Center opens expanded Center for Hyperbaric Medicine in Seattle on July 16, 2005," HistoryLink Essay 8171, June 6, 2007, www.historylink.org; "Virginia Mason History," Virginia Mason Medical Center, https://www.virginiamason.org/virginia-mason-history. Hyperbaric chambers are pressurized tubes which allow a patient's lungs to gather more oxygen than would be possible under normal air pressure conditions, and have long been used to treat decompression sickness, a hazard of scuba diving. Hyperbaric oxygen treatments were later found to speed healing to damaged tissues after chemotherapy, burns, or surgery.

In 1971, construction began for a new animal care unit (related to research experiments) under the building's east wing, which was to add more than 1,800 square feet. The addition reportedly provided space for individual animal rooms opening off a central corridor. Each room had separate temperature controls and compressed air equipment for air change. The addition was completed during the summer of that year.[58] A tank was also installed on the roof for a time in the 1970s, to house a seal that was part of a hyperbaric medicine study.[59]

In 1999, the Virginia Mason Research Center moved from Blackford Hall into the newly-constructed Benaroya Research Institute building a block away, at 9th Avenue and Seneca Street.[60] Between 2003-2005, the hyperbaric medicine program moved out of the subject building into remodeled space in the ground floor of the main hospital building, to accommodate a new hyperbaric chamber the size of an aircraft fuselage and one of the largest in the West.[61]

Since the early 2000s, the subject building has served as general office space, with interior renovations as needed. The hospital's Medical Library moved into the second floor. At present, some laboratory and research spaces remain.

G. Other nurses' homes in Seattle

Nurses' homes were common components of hospitals in the late 19th century and much of the 20th century. While early examples were typically existing buildings adapted for nurses' quarters, later structures were purpose-built. ***[See Figs. 70-78 for images of other nurses' homes in Seattle]***

On First Hill, some early hospital's nurses' residences were located in former c.1890s mansions of prominent Seattle families. At T. T. Minor Hospital, located at the northwest corner of Harvard Avenue and Spring Street and which operated from 1906 to 1929, nurses resided half a block away in the turreted, Victorian-style former Alexander Stewart home at 1102 Boylston Avenue (the house no longer exists). Columbus Hospital, later renamed Cabrini Hospital, was located in the former Perry Hotel at the southwest corner of Madison Street and Boren Avenue, and was established by the Sisters of the Sacred Heart. The hospital operated from 1916 to 1990, and the School of Nursing was established in 1919. The nurses' home was located in the former Otto Ranke mansion next door, which was purchased for that use around 1925. The home was demolished in the early 1950s for the construction of a new hospital wing.

Providence Hospital, originally located in downtown Seattle in the late 1800s, moved to a new hospital building at 17th Avenue and Cherry Street in 1910 (today a designated Seattle landmark). Until 1907, the nurses were members of the order of the Sisters of Providence, but an increasing number of patients required the establishment of a School of Nursing for lay staff in 1910. The school was affiliated with nearby Seattle University.[62] A separate nurses' residence called Providence Hall was constructed in 1927-29 on the north side of the 1910 hospital. The structure, demolished in 1990, was a blocky, five-story flat-roofed brick building which resembled a typical apartment building of its era. The building featured simple terra cotta classical decoration which harmonized with the hospital to which it was attached by a wide corridor at the rear.[63] When completed, the building had the capacity to house 210 nurses, and featured an auditorium, gymnasium, roof garden with roof tennis court, classrooms, laboratories, a

[58] The Pulse (Virginia Mason staff newsletter), January 1971 (Virginia Mason Archives).
[59] Ross, p. 68.
[60] "VM's new research hall," Seattle Times, September 16, 1999, p. B4.
[61] Crowley, Walt, "Virginia Mason Medical Center opens expanded Center for Hyperbaric Medicine in Seattle on July 16, 2005," HistoryLink Essay 8171, June 6, 2007, www.historylink.org; and Virginia Mason Center for Hyperbaric Medicine, www.virginiamason.org/hyperbaric.
[62] Ellis, p. 39; Gordon, Karen, City Historic Preservation Officer, "Report on Designation / Providence Hospital 1910 Building, 528 17th Avenue S," City of Seattle Landmarks Preservation Board LPB 77/03, March 27, 2003, p. 6.
[63] Gordon, Karen, City Historic Preservation Officer, "Report on Designation / Providence Hospital 1910 Building, 528 17th Avenue S," City of Seattle Landmarks Preservation Board LPB 77/03, March 27, 2003, p. 17.

library, lounge room, "emergency kitchenettes," and a reception hall.[64] Providence Hall was designed by John Graham, the architect of the subject building.

The Francis Skinner Edris Nurses' Home, at the southeast corner of 1st Avenue N and Boston Street on Queen Anne Hill, was built in 1923 to provide housing for nurses at the adjacent Seattle Children's Orthopedic Hospital. The four-story 78-bed hospital operated on this block from 1911 to 1953, until merging with the University of Washington and relocating to a new facility on Sand Point Way in the Laurelhurst neighborhood. The Edris Nurse's Home was designed by Seattle architect A. H. Albertson, and is three stories with basement, with a low hipped roof. It is clad in brick with simple Colonial/Georgian Revival detailing and terra cotta accents. When originally built, the interior was organized into dormitory-style rooms along a double-loaded corridor, with shared bathrooms and sitting rooms on each floor. The Edris Nurses' Home building was designated a Seattle landmark in 2019, and is presently used as offices.

When King County's Harborview Hospital was built in 1931 at 9th Avenue and Jefferson Street at the south end of First Hill, Harborview Hall was built across the street to serve as nurses' quarters.[65] Both Art Deco-style buildings were designed by Thomas, Grainger & Thomas in 1929, and are clad in brick, cast stone, and terra cotta. Both feature stepped massing and stylized ornamentation, and retain some Art Deco interiors. The twelve-story hospital was designed to accommodate 450 patients and the ten-story residence was to house 72 nurses, reportedly the largest nurses' home in Seattle at the time of construction.[66] In the 1960s, Harborview Hall was largely converted from nurses' quarters to laboratory and office space, due to the hospital's increasing role as a research institution. The last nursing class graduated in August 1961, shortly after the University of Washington Hospital had become the major training site for nursing after its construction in 1959 (by that time nurses had more residential options and were no longer required to live together in supervised quarters).

In 1932-33, the Art Deco-style US Marine Hospital complex was constructed at the north end of Beacon Hill overlooking downtown Seattle. Although the focus of the site was the sixteen-story brick-clad hospital building, six two-story auxiliary buildings were also built which served as quarters for officers and staff.[67] The buildings are clustered around a landscaped open space on the south side of the tower, and form an ensemble with shared architectural design motifs. These include complex decorative brickwork, chamfered corners, decorative metalwork, copper hipped roofs and bay windows, and floral terra cotta trim. The design of the US Marine Hospital buildings was by Bebb & Gould, with construction drawings by John Graham (the architect of the subject building).[68] The complex of buildings is a designated Seattle landmark.

Eklind Hall, the nurses' home at Swedish Hospital, was built in 1946, the year after the subject building was completed. Prior to its construction, the hospital's earlier nurses' home was a c.1916 structure at 1205 Marion Street. Eklind Hall was a six-story, flat-roofed building located at the northeast corner of Boren Avenue and Columbia Street on First Hill, and was designed by Naramore, Bain, Brady & Johanson (NBBJ), with Perry Johanson as the design lead. The spare, Modern-style design was L-shaped in plan, wrapping a landscaped yard, and could accommodate 140 nurses in 70 sleeping rooms on the five upper floors. Each residential floor also included common bath and toilet rooms, a lounge with kitchenette, and linen storage. The first floor contained classrooms, offices, a library, a reception area, and an auditorium. In the early 1960s, the building underwent remodeling and received a multi-story addition in order to convert it for use as Swedish Hospital's Kidney Center and research facility. In 1975, it was internally linked to a new adjacent building, and was altered on the exterior by extensive mechanical systems

[64] "Construction work speeded on new Providence Home for Nurses," Seattle Times, March 18, 1928, p. 68.
[65] They are connected below 9th Avenue by a tunnel.
[66] "Harborview to be dedicated on February 1," Seattle Times, January 25, 1931, p. 4; and "Harborview to be one of the finest in United States," Seattle Times, February 22, 1931, p. 65.
[67] Kreisman, section 7.
[68] Booth, T. William and Wilson, William H., "Bebb & Gould," in Ochsner, p. 215.

placed on three perimeter facades. Interior remodels continued through the decades until the 2010s.[69] In May 2013, a landmark nomination report for Eklind Hall was presented before the Seattle Landmarks Preservation Board, but the Board voted 8 to zero to not approve the nomination. The building was demolished in 2014.

H. The architect, John Graham Sr.

The designer of Blackford Hall was John Graham Sr., a significant Seattle architect who was active from the early 1900s until his retirement in 1946. His career embraced a wide variety of building types in many styles, including a large number of Seattle's major urban commercial buildings.[70] The subject building, designed in 1944 and constructed in 1945, would have been one of his last projects. His son, John Graham Jr., took over the firm that year and led it successfully for several more decades under the name John Graham & Company. ***[See Figs. 79-91 for current maps and aerial photos]***

John Graham Sr. was born in Liverpool, England, in 1873. His education in architecture and the building trades was received through apprenticeships, rather than a formal architectural education, in Britain. After extensive travel which included a visit to the Puget Sound region in 1900, he moved to Seattle in 1901 at 28 years of age. Upon arrival, he set up an architectural office at 2nd Avenue and Columbia Street downtown, and immediately began receiving commissions. One of his first projects upon arriving was the reconstruction in 1902 of the fire-ravaged 1891 Trinity Episcopal Church at 8th Avenue and James Street, on First Hill (the church was designated a Seattle landmark in 1976).

In 1904, Graham formed a partnership with Alfred Bodley, newly arrived to Seattle from London, Ontario, but the association lasted only one year.

In 1905, Graham formed a significant five-year partnership with David Myers, a Glaswegian who came to Seattle shortly after Seattle's Great Fire of 1889.[71] The firm of Graham & Myers designed and saw built an impressive portfolio, including the Kenney Presbyterian Home (1907) and the William Hainsworth house (1907), both in West Seattle and both designated Seattle landmarks. Other well-known buildings include the College Inn (1909) in the University District, a National Register listed property.[72] The firm also designed several elaborately detailed temporary pavilions for the 1909 Alaska-Yukon-Pacific Exposition.

After 1910, Graham opened his own office, John Graham Architects and Engineers. The firm was known for well-detailed and well-scaled buildings in historicist and eclectic styles. An early professional coup came in 1913 when he designed the Ford Assembly Plant on the south shore of Lake Union, which resulted in other commissions over the next five years from the automobile manufacturer, requiring Graham to open an office in Detroit to accommodate the work. The Ford Assembly Plant, now occupied by Shurgard Storage, is a designated Seattle landmark.

His other projects from period of the 1910s-1920s include some of the most prominent buildings in downtown Seattle, many which feature ornate terra cotta exteriors. These include the ten-story Joshua Green Building (1913) at 4th Avenue and Pike Street; the ten-story Frederick & Nelson Department Store (1916) at 5th Avenue and Pine Street, now the flagship store for Nordstrom; the fifteen-story Dexter Horton Building (1921) filling the half-block of Cherry Street between 2nd and 3rd Avenues; and the two-story Bank of California building (1923) at 815 2nd Avenue, now occupied by Key Bank. All of these structures are designated Seattle landmarks.

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[69] BOLA Architecture + Planning. "Swedish Hospital's Eklind Hall," Seattle landmark nomination, February 26, 2013, for the City of Seattle Department of Neighborhoods Landmark Preservation Office.
[70] Biographical information primarily derived from Hildebrand, Grant, "John Graham Sr.," in Ochsner, pp. 120-125, and "John Graham, Sr., noted architect, dies in Orient," Seattle Times, March 23, 1955, p. 45.
[71] Rash, David A., "Schack, Young & Myers," in Ochsner, p. 193.
[72] DeCoster, Dotty, "Ye College Inn (University District, Seattle)," HistoryLink.org Essay 8782, October 8, 2008.

In the late 1920s and early 1930s, Graham was highly regarded for his Art Deco building designs, which remain some of the most acclaimed examples of the style in the region. These include the twenty-two-story Exchange Building (1929) spanning the block of Marion Street between 1st and 2nd Avenues, and featuring a highly ornate lobby and well-detailed exterior; and the slender, twenty-story Roosevelt Hotel (1928, altered) at 7th Avenue and Pine Street. Another prominent example is the Bon Marche Department Store (1928, altered), occupying the entire city block at the northwest corner of 4th Avenue and Pine Street. Graham's design included only the current first five stories and was capped with an elaborate parapet, which was removed when more floors were added in the 1950s. The Exchange Building, Roosevelt Hotel, and Bon Marche buildings are all designated Seattle landmarks.

Graham's notable Seattle work outside of downtown includes the Seattle Yacht Club (1919-21), of which he was a founder, at 1807 E Hamlin Street on Portage Bay; and the Moderne-style Coca-Cola Bottling plant (1939, with Jesse M. Shelton of Atlanta, Georgia) on the west side of 14th Avenue between E Columbia and E Cherry Streets, now part of the Seattle University campus. Both of these buildings are Seattle landmarks.

Graham also designed four buildings on the University of Washington campus, all in the Collegiate Gothic style. These include Physics Hall (1927), Guggenheim Hall (1928), and Johnson Hall (1929), all classroom and office buildings; and Hansee Hall (1935), a dormitory. The latter was designed in collaboration with his old partner, David Myers.

In 1934, Graham's office was commissioned to design a department store in Shanghai. This resulted in a partnership with the Shanghai engineering firm of William L. Painter, which lasted almost a decade. In 1937, the firm closed the office in China and opened an office in New York City, which was headed by Painter, and also by Graham's son, John Graham Jr. The firm headquarters remained in Seattle. John Graham Jr. (born 1908), by 1937 had finished a degree in fine arts at Yale and had several years' experience in retail and business.[73] During the late 1930s, Graham & Painter designed industrial, institutional, multifamily, and commercial facilities, including several automobile showrooms. Large projects locally included the twenty-building garden-style Edgewater Apartments (1938-40) on Lake Washington in Seattle's Madison Park neighborhood, and the Washington State Custodial School (1938) on 1,000 acres near Buckley, Washington.

With the beginning of World War II in 1942, Graham & Painter closed the New York office and disbanded. John Graham Sr. returned to work as John Graham Architects and Engineers, but began to transfer the practice to his son. During this period, the firm turned to the design of several large, federally-sponsored wartime housing projects on the East Coast.[74] The subject building was designed in 1944-45, but few other projects from the 1940s could be identified for this report.

In 1946, John Graham Sr. formally retired. John Graham Jr. took over the practice, renaming it John Graham & Company. Under his leadership, the firm in the postwar period grew substantially. It became particularly known for the design of large-scale regional shopping centers, beginning with Seattle's Northgate Shopping Center (1946-50, altered), the first of its kind in the country. The firm later designed more than seventy similar shopping mall projects throughout the country.

With a national profile and with a client base of large corporate and institutional clients, John Graham & Company also designed medical facilities, high-rise office buildings, hotels, schools, and churches throughout the United States, and in Canada, Australia, England, and southeast Asia. Notable projects in Seattle include the iconic Space Needle (1960-62, with Victor Steinbrueck), a Seattle landmark; the forty-two story Bank of California Building (1971-74) at 901 5th Avenue; and the Sheraton Hotel (1978-82, altered) at 1400 6th Avenue.

[73] Clausen, Meredith L., "John Graham, Jr.," in Ochsner, pp. 316-321.
[74] Clausen, Meredith L., "John Graham, Jr.," in Ochsner, p. 317.

In retirement, John Graham Sr. pursued some real estate development projects during the late 1940s and early 1950s, including the development of the 13-story, 146-unit Decatur Apartments near the subject site at the southeast corner of Boren Avenue and Spring Street, which was completed in 1950.[75]

Graham's firm had at least two other commissions from Virginia Mason besides the subject building. The first project was the 1928 addition to the original 1920 Bebb & Gould hospital building. A later project was the Mason Clinic (1952-53, with Ellerbe & Company), when John Graham Jr. was at the helm of the firm.

As described elsewhere in this report, John Graham Sr.'s experience with designing nurses' residences, besides the subject building, included Providence Hall (1927-29) at Providence Hospital, and the nurses' housing at the US Marine Hospital (Bebb & Gould, 1932-33) where he served in an associated architect capacity.

Graham died in Hong Kong in 1955, while taking an around-the-world trip. John Graham Jr. retired in 1986 and died in 1991.

John Graham & Company merged with Dana, Larson, Roubal & Associates of Omaha, Nebraska, in 1986. The company operated under the joint name John Graham & Company/DLR Group until 1998, when the firm became known as the DLR Group. The firm continues operations today with headquarters in Omaha and offices in 26 cities in the United States, including Seattle.

I. Modern architecture in Seattle

Modernism in architecture broadly refers to a design approach in the 20th century which rejected traditional historical references and forms in architecture, particularly following the historical eclecticism of the 19th and early 20th centuries, and instead embraced the new technologies and materials that were developing through industrialization. Ongoing advances in steel, glass, plastics, and composite materials offered new possibilities in structural design and architectural forms, which fostered optimistic and forward-thinking experimentation and new ideas about designing buildings and cities. Typically, Modern designs pursue such themes as rationalism and functionalism, clear expression of structure, flexibility of interior space, avoidance of ornament, and simplicity and clarity of form.

The movement had its roots in the work of European architects and educators such as Le Corbusier, Walter Gropius, and Ludwig Mies van der Rohe as early as the 1900s to the 1920s, which rejected historical precedents, and was deeply theory-based. Their design philosophy was dubbed "the International Style," a name coined in 1932 by architect Philip Johnson and art historian Henry Russell Hitchcock, for a Museum of Modern Art exhibition in New York on contemporary movements in architectural design. However, in the 1930s building activity slowed dramatically due to the Depression, and then stalled during the early 1940s (except for wartime-related projects), so examples of Modern buildings in the United States are less common prior to about 1945, when World War II ended.

In the postwar period, Modern architecture began to broaden to include a more flexible and less rigidly intellectual application of the basic Modernist ideals to a wider variety of materials, building forms, and various architects' artistic interpretations. Other expressions of Modernism in the mid-20th century would develop, often using traditional materials in new ways, or utilizing innovative building systems, as a starting point for a Modernist design ethos—including concrete, curtain wall systems, and many others. Eventually, sub-groups of Modern style buildings became identifiable based on these material or visual characteristics. (The Washington State Department of Archaeology and Historic Preservation website's "Architectural Style Guide," for example, today lists several sub-category styles of the Modern

[75] "Work starts on new apartments," Seattle Times, August 2, 1949, p. 12.

Movement, including Brutalist buildings, Curtain Wall buildings, Miesian buildings, New Formalist buildings, Slick Skin/Corporate Modern buildings, Wrightian buildings, and others).

After World War II, American architects were heavily influenced by the Modern movement. With the onset of a postwar building boom, the sheer number of buildings built in the 1950s and 1960s sometimes resulted in reductive, mediocre designs driven by a "pragmatic utilitarianism," instead of the highly nuanced designs by the most talented architects.[76] By the mid-20th century, some nationally prominent architects such as Seattle native Minoru Yamasaki began in the late 1950s and 1960s to question the severity and blandness of some works of Modern architecture, and attempted to introduce more decorative forms in their use of modern materials.

In Seattle, Modernism had been growing in popularity among architects since the late 1930s and into the 1940s, with designers and educators such as J. Lister Holmes, Paul Kirk, Paul Thiry, and Lionel Pries at the forefront, and with traditional "period revival" designs falling out of fashion. The very earliest examples of Modern buildings in Seattle were residential structures (such as Paul Thiry's own home, which was completed in 1937), or small commercial or institutional buildings. During the 1940s, the University of Washington Department of Architecture began to move from a Beaux-Arts-based teaching model to one based on modernist tenets. In 1953, a national AIA convention held in Seattle helped to put a spotlight on a growing body of Modern and contemporary architecture developing in the region, as well as the booming development of suburbs throughout the 1950s and 1960s.[77] During these decades, Seattle architects such as Pries, Kirk, John Rohrer, Arne Bystrom, Gene Zema, Roland Terry, and many others were developing their own regional interpretation of Modernism, later sometimes called Northwest Contemporary, which was particularly evident in residential structures. This regional interpretation was characterized by buildings with a close connection to the site and to nature; extensive glazing and transparency; use of wood and natural materials; post and beam construction, often inspired by Japanese architecture; sloping roofs; and open, informal interior plans.

The subject building, designed in 1944 and constructed in 1945 with completion in October of that year, represents a Modern institutional structure built just at the end of World War II (in September 1945), prior to the postwar building boom that followed. There were other Modern or proto-Modern buildings constructed on or near First Hill, or in development, at the same time as the planning and construction of the subject building: ***[See Figs. 92-97]***

- The Catholic Archdiocese Chancery – Located at 907 Terry Avenue on First Hill, the original 1907 building was completely remodeled in 1937 by Paul Thiry. The resulting building could be described as Art Deco due to its rigid symmetry and likely Beaux-Arts internal layout; however, the lack of ornamentation except for projecting window surrounds suggests that Thiry was experimenting with the ideas of the Modern Movement. The entry courtyard of the building was altered and infilled at a later date.
- T. T. Minor School (Naramore & Brady, 1939-41, altered) – Located nine-tenths of a mile away from the subject site, at 1700 E Union in the Renton Hill neighborhood, the T.T. Minor School was one of the earliest Modern buildings in the city, and the first by the Seattle School District.
- Yesler Terrace housing (1941-43, demolished), community center building (1942, demolished), and steam plant (1941, altered) – This complex of buildings at the south edge of First Hill, centered around Broadway and Yesler Way, was Seattle's first large-scale public housing project. Initial proposals for the highly publicized project began in 1939. The design team included J. Lister Holmes, William Bain Sr., George W. Stoddard, John T. Jacobsen, and William Aitken. While the wood-frame, wood-clad residential buildings were significantly altered over time, the

[76] Roth, pp. 274-277.
[77] Ochsner, pp. 18-19.

cast-in-place reinforced concrete steam plant remained largely intact and is now a designated Seattle landmark.

- Doctor's Hospital (George Wellington Stoddard, 1943-44, altered), across the street from the subject site, was constructed in 1944 on the site of the old Roland Denny home. The hospital was a project of the King County Medical Service Corporation, and financed by federal funds.[78] The block-sized E-shaped building received an addition in 1967 designed by NBBJ. The southeast corner was demolished for the construction in 1988 of Virginia Mason's Lindeman Pavilion.
- Eklind Hall (NBBJ, 1944-46, demolished), the Swedish Hospital nurses' home, was located at Boren Avenue and Columbia Street on First Hill (described elsewhere in this report).
- Medical Clinic for Paul N. Carlson (NBBJ, 1945-46) at 900 Boylston Avenue on First Hill is two stories with basement on a sloping site, and features a flat roof and brick cladding. It was one of several medical clinics designed by the firm for Carlson, and in 2013 was reportedly NBBJ's oldest relatively unaltered extant building.[79]
- King County Central Blood Bank (NBBJ, 1945-46, demolished) was located at the southwest corner of Madison Street and Terry Avenue on First Hill, and was published in the journal *Progressive Architecture* in November 1947. The asymmetrically massed building featured floor to ceiling glazing at the waiting room, with a view of the Sorrento Hotel across the street.
- American Legion Memorial Building (NBBJ, 1945-46, fully completed 1949; demolished) was located between First Hill and downtown, at the corner of 7th Avenue and University Street. The structure served as a memorial and multipurpose building for a fraternal organization. An analysis of NBBJ's early work noted that although the primary elevation was symmetrical, and therefore potentially perceived as classical, the projecting horizontal window surrounds and "the crisp detailing…was entirely Modern." [80]

[78] Kreisman, pp. 171-172.
[79] Ochsner and Rash, p. 133.
[80] Ochsner and Rash, p. 127.

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VI. LIST OF FIGURES

Note: *Images date to October 2019 unless noted otherwise.*

Note:
The abbreviations below are used in source citations for the following figures and images:

DON	Department of Neighborhoods, Seattle Historic Building Inventory
KCTA	King County Tax Assessor
MOHAI	Museum of History and Industry, Seattle
PSRA	Puget Sound Regional Archives, historic tax assessor records
SDCI	Seattle Department of Construction and Inspections
SMA	Seattle Municipal Archives
SPS	Seattle Public Schools
UW	University of Washington
UWSC	University of Washington Special Collections, Allen Library
VMA	Virginia Mason Archives

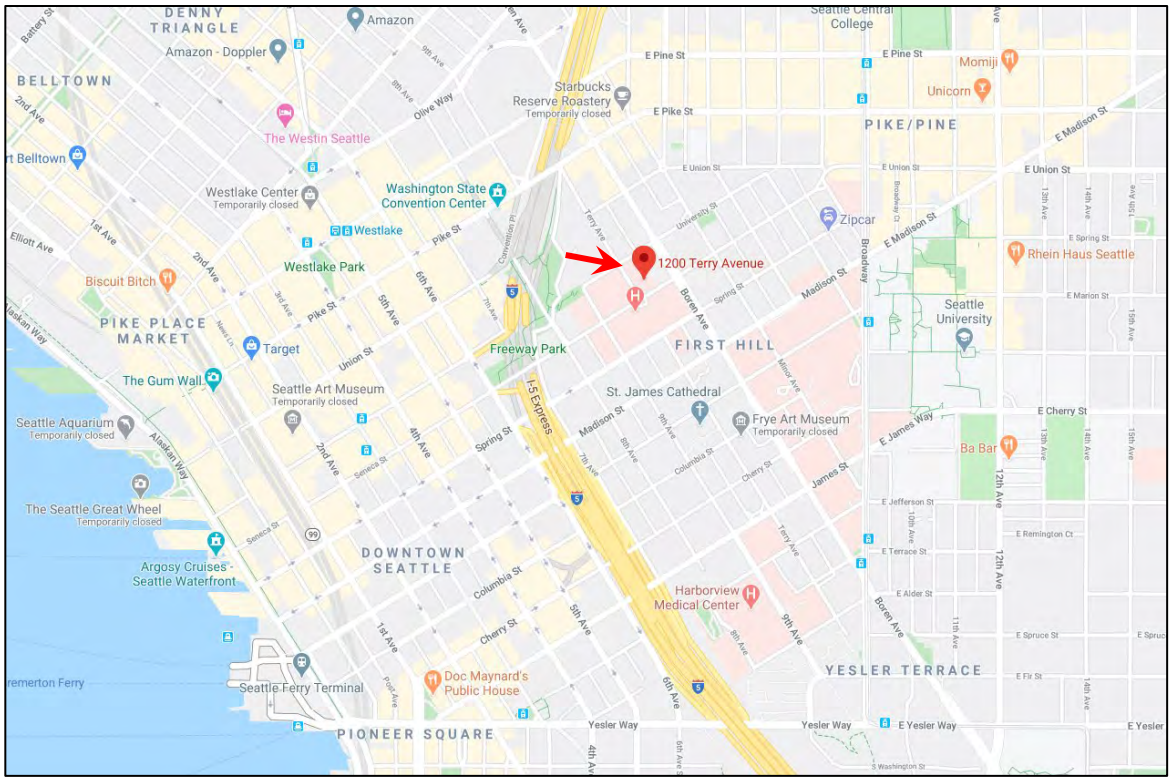


Fig. 1 – Map of the subject location in 2020.
True north is up. Approximate site of subject building indicated by red marker. Areas shaded in pink correspond to hospital campuses; visible are Virginia Mason, Swedish, and Harborview. (Google Maps)

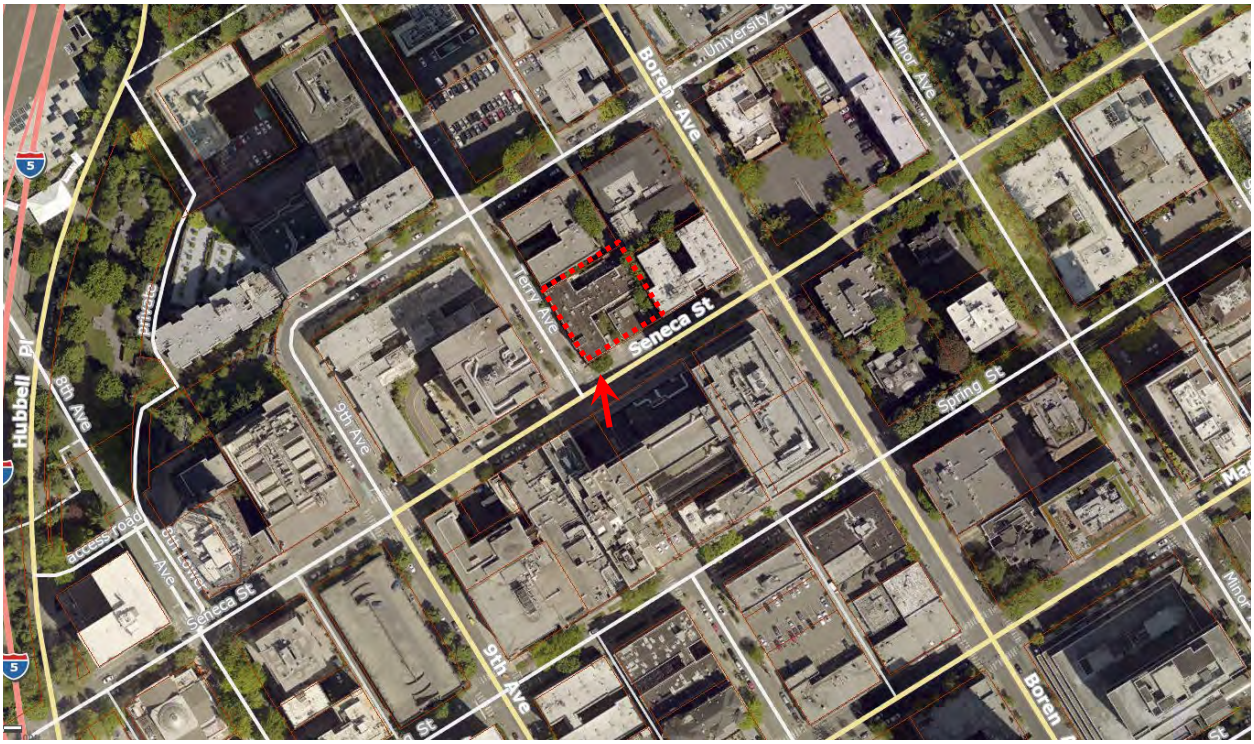


Fig. 2 – Aerial photo showing subject neighborhood. True north is up in this image.
In this report, Boren Avenue is considered oriented north-south. (King County GIS Maps 2020)

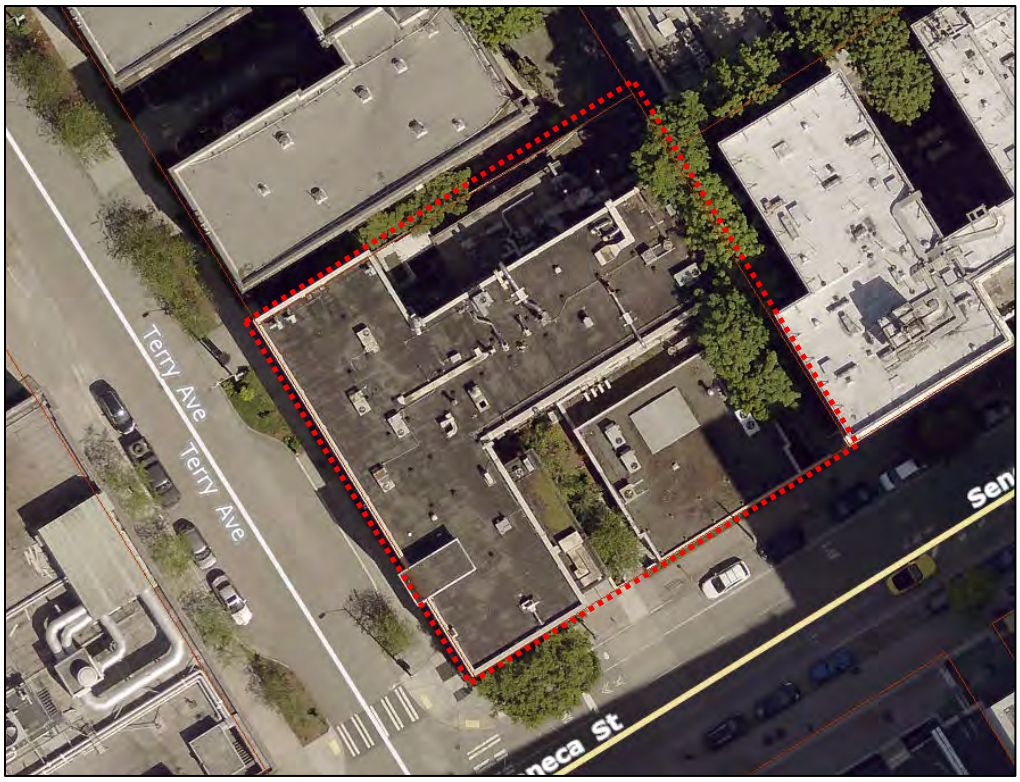


Fig. 3 – Aerial photo, closer view showing subject site. Parcel indicated by red dotted line. (King County GIS Maps 2020)

Fig. 4 – Virginia Mason campus map, 2019. North is left.

Fig. 5 – Aerial photo of site, oblique view to the northwest.

Fig. 6 – Context view towards site from the southwest.

Fig. 7 – West elevation.

Fig. 8 – West elevation, north part.

Fig. 9 – West elevation, details of concrete marquee.

Fig. 10 – West elevation, view south at sidewalk (left) and secondary exit (right).

Fig. 11 – West elevation, detail of main entry at basement level.


Fig. 12 – West elevation, detail of basement level windows.

Fig. 13 – South and east elevations, and MRI Building.

Fig. 14 – South elevation, west part (left); and first floor entry porch (right).

Fig. 15 – North elevation, view east (left); and detail of reeded belly band (right).

Fig. 16 – North elevation, view west.

Fig. 17 – South elevation at former courtyard (both photos). Right photo is at east end.

Fig. 18 – Interior, basement level main entry stair foyer from Terry Avenue (both photos).

Fig. 19 – Interior, basement level, large room at south end of building, view north.

Fig. 20 – Interior, basement level, large room at south end of building, view east.

Fig. 21 – Interior, basement level, typical corridor at east side of building.

Fig. 22 – Interior, first floor, main entry at courtyard porch reached from Seneca Street.

Fig. 23 – Interior, first floor, former nurses' lounge at south end of building, view east.


Fig. 24 – Interior, first floor, former nurses' lounge at south end of building, view west.

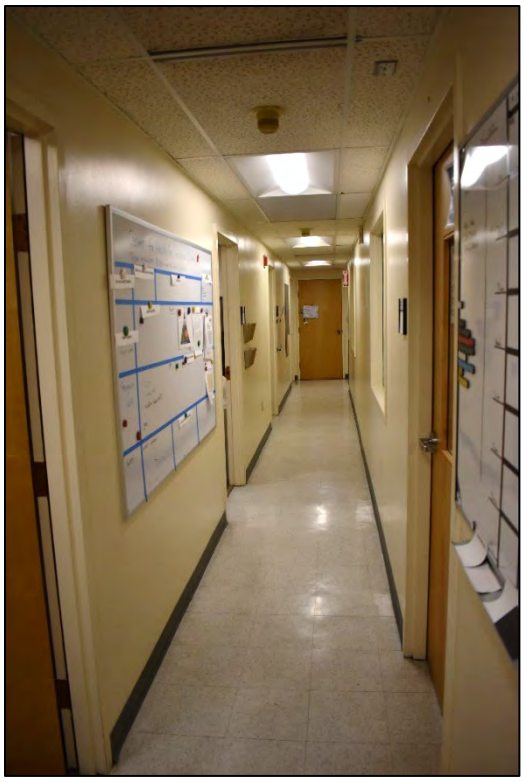


Fig. 25 – Interior, first floor, typical corridor.

Fig. 26 – Interior, first floor, workspace (at left) along north part of west elevation. This room corresponds to the room identified as "Library" on original drawings.

Fig. 27 – Interior, first floor, typical former lab space.

Fig. 28 – Interior, first floor, typical office.

Fig. 29 – MRI Building, south elevation, view east.

Fig. 30 – MRI Building, south elevation, view west.

Fig. 31 – MRI Building, east elevation, view north.
Blackford Hall visible at rear. The John Winthrop Apartments is visible at right (not on subject site).

Fig. 32 – MRI Building, north and west elevations at center and right, view east.
Part of the MRI building is the low, flat-roofed portion identifiable by the mechanical unit on the roof. Blackford Hall is visible at far left. Red brick wall in distance is the John Winthrop Apartments (not on subject site).

Fig. 33 – MRI Building, interior, view east, entry and waiting room.

Fig. 34 – 1905 Sanborn Fire Insurance maps (two stitched together). Subject parcel indicated by shading. At this time, the area was largely made up of single family homes and duplexes.

Fig. 35 – 1951 Sanborn Fire Insurance maps (two stitched together). Subject parcel indicated by shading. By this time, institutions and larger apartment buildings have begun to dominate the neighborhood.

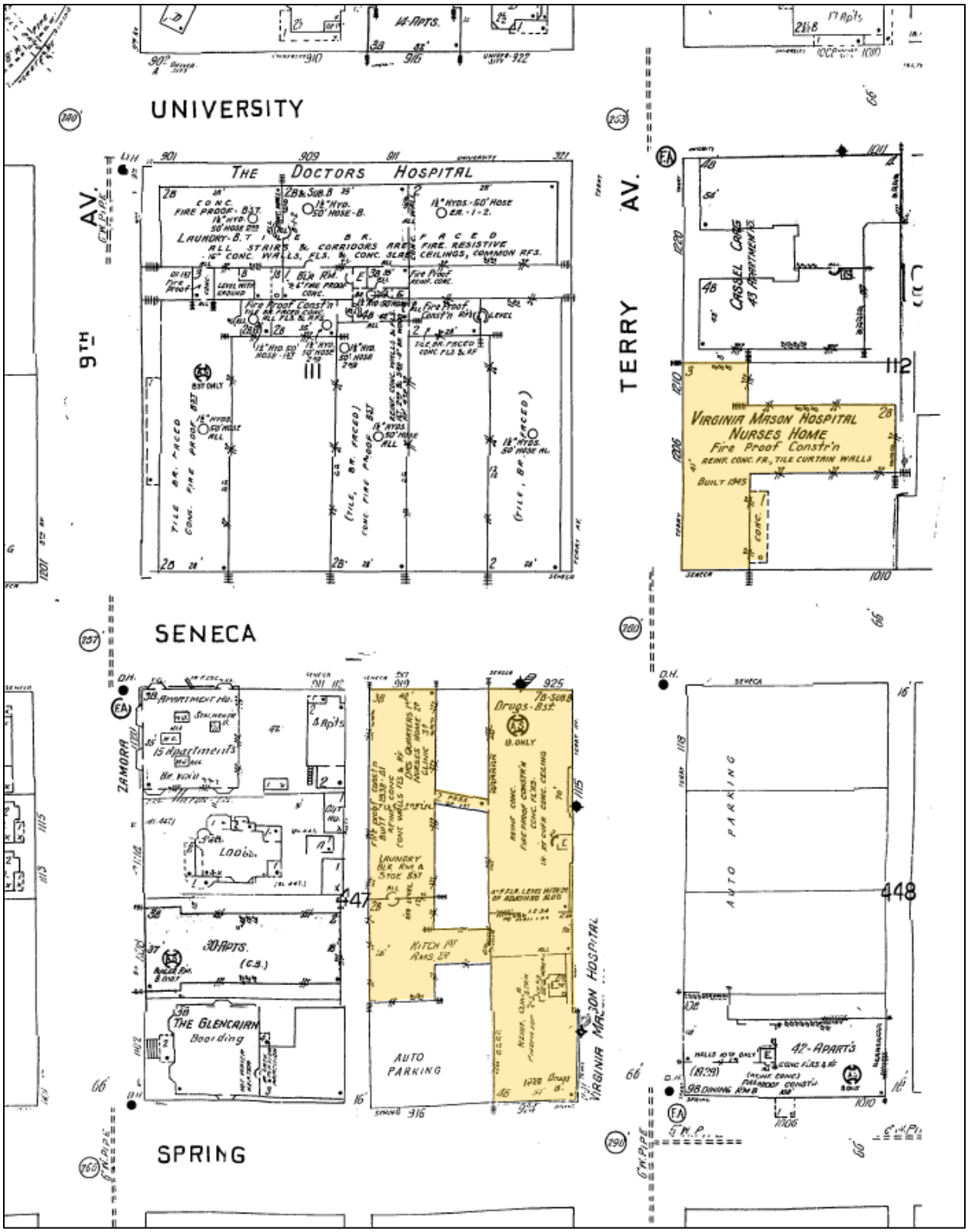


Fig. 36 – 1951 Sanborn Fire Insurance map, detail showing Virginia Mason campus at that time. Shading indicates Virginai Mason buildings; Blackford Hall is the T-shaped bulding labeled "Virginia Mason Hospital Nurses' Home" at upper right. Across the street from it is Doctor's Hospital, another hospital on First Hill which was founded in 1944.

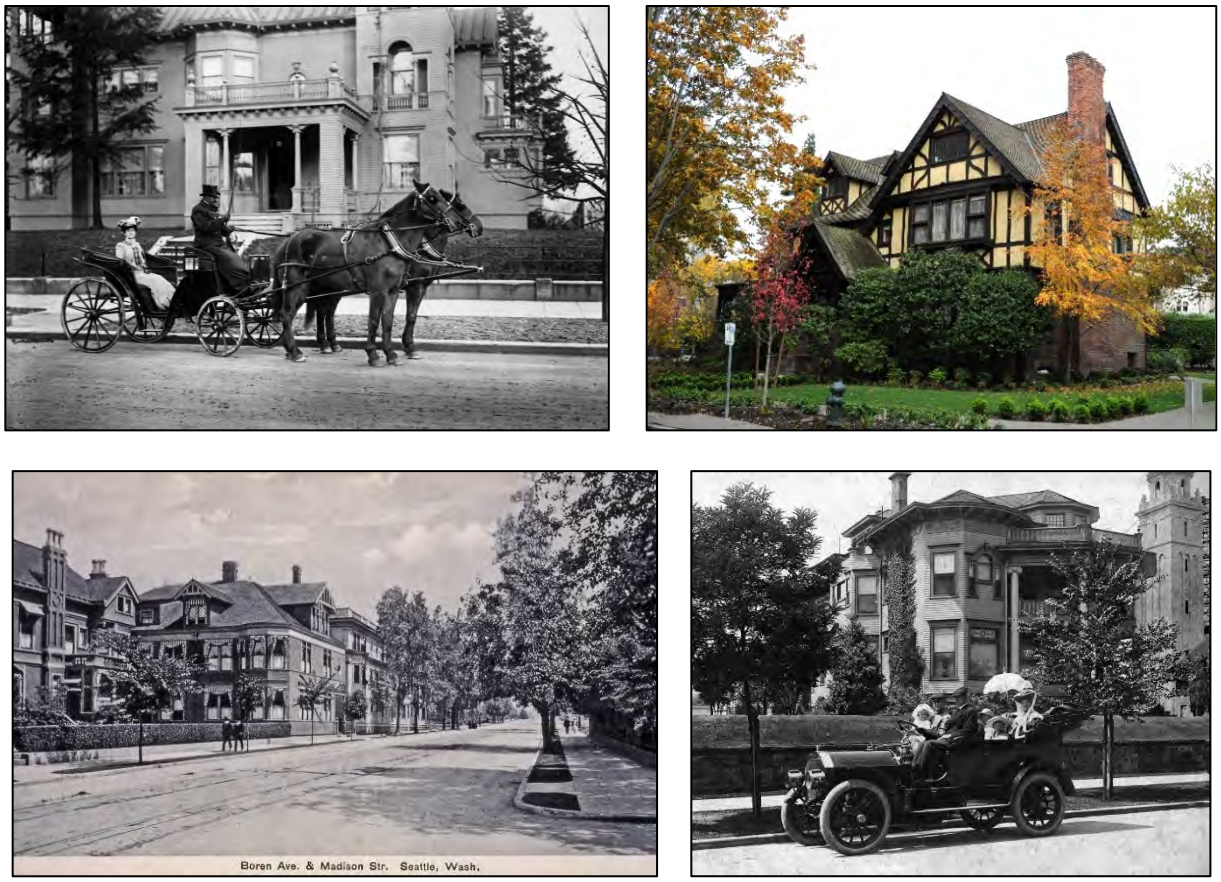


Fig. 37 – First Hill: c.1880-1905 development was characterized by family homes of Seattle's elite, such as the Stimson-Green mansion (Cutter & Malmgren, 1900) at upper right. (All Paul Dorpat images except upper right by Joe Mabel)

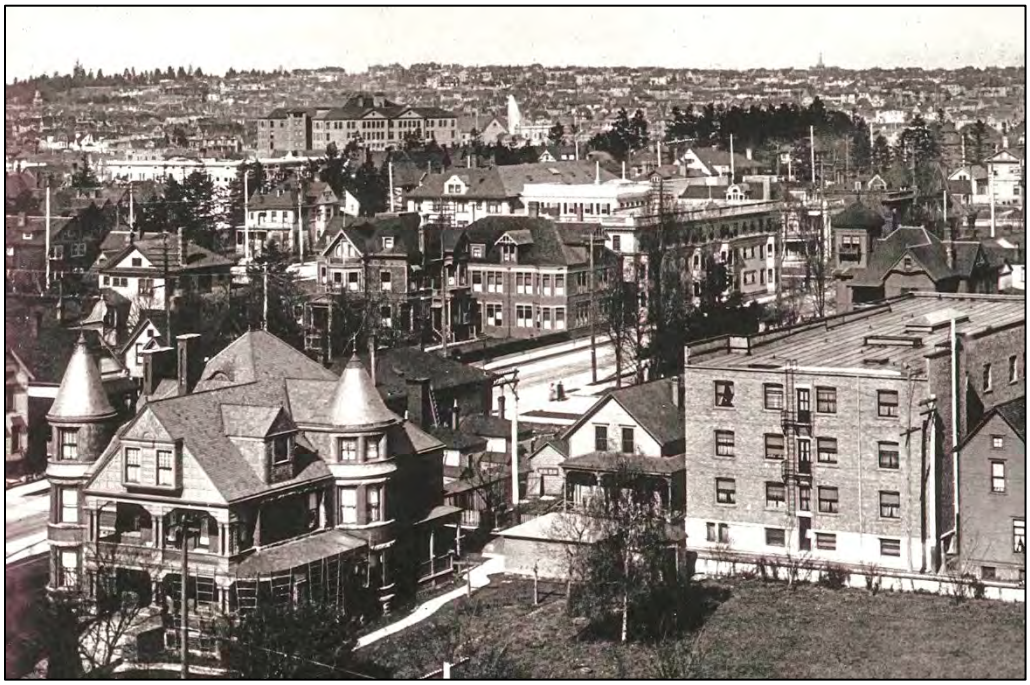


Fig. 38 – First Hill: c.1906 view north from Madison Street and Terry Avenue.
Mansions were beginning to be replaced by denser development. (Paul Dorpat/Lawton Gowey)

Fig. 39 – First Hill: The Perry (1906, demolished) at top and the Sorrento (1909) below, on Madison Street at Boren Avenue and Terry Avenue, were high-end hotels developed before 1910.

Fig. 40 – First Hill: Apartments c.1900-1910.

The St. Paul (1901, altered) at top;

the St. Francis (1902, altered), at middle;

the Normandie (1909, demolished), at bottom.

First Hill attracted some of the earliest (ie, pre-1905) apartment development in Seattle. The St. Paul was the first apartment building constructed in in the city. The St. Francis functioned as an apartment hotel for a time, as did the Normandie. The latter was located one and a half blocks from the subject site, at a steep grade change across the east and west sides of the University Street/9th Avenue intersection.

(MOHAI 1983.10.2601; LoopNet; Paul Dorpat / Lawton Gowey)

Fig. 41 – First Hill: Apartments c.1920s-1930s.
The Sovereign (J. Lister Holmes, 1925) at top, Marlborough (1928) at left, and Gainsborough (1930) at right, the latter two both designed by Earl Morrison. (Zillow, Joe Mabel, Paul Dorpat)

Fig. 42 – First Hill: Apartments c.1940s-1960s.
The Nettleton (1949) at left, and Sutton Place (1962) at right. (SPL shp-19252, NWMLS)

Fig. 43 – First Hill: Institutions and Clubs.

Seattle University's Garrand Building (John Parkinson, 1894) at top;

Scottish Rite Cathedral (1912, demolished) at middle;

Sunset Club (1915), at bottom.

(UWSC CUR189, UWSC CUR912, DAHP)

Fig. 44 – First Hill: Churches.

Top to bottom, left to right:

St. Mark's Church (1897, demolished),
First Presbyterian (1907, demolished),
St. James Cathedral (1907),
First Baptist (1912),
Fourth Church of Christ Scientist/
Town Hall (1916).

(UWSC CUR506, UWSC PSE095, Paul Dorpat, Chris06/Wikimedia Commons, Paul Dorpat)

Fig. 45 – First Hill: Hospitals.

T. T. Minor Hospital (Heins & LaFarge, with Somervell & Cote, 1906) at top;

Swedish Hospital (established in 1911), view in 1943, at middle;

Doctor's Hospital (George W. Stoddard, 1943-44, altered) at bottom, was established in 1944.

(KCTA, MOHAI 1983.10.14697.10, Paul Dorpat)

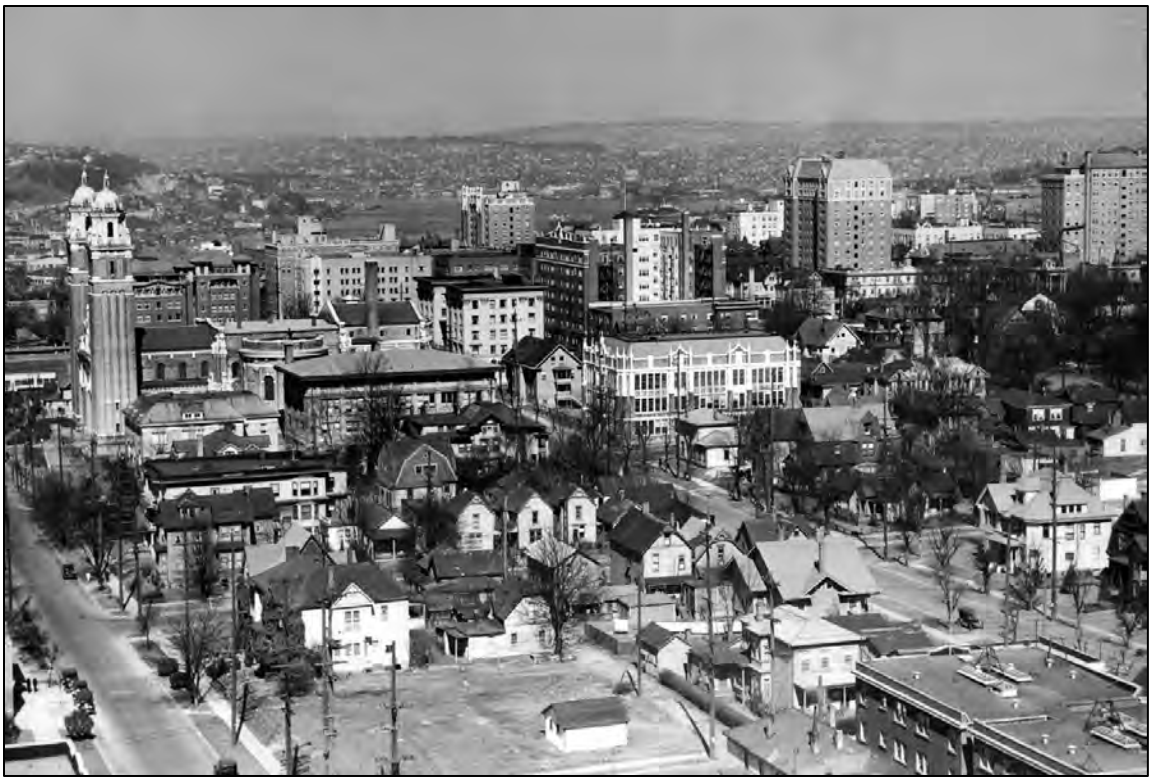


Fig. 46 – c.1930 view of First Hill north from 9th Avenue and Jefferson Street.
(Paul Dorpat/Ron Edge)

Fig. 47 – c.1961 view north showing path of demolition for I-5 highway construction.
First Hill on right, downtown on left. Subject building indicated by arrow. (Paul Dorpat)

Fig. 48 – Virginia Mason Hospital (Bebb & Gould, 1920), the original structure built, still partly visible at the northwest corner of Spring Street and Terry Avenue. (MOHAI 1983.10.2001.2)

Fig. 49 – Virginia Mason Hospital, original 1920 structure at left, with addition (John Graham Sr., 1928) visible at far right. (Paul Dorpat)

Fig. 50 – (Left) Virginia Mason physicians, in 1929.

Dr. John M. Blackford, for whom the subject building is named, is visible at far left on the back row. (VMA)

Fig. 51 – (Below) Virginia Mason Nursing classes of 1930-32.

Between 1928 and 1945, nurses quarters were located in the hospital building's 1928 addition. (VMA PH1904)

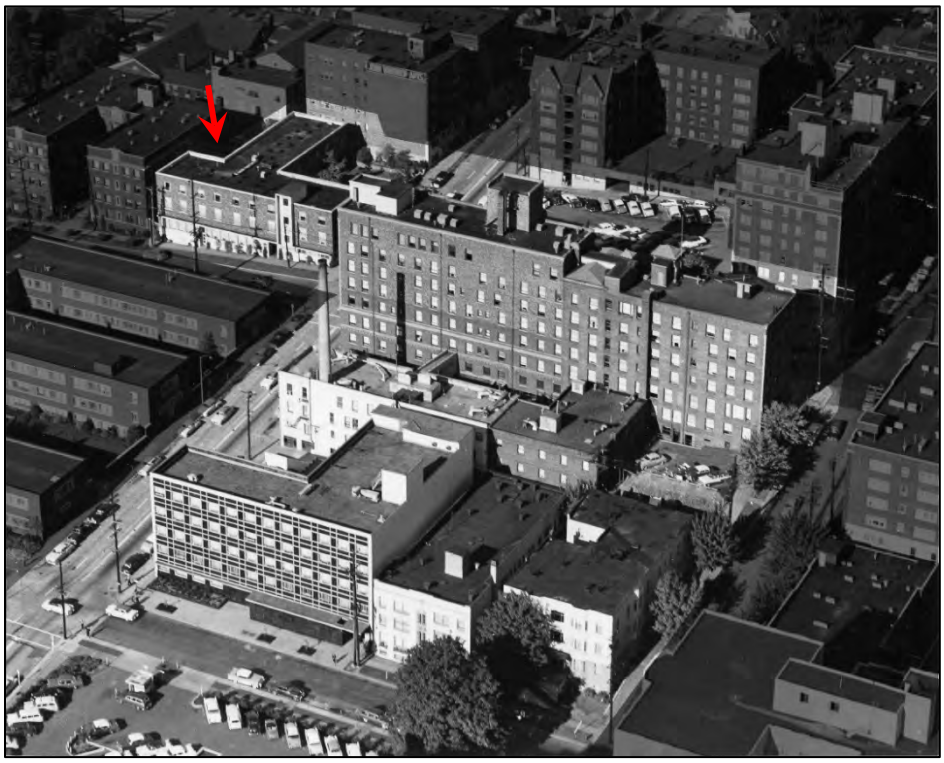


Fig. 52 – c.1956 aerial view of Virginia Mason campus.

Blackford Hall location indicated by arrow; large building at center is the hospital. Mason Clinic is visible at lower left.

The campus buildings have been lightened in the original photo.

(VMA PH8071)

Fig. 53 – c.1962 rendering of addition to Virginia Mason Hospital.
The addition originally consisted of only two stories and spanned Terry Avenue, visible at center; additional stories were added later and the street right of way was closed. Blackford Hall is not shown for clarity in this rendering, but is situated in what is shown as an empty lot at lower left. (VMA PH0874)

Fig. 54 – c.1980 aerial view of VM campus; subject building indicated by arrow.
(VMA PH7155)

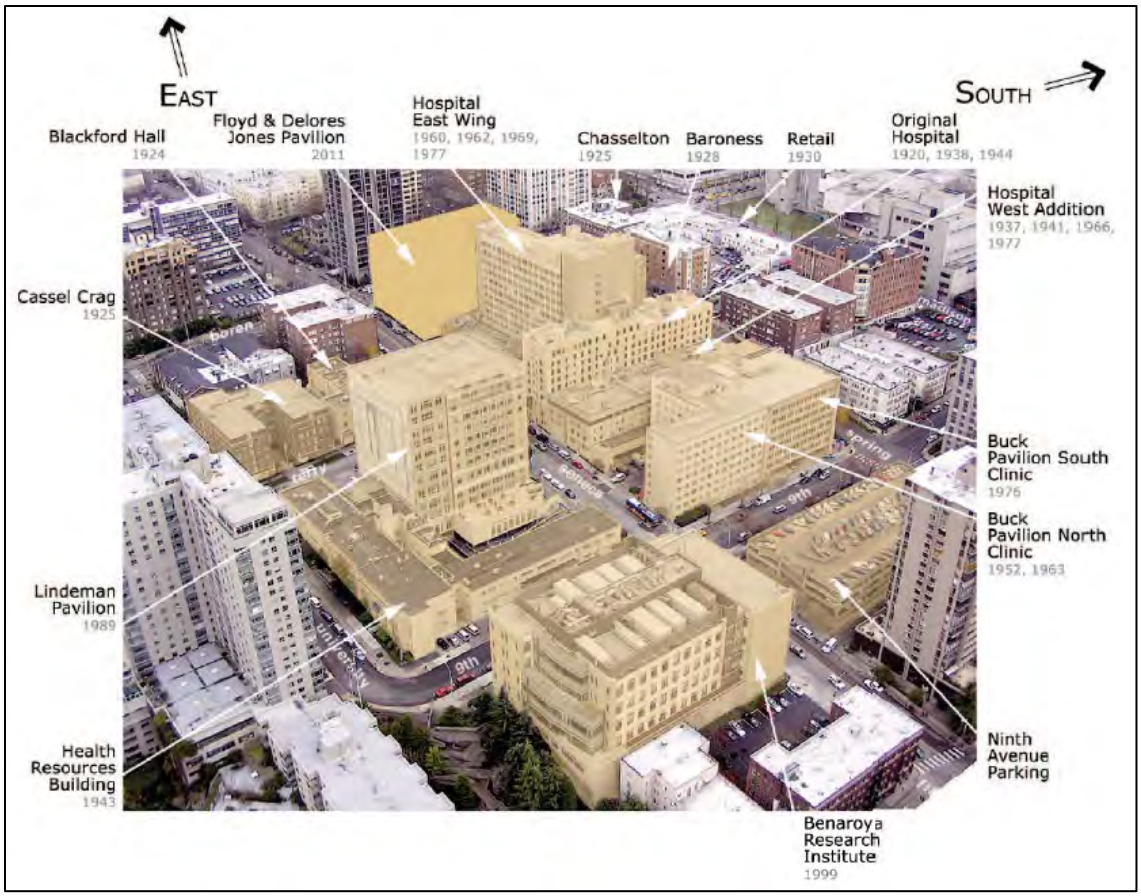


Fig. 55 – Virginia Mason campus in 2014. (VM Major Institution Master Plan, 2014)
Date for Blackford Hall at upper left is an error and should read 1945.

Fig. 56 – 1945 view of Blackford Hall under construction. (VMA PH1312a)

Fig. 57 – c.1946 view of Blackford Hall from southwest. (VMA PH7019)

Fig. 58 – 1947 King County Tax Assessor photo. (PSRA)

Nurses' Home

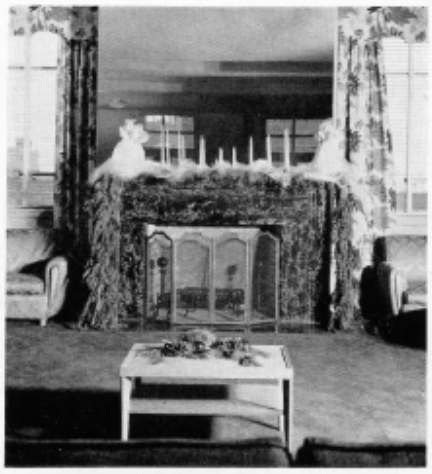
MRS. GRACE WOLF,
Housemother

October 1945 was a memorable month in the lives of the student nurses of VMH. The new home was completed and the task of moving began. Carts of equipment were juggled up and over the curbs. Not infrequently some treasured possession was blown down Seneca Street, as the weather was traditionally rainy and windy.

Once inside the spacious rooms, the problem of where to put everything had to be faced. For some, this went on and on far into the night.

Before Christmas the home was completely furnished and it is something of which all the nurses are proud. The living room is an interior decorator's dream. The nurses wish to express their thanks to the clinic doctors for the grand piano which adds a final touch of grandeur.

There are many other features, individual mailboxes; recreation room; nickelodion; ping-pong tables; classrooms; library; and small beau-rooms make the lives of many student nurses more pleasant. Already it is filled with many fond memories.



56

Fig. 59 – 1946 SAGA yearbook (VMA)

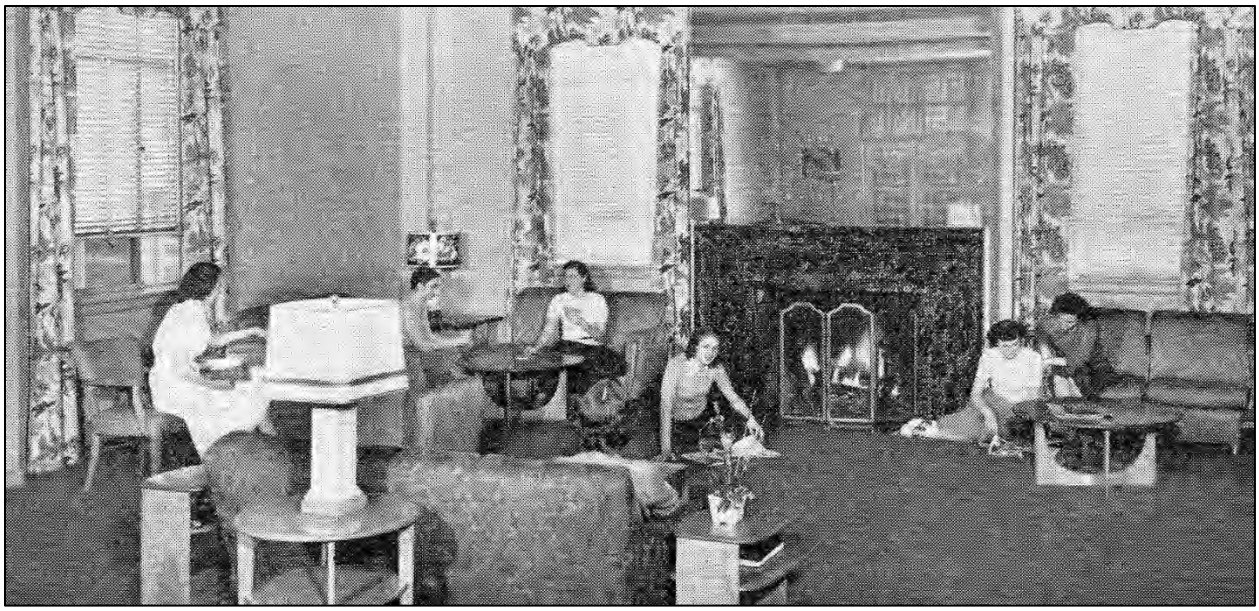


Fig. 60 – c.1946 view of student nurses' first floor lounge/living room at south end of building. (VMA)

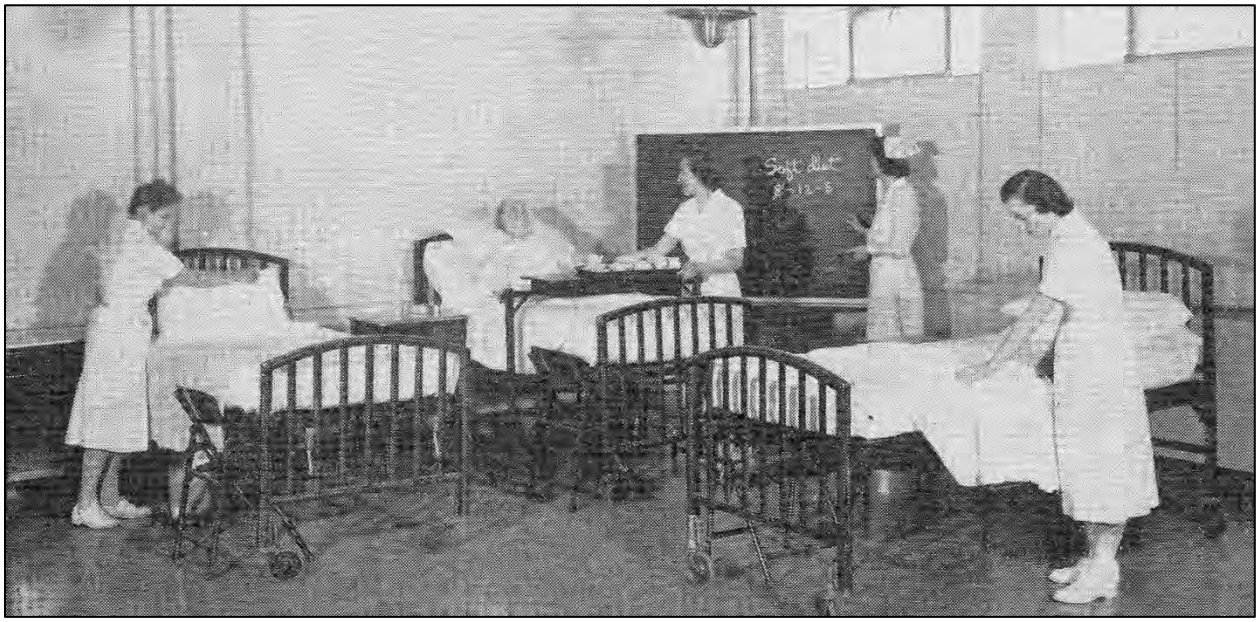


Fig. 61 – c.1946 view of student nurses in basement lecture room at south end of building. (VMA)

Fig. 62 – 1949 partial image of Blackford Hall, view north on Terrace Avenue. Doctor's Hospital is visible, across the street at left. (SMA194022)

Fig. 63 – c.1950 view of courtyard. (VMA PH8012)

Fig. 64 – (Left) 1969 view of the hyperbaric chamber installed in Blackford Hall. (VMA PH1244b)

Fig. 65 – c.1970 view of west facade, looking south. (VMA PH8014)

Fig. 66 – 1977 view of Blackford Hall from southwest. (VMA PH6110)

Fig. 67 – 1977 view of courtyard. (VMA PH8011)

Fig. 68 – c.1986 view of Blackford Hall and MRI Building. (VMA PH7115)


Fig. 69 – c.1987 Tax Assessor photo of the MRI Building (original poor). (PSRA)

Fig. 70 – Nurses' home for T. T. Minor Hospital, at Seneca and Boylston. (MOHAI 1954.683.37)


Fig. 71 – Nurses' home for Columbus (later Cabrini) Hospital, around 1915.
The home was the former Otto Ranke mansion, located at Madison Street and Terry Avenue, next door to the hospital. (Northwest Catholic/Helen Lebel-Edmons)

Fig. 72 – (Top photo) Nurses' home for Columbus (later Cabrini) Hospital, around 1915. The hospital was located in the former Perry Hotel building behind the nurses' home to the left. The hospital also occupied the building to the right of the nurses' home. (Bottom photo) Illustrative of mid-century development patterns on First Hill, the old mansion was demolished in the early 1950s for the construction of a new, Modern-style hospital wing. (Paul Dorpat, both photos)

Fig. 73 – Francis Skinner Edris Nurses' Home (A.H. Albertson, 1923) at 2120 1st Avenue N, originally the nurses' home for the Seattle Children's Orthopedic Hospital, is a Seattle landmark. (DON)

Fig. 74 – Providence Hall (John Graham Sr., 1927-29), nurses' home at Providence Hospital (demolished). (PSRA)

Fig. 75 – Harborview Hall (Thomas, Grainger & Thomas, 1929-31, altered) at left, nurses' home for Harborview Hospital at right in photo; view in 1935. (MOHAI WS Coll).

Fig. 76 – U.S. Marine Hospital (Bebb & Gould, 1932-33, with John Graham Sr.).
The smaller buildings clustered around the large hospital tower housed physicians and staff; the nurses' home was the larger building in the complex at left. (SMA 181015)

Fig. 77 – Eklind Hall (NBBJ, 1944-46, demolished), Swedish Hospital. (UWSC DM3455)

Fig. 78 – Eklind Hall (NBBJ, 1944-46, demolished), Swedish Hospital, showing courtyard (left) and side elevation (right). (UWSC DM3454, DM3448)

Fig. 79 – The Kenney Presbyterian Home (Graham & Myers, 1907). (PSRA)


Fig. 80 – (Left) College Inn (Graham & Myers, 1909). (Joe Mabel)
Fig. 81 – (Right) John Graham Sr. (Seattle Times, March 23, 1955)


Fig. 82 – (Left) Ford Assembly Plant, now Shurgard Storage. (John Graham Sr., 1913) (DON)
Fig. 83 – (Right) Joshua Green Building (John Graham Sr., 1913) (DON)

Fig. 84 – (Left) Bank of California, now Key Bank (John Graham Sr., 1913). (DON)
Fig. 85 – Exchange Building (John Graham Sr., 1929). (DON)

Fig. 86 – Hansee Hall at University of Washington (John Graham Sr. with David Myers, 1935). (UW)

Fig. 87 – Edgewater Apartments (John Graham Sr., 1938-1940). (MOHAI 1983.10.13945.1)

Fig. 88 – (Left top and middle) Northgate Shopping Center (John Graham & Co., 1948-1950), aerial showing the site under construction, and an individual store. (MOHAI 1983.10.13945.1, and PSRA)

Fig. 89 – (Top right) John Graham Jr. took over the practice from his father in 1946 and renamed the firm John Graham & Company. (DoCoMoMo-WeWa)

Fig. 90 – (Bottom left) The Mason Clinic at Virginia Mason (John Graham & Company, 1952-53, with Ellerbe & Company). (UWSC DM1630)

Fig. 91 – (Bottom right) The Space Needle (John Graham & Co., with Victor Steinbrueck, 1960-62). (MOHAI 1987.59.131.61)

Fig. 92 – Catholic Archdiocese Chancery (Paul Thiry, 1937) at 907 Terry Avenue.
The tower in the distance is St. James Cathedral. (MOHAI 1983.10.13335)

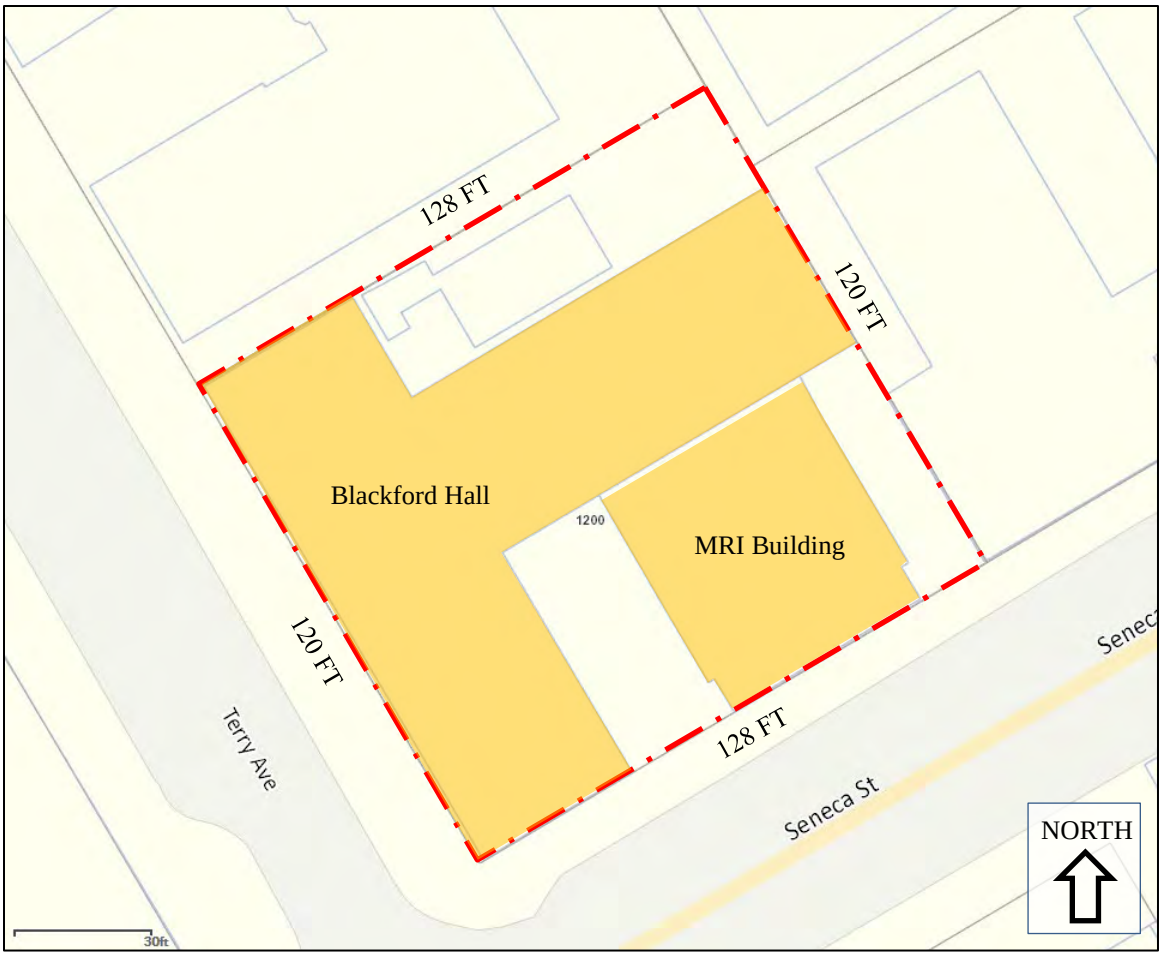
Fig. 93 – T. T. Minor School (Naramore & Brady, 1939-41, altered) at 1700 E Union. (SPS 254-20)

Fig. 94 – Yesler Terrace (1941-43).
The design team included J. Lister Holmes, William Bain Sr., George W. Stoddard, John T. Jacobsen, and William Aitken. (UWSC DMA0304)

Fig. 95 – Medical Clinic for Paul N. Carlson (NBBJ, 1946) at 900 Boylston. (DON)

Fig. 96 – King County Central Blood Bank (NBBJ, 1945-46, demolished),
located at the southwest corner of Madison Street and Terry Avenue. (UWSC DMA1451)

Fig. 97 –American Legion Memorial Building (NBBJ, 1945-46, demolished)
at 620 University Street. (UWSC DM3303)



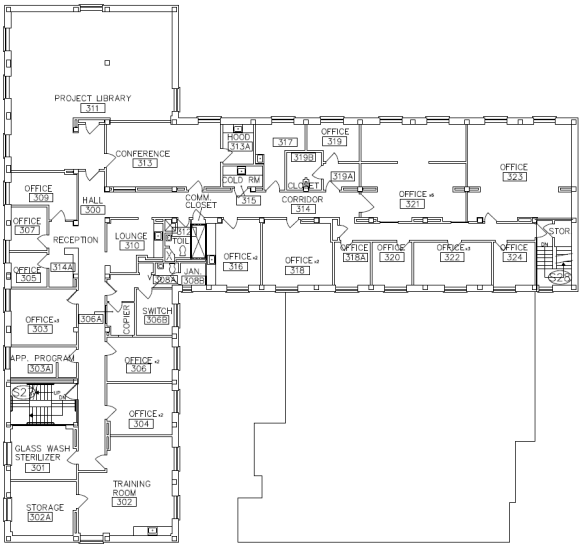
SITE PLAN

Site plan sketch of Virginia Mason's Blackford Hall property, 1200 Terry Avenue, Seattle WA 98101.

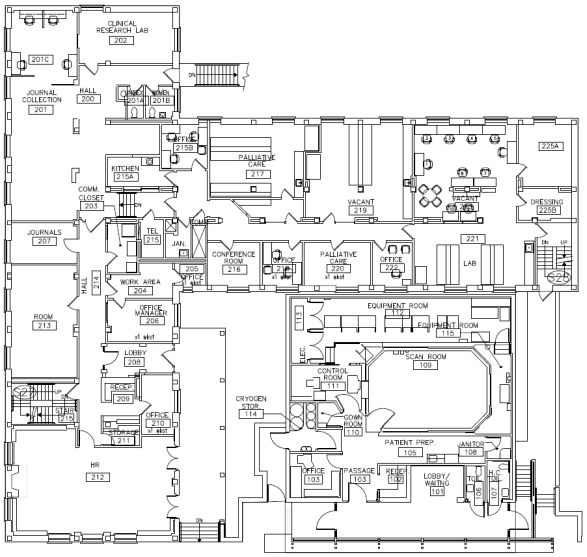
Red dotted line indicates parcel boundary, with dimensions noted. Approximate building footprint indicated by shading. (SDCI GIS maps, 2020, with annotations)

Plat: Denny's A. A. Broadway Addition / Block: 111 / Lots: 5 and 8

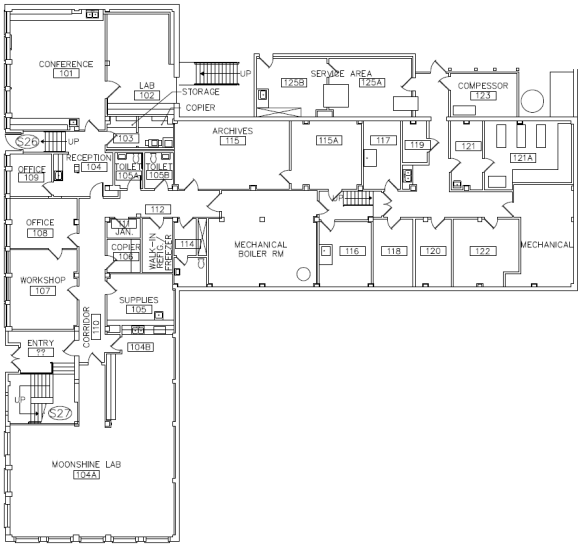
Legal Description: Lots 5 and 8, Block 111, A. A. Denny's Broadway Addition to the City of Seattle, according to the plat thereof, recorded in Vol. 6 of Plats, page 40, in King County, Washington.



Second Floor



First floor



Basement
(at grade on Terry Avenue)

CURRENT BLACKFORD HALL & MRI BUILDING PLANS (2020)
(courtesy Virginia Mason)

DISTRICT 2224 | ADDITION A.A. Denny's Broadway | 205.6 4/4 3/25/71 | (See Permit)

Section ___ Twp. ___ Range ___ Even ___ BLK. 111 Block ___ Tract or Lot 5 7 8

PERMIT No. 314588 | Lot 4 5 6 | FOR REFERENCE ONLY | 0305

DATE 1-4-45 | 1200-10 Terry EXEMPT Research Center

Fee Owner VIRGINIA MASON | Address of Property ___ | Architect ___

Condition of Exterior ___ Interior ___ Foundation ___ Floor Plan: Good ___ Accept. ___ Poor ___

USE Nurses Home

- 3 No. Stories
- 3 No. Stores
- ___ No. Rooms
- ___ Basement
- ___ No. Offices
- ___ No. Apartments
- ___ 1 rm. ___ 2 rm. ___ 3 rm.
- ___ 4 rm. ___ 5 rm. ___ 6 rm.

TYPE OF CONSTRUCTION

- ✓ Frame
- ___ Single ___ Double
- ___ Ordinary Masonry
- ___ Mill Construction
- ___ Class A Rein. Con.
- ___ Stru. Steel and Con.
- ___ Tile ___ Brick
- ___ Con. ___ Rein. Con.

Good ___ Med. ___ Cheap ___

FOUNDATION

- ___ Mud Sills
- ___ Post and Pier
- ___ Brick
- X Concrete
- ___ Pile

BASEMENT

- ___ Full ___ % PART
- ___ Sub-Basement
- 9011 / 6400 Size 75 1/2 x ___
- ___ Garage ___ No. Cars
- ___ Floors
- ___ Plastered
- ___ Living Rooms
- ___ Service Rooms

ROOF CONSTRUCTION

- ___ Frame ___ Lam ___
- ___ Mill Construction
- ___ Rein. Concrete
- ___ No. Trusses
- ___ Wood ___ Steel

ROOFING MATERIAL

- ___ Tar and Gravel
- Or. ___

FLOOR FINISHES

- ___ Fir ___ Maple
- ___ Oak ___ 2" x 6" T&G
- ___ Lino. ___ 3" x 6" T&G
- ___ Cement
- ___ Terrazzo
- ___ Raecolith
- ___ Tile
- Or. ___

Tile ___ Lino. ___

Tile Total:
- ___ Baths ___ Fl. ___ Walls
- ___ Sq. Ft. ___ Floors
- ___ Sq. Ft. ___ Walls
- ___ Lin. Ft. ___ Dr. Bds.

Lino. Total:
- ___ Sq. Ft. ___ Floors
- ___ Sq. Ft. ___ Walls
- ___ Lin. Ft. ___ Dr. Bds.
- ___ Kit's. ___ Fl. ___ Walls

Date Built 1945-46 ☒ Finished ☐ Unfinished ☐ Remodeled

Effective Age 25 Years ___ Future Life ___ Years

Dep. For Cond. ___ Dep. For Ob. ___ Dep. For Es. ___ Total ___

Other Buildings $ ___

Total $ ___

Assessed Value 50% $ ___

Sup. Building A. V. $ ___

Total $ ___

PLUMBING

- ___ No. Fixtures
- ___ Toilets
- ___ Tubs, Leg or Pem.
- ___ Basins, Ped.
- ___ Sinks
- ___ Urinals
- ___ Showers (Tub) (Stall)
- ___ Laundry Trays
- ___ H. W. Tank Fl. Drains ___
- ___ Sprink. Sys. No. ___ Hds.

HEATING

- ___ Stove
- ___ Pipeless Furnace
- ___ Gravity H. A.
- ___ Air Cond., Fan
- ___ Arcola
- ___ 1-Pipe Steam
- ___ 2-Pipe St. or Vapor
- ___ Hot Water
- ___ Oil Burner
- ___ Coal Stoker

WIRING

- ___ Knobe & Tube
- ___ Flex Cable
- ___ Conduit
- ___ Power Wiring ___
- ___ Range Wiring
- ___ No. Outlets

ELEVATORS

- ___ Pass. ___ Freight
- ___ Auto. ___ Elec.
- ___ Man. ___ Hyd.
- ___ ___ Man.
- 75000

EXTERIOR WALL CONSTR.

- ___ Single ___ Double
- ___ 2" x 4" Stud Walls
- ___ 2" x 6" Stud Walls
- ✓ Brick Walls 4 M.C.
- ___ Brick With Pilasters
- ___ Concrete Walls
- ___ Con. With Pilasters
- ___ Tile Walls
- ___ Rein. Con. Skel.
- ___ ___ Filler Walls
- ___ Laminated Walls

EXTERIOR FACING

- ___ Siding ___ Shingles
- ___ Shakes ___ Stucco
- ___ Brick Veneer
- ___ ___ Kind
- ___ Stone ___ Cast S.
- ___ Terra Cotta
- ___ Struct. Glass
- ___ ___ Trim

FLOOR CONSTRUCTION

Joist Con. Size ___ x ___

O. C. ___ In Bridg ___

- ___ Mill Construction
- ___ Rein. Con.

INTERIOR WALLS

- ___ Stud and Plaster
- ___ Lam. ___ Plastered
- ___ Ply Wood
- ___ Ceiled
- ___ Plaster Board
- ___ Painted
- ___ Stain ___ Varnish
- ___ Kalsomine
- ___ Whitewashed
- ___ Unfinished

INTERIOR TRIM

- ___ Fir
- ___ Mah. ___ Oak
- ___ Metal
- ___ ___ Doors
- ___ ___ Windows
- ___ Stained
- ___ Varnished
- ___ Painted
- ___ Unfinished

GAS STATIONS

- ___ Frame
- ___ Metal
- ___ Masonry
- ___ Plastered or Ceiled
- ___ Floors

SERVICE BUILDING

- ___ Frame
- ___ Metal
- ___ Masonry
- ___ Plastered or Ceiled
- ___ Floors

TANKS, ETC., LIST

- 80'/EX10 CHLK FENCE
- 44'/EX10 CHLK GATE (2)
- 25'/T x 8 CHLK
- ASPH PAV 25 x 89

Hoists: Elect. ___ Hyd. ___

DOCKS AND PIERS

- ___ Treated Piles and Timbers
- ___ Untreated
- ___ Treated Piles only
- ___ Average Length
- ___ Paved

C. H.	
S.B.	
B	12
1	12
2	12
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
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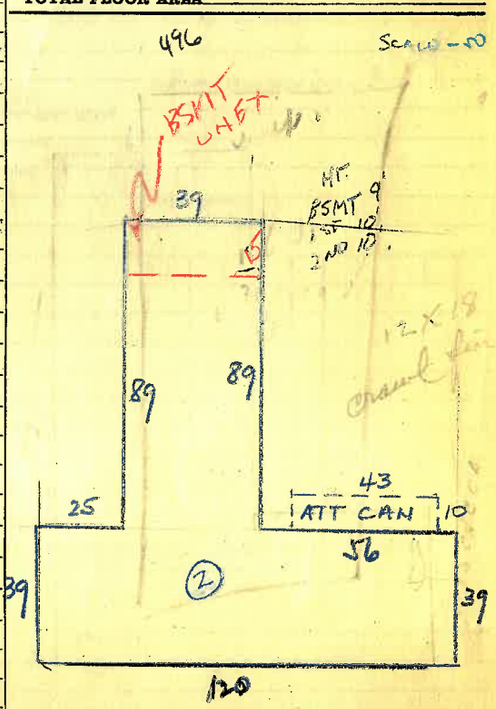
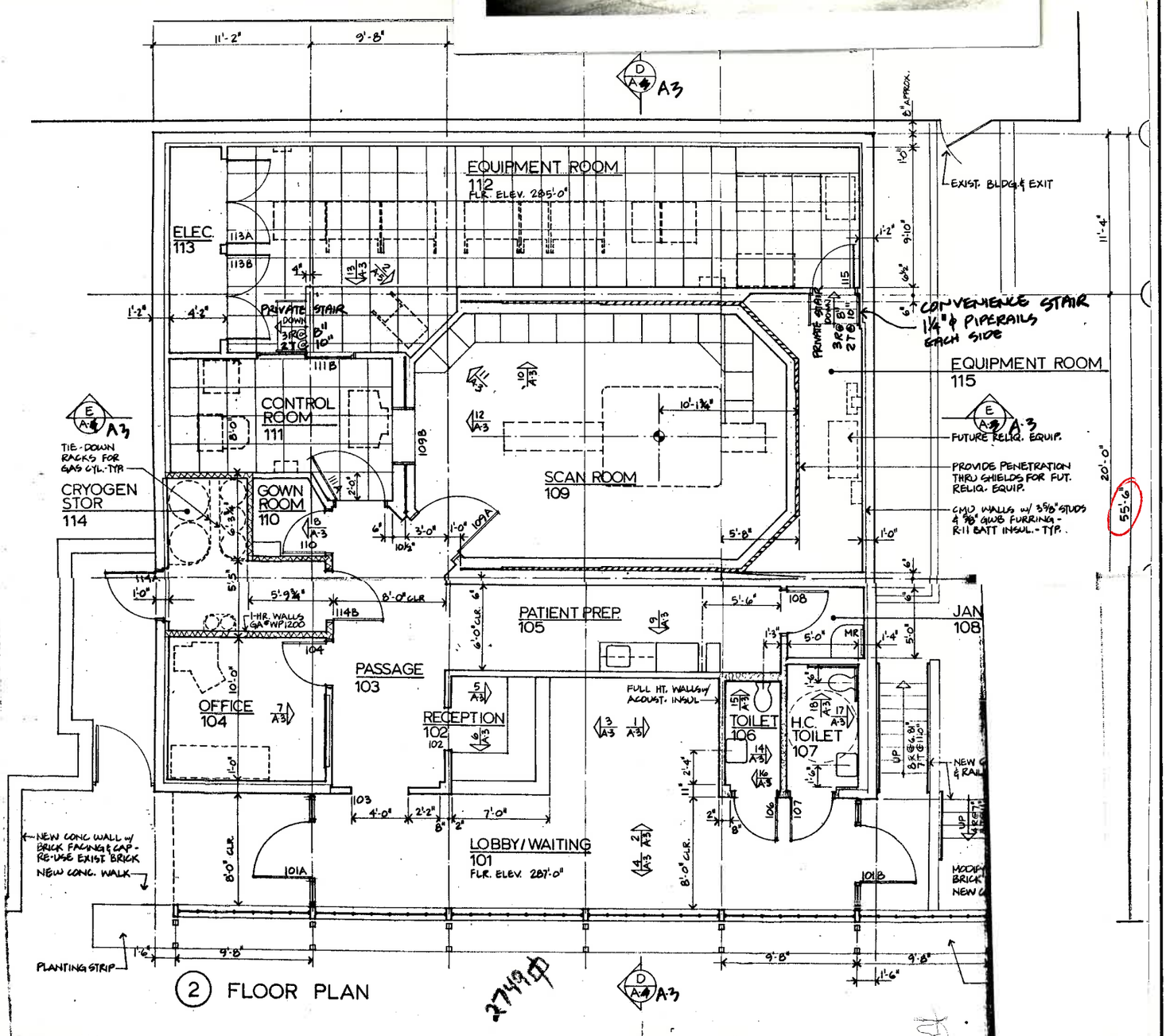
16	
17	
18	
19	
20	
21	
22	

GROUND FLOOR AREA 7200 5151

TOTAL FLOOR AREA

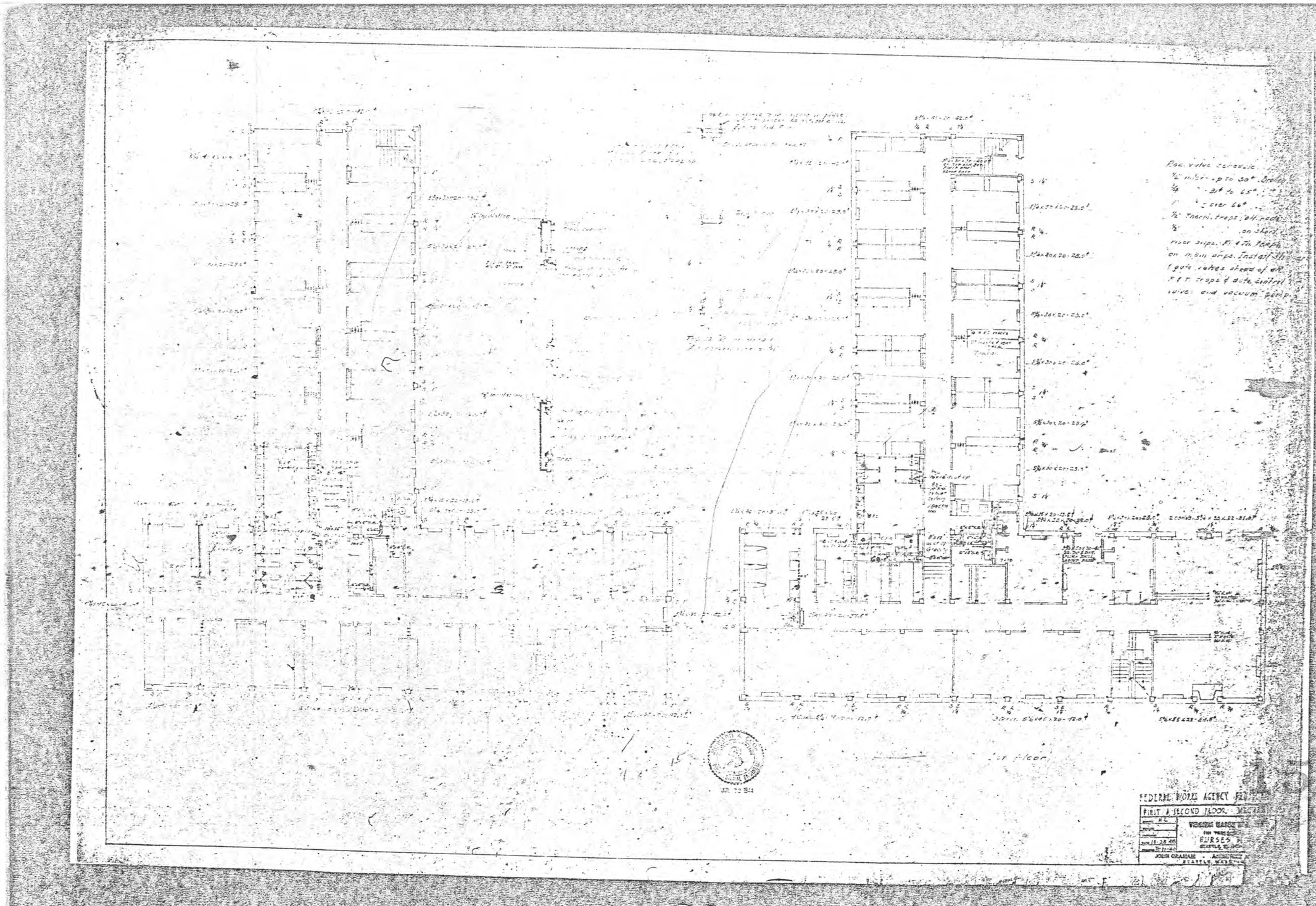


	Other Buildings	Construction	Floor	Roof	Stories	Dimensions	S. F. Area	Factor	Value	% Dep.	Deprec.	Net Value
	Garage					x			$		$	$
						x			$		$	$
						x			$		$	$
						x			$		$	$



2 FLOOR PLAN

2749ϕ


1st floor
FEDERAL WORKS AGENCY
FIRST & SECOND FLOOR
NURSES
JOHN GRAHAME
SEATTLE, WASH.

SUNSET CLUB

JOHN WINTHROP APTS.

CASSEL CRAG APTS

SENECA STREET

TERRY AVE.

TERRY AVE.

ROOF PLAN & PRESENT GROUND CONTOUR

SCALE 1/16" = 1'-0"

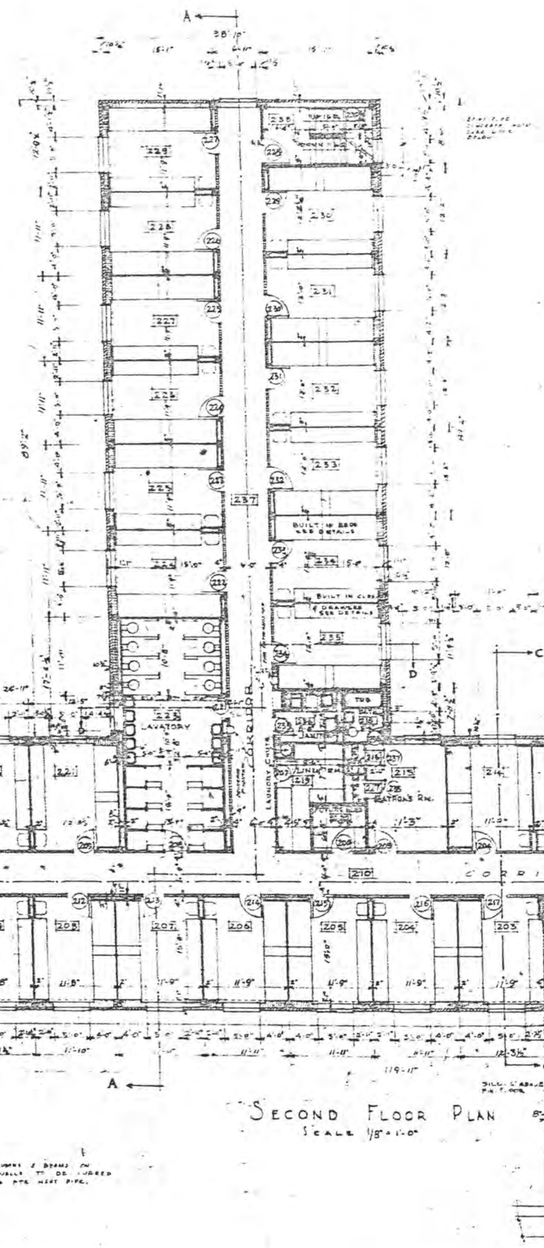
NOTE: UNLESS OTHERWISE NOTED ALL DIMENSIONS ARE TAKEN TO ROUGH TILE OR CONCRETE.

FEDERAL WORKS AGENCY

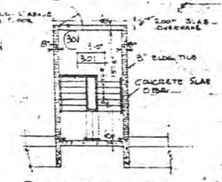
BASEMENT (SECOND) PLAN

JOHN GRAHAM

24

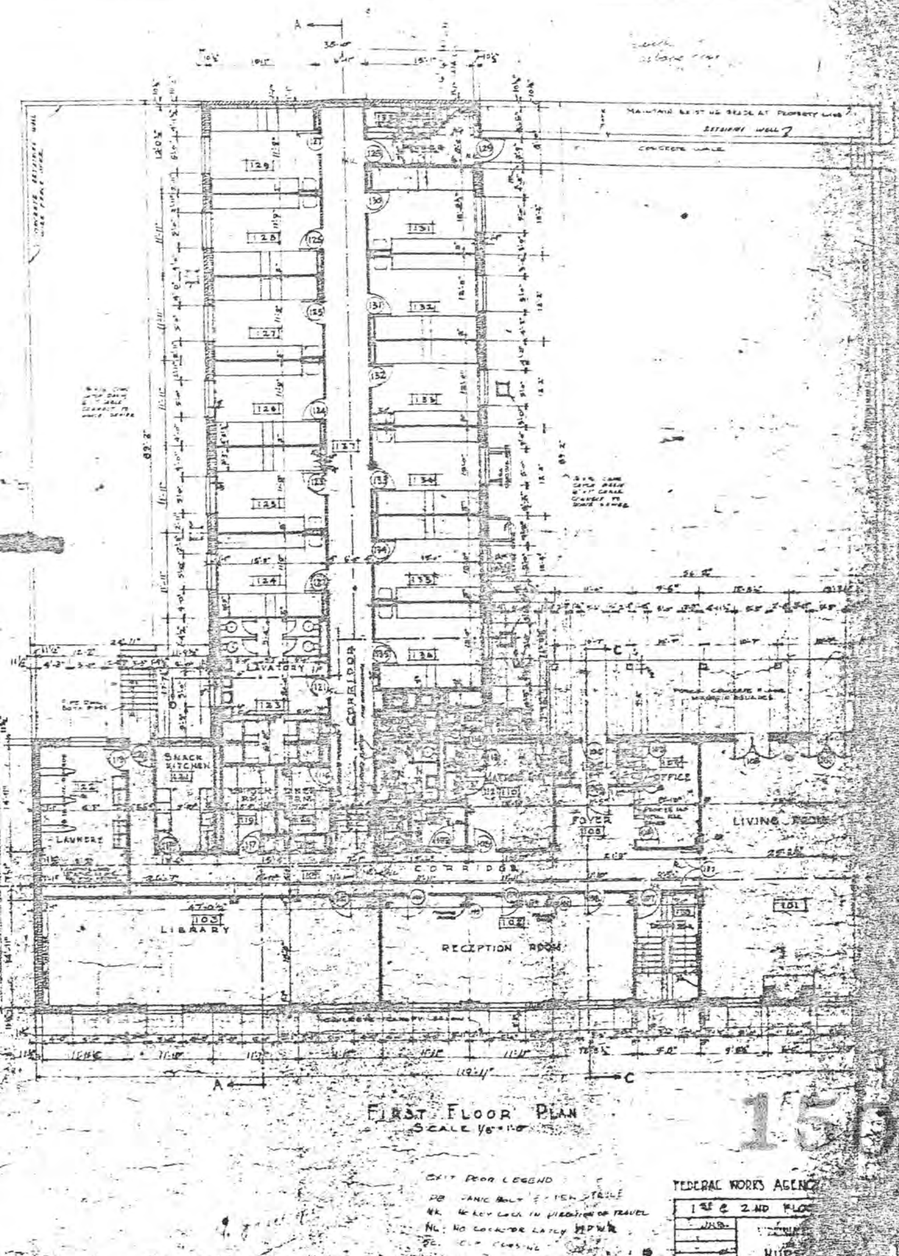


SECOND FLOOR PLAN
SCALE 1/8"=1'-0"



PLAN SHOWING ROOF ACCESS
SCALE 1/8"=1'-0"

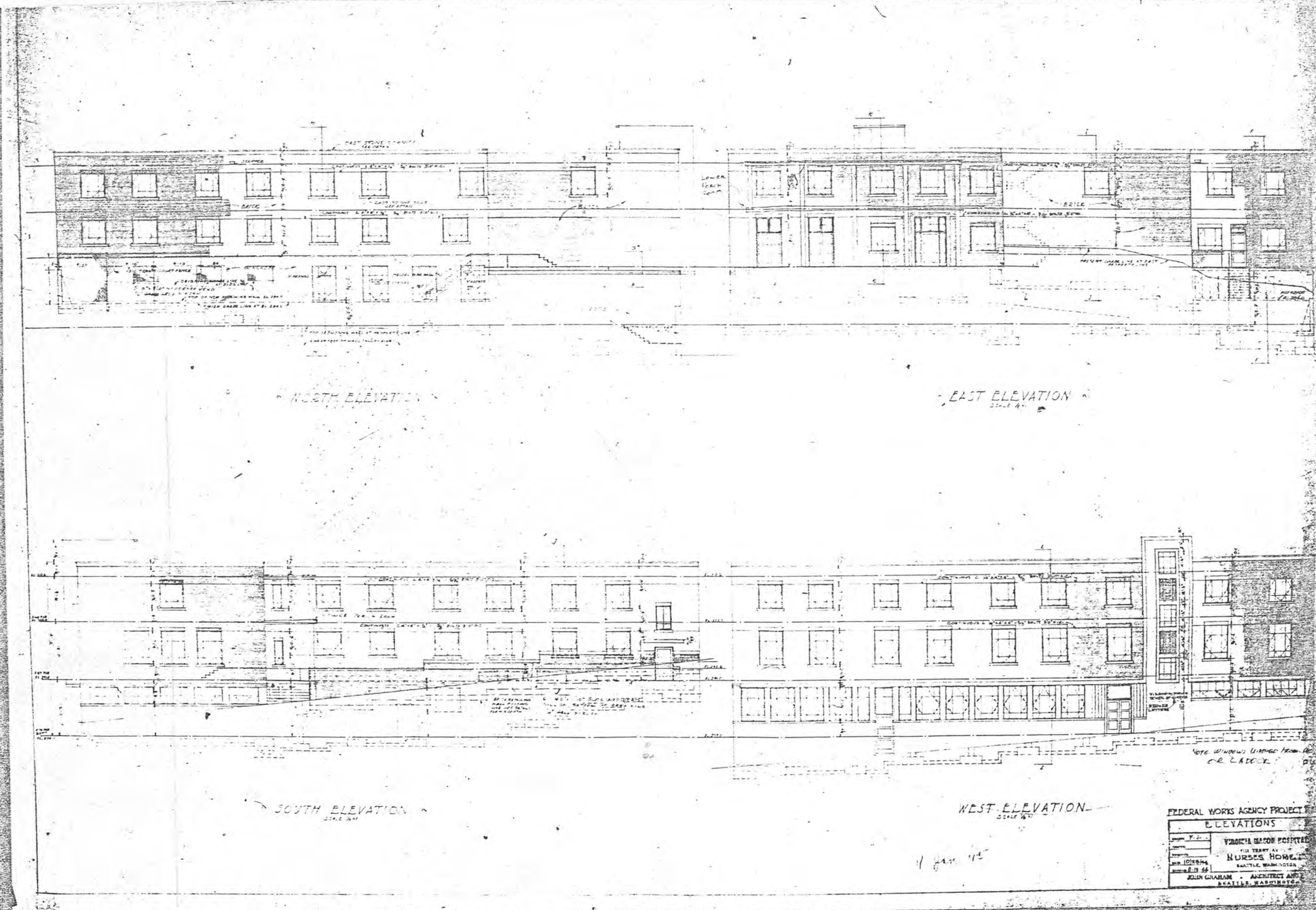
NOTE: COLUMNS & BEAMS IN EXTERIOR WALLS TO BE COVERED INTO ROOMS PER NEXT PLAN.



FIRST FLOOR PLAN
SCALE 1/8"=1'-0"

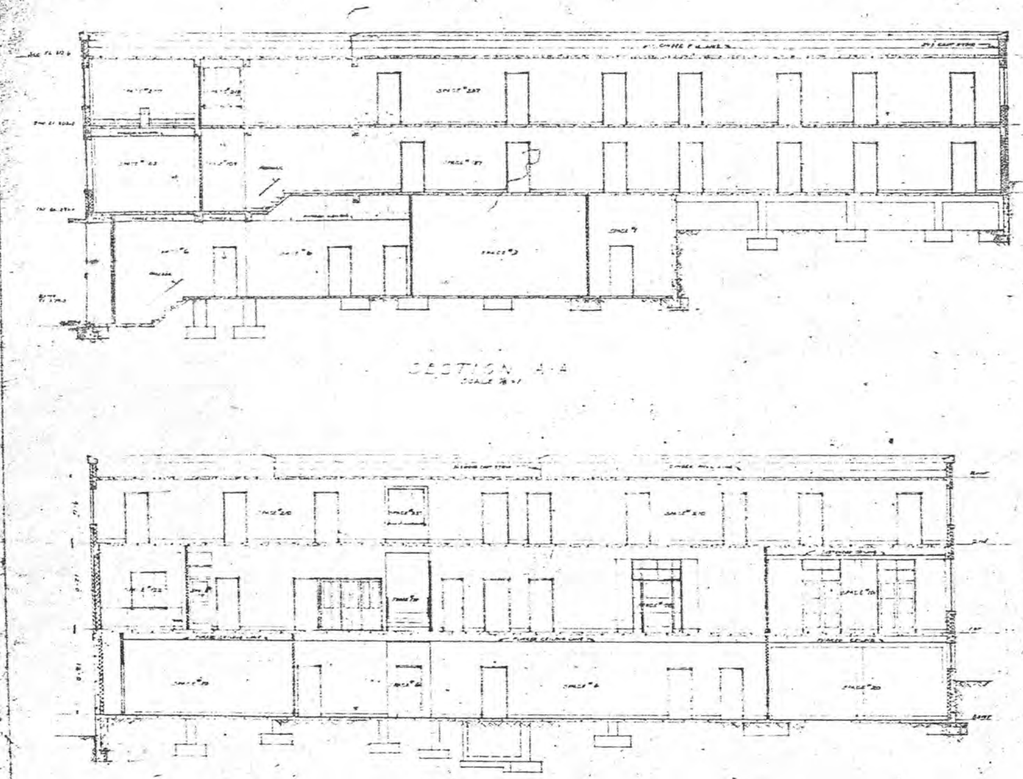
EXIT DOOR LEGEND
PB PANIC BOLT & PUSH PLATE
KL KEY LOCK IN DIRECTION OF TRAVEL
NL NO LOCK OR LATCH FROM INSIDE
DC DOOR CLOSURE

FEDERAL WORKS AGENCY
1ST & 2ND FLOOR


NORTH ELEVATION
EAST ELEVATION
SOUTH ELEVATION
WEST ELEVATION
FEDERAL WORKS AGENCY PROJECT
ELEVATIONS
VIRGINIA MASON HOSPITAL
NURSES HOME
SEATTLE, WASHINGTON
JOLEN GRAHAM - ARCHITECT AND
SEATTLE, WASHINGTON

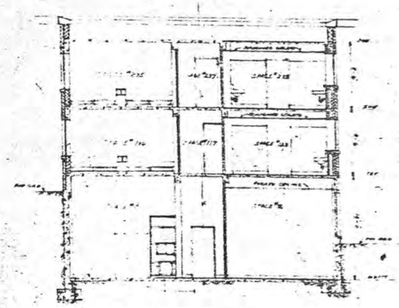
24x

1500

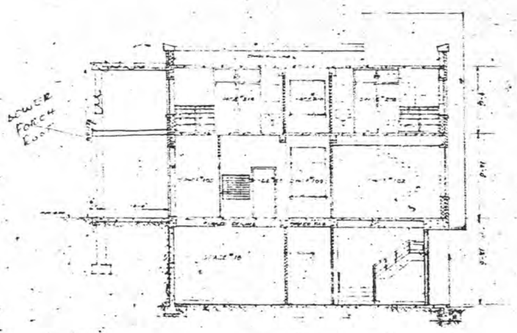


SECTION A-A

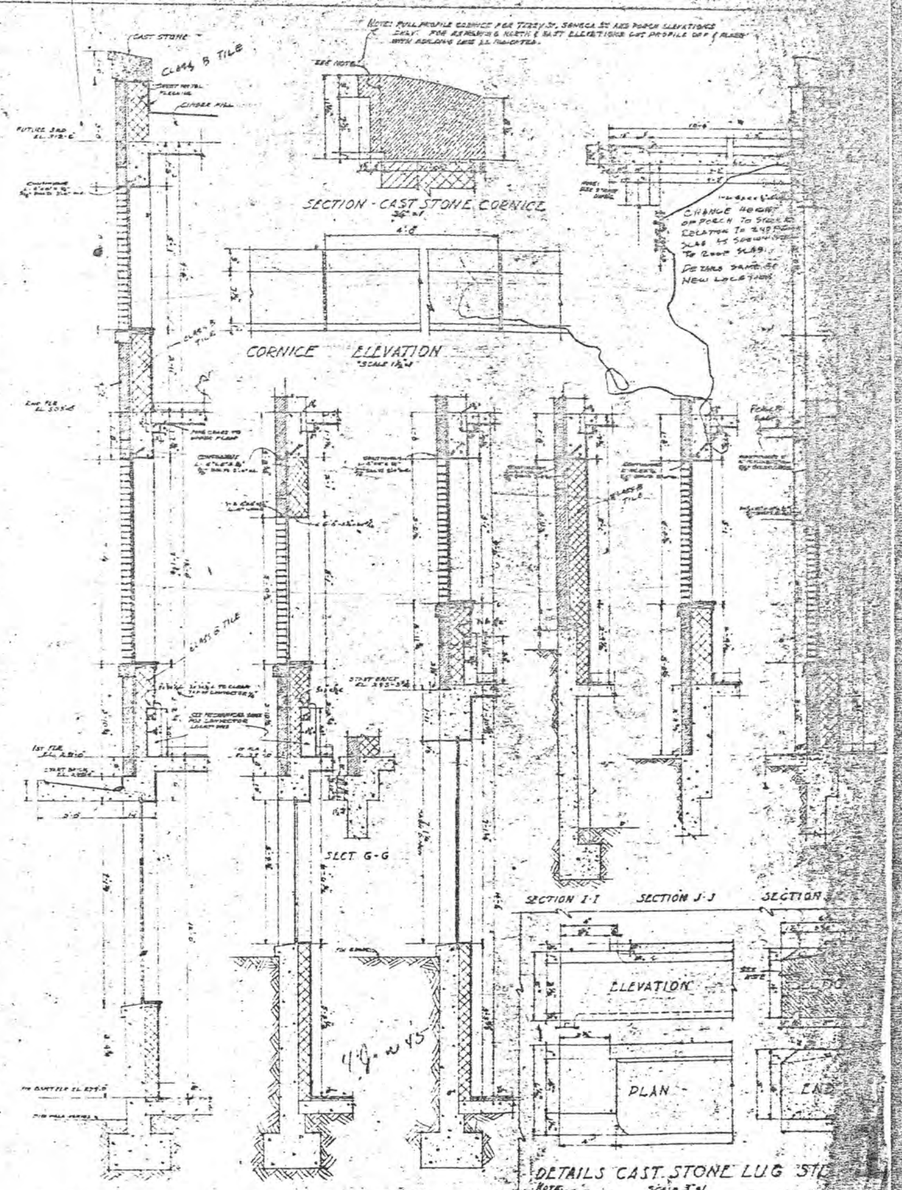
SECTION B-B



SECTION D-D



SECTION C-C



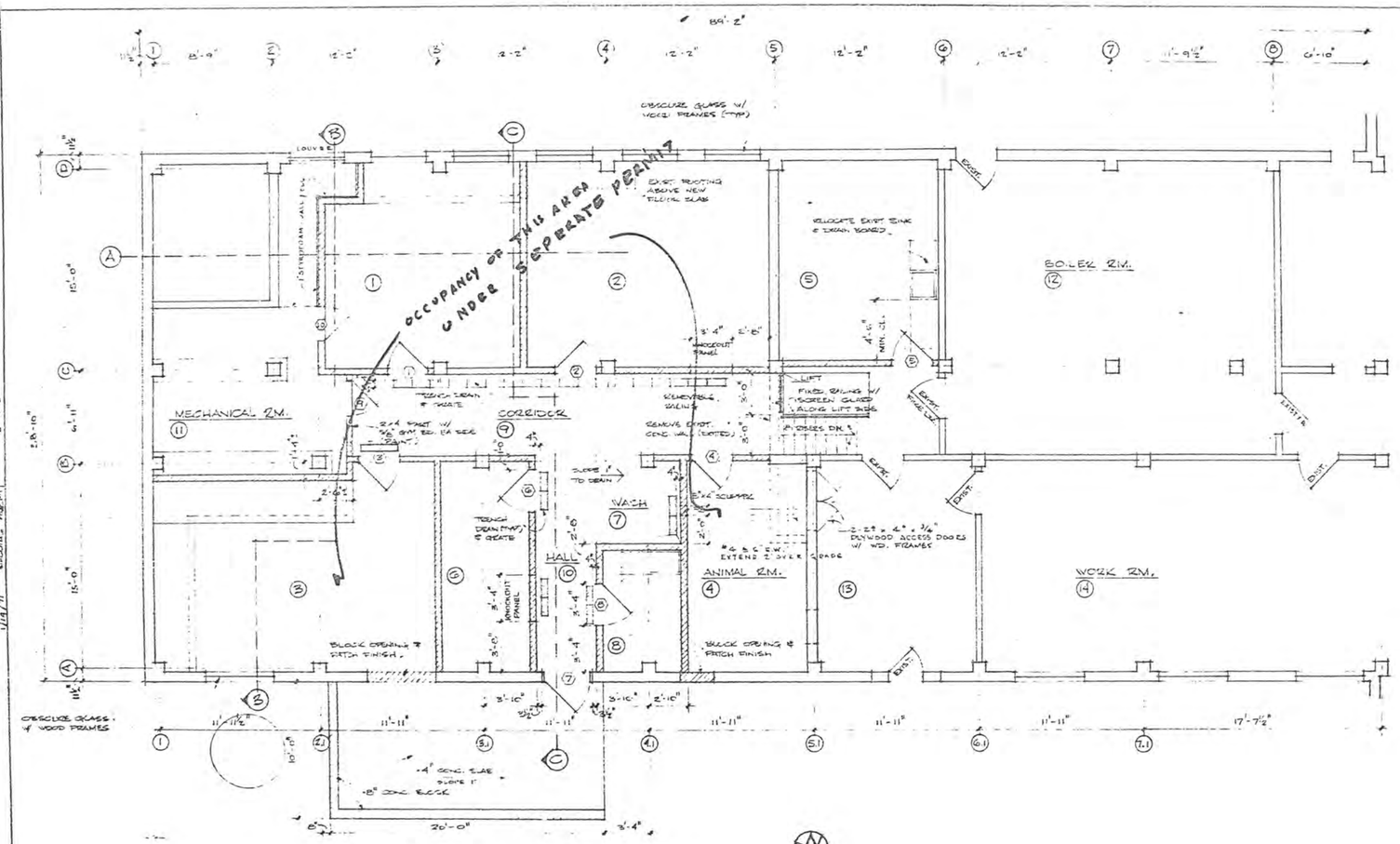
- EXTERIOR WALL MASONRY DETAILS -

DETAILS CAST STONE LUG SILL

FEDERAL WORKS AGENCY PROJECT

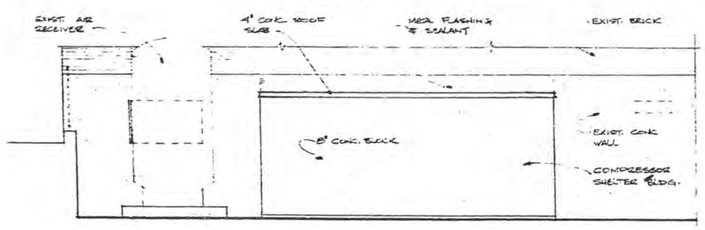
SECTIONS & EXTERIOR WALL

1500



FLOOR PLAN (BASEMENT)

SCALE: 1/4" = 1'-0"



NORTH ELEVATION (COMPRESSOR SHELTER)

SCALE: 1/4" = 1'-0"

DOOR SCHEDULE

NO.	DOOR & FRAME	SIZE	TYPE HARDWARE	REMARKS
1, 2, 3, 4 S.C. B	HOLLOW METAL	3'-0" x 6'-8"	II	VENT LOUVERS IN DOORS
7	HOLLOW METAL	3'-0" x 7'-0"	I	
9, 10	SOLID CORE WOOD	2'-8" x 4'-0"	III	

HARDWARE TYPE (FINISH US 10)

I. 1½ PR. BUTTS
LOCKS D 5 - D
DOOR CLOSER
THRESHOLD
DOOR STOPS

II. 1½ PR BUTTS
LOCKS D 51 PD
DOOR STOPS

III. 1 PR. BUTTS
LOCKS D 51 PD
WEATHERSTRIP ALL AROUND

FINISH SCHEDULE

EXTERIOR - NEW WOOD AND METAL SURFACES: TWO COATS OF EXTERIOR TRIM ENAMEL OVER APPROPRIATE PRIMER.

INTERIOR - ROOM NOS. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

WALLS: SACK WITH CEMENT-SAND GROUT
1 COAT PVA PRIMER
2 COATS GLOSS ALKYD ENAMEL

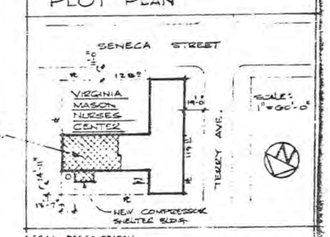
CEILINGS: 1 COAT PVA PRIMER
1 COAT GLOSS ALKYD ENAMEL

DOORS, WINDOW, FRAMES, RAILINGS:
2 COATS ALKYL GLOSS ENAMEL OVER APPROPRIATE PRIMER

BUILDING DEPT NOTES

1. RMV 90 - ZONE:
2. OCCUPANCY CLASS- B & H
3. CONSTRUCTION - TYPE I
4. MECHANICAL VENTILATION PER CODE:
SUPPLY - 20 AIR CHANGES 100% OUTSIDE
EXHAUST - MATCHING SUPPLY
ROOMS: 1 THRU 10.

PLOT PLAN



LEGAL DESCRIPTION:
LOTS 5 & 6, BLOCK 111, DENNY'S BROADWAY AD

ARCHITECTURAL

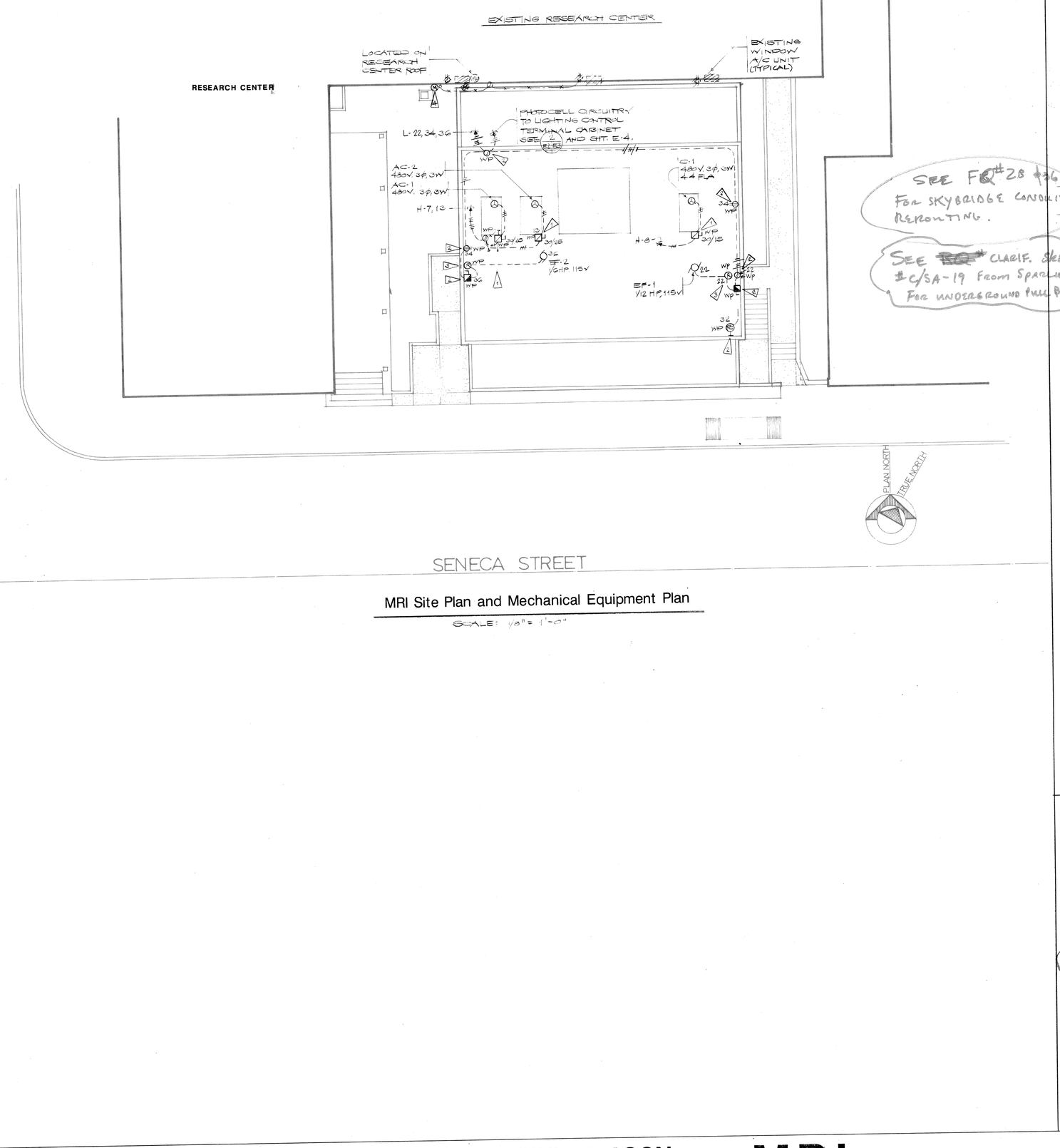
VIRGINIA MASON NURSES CENTER
MECHANICAL & STORAGE ADDITION

539161

1502

Change

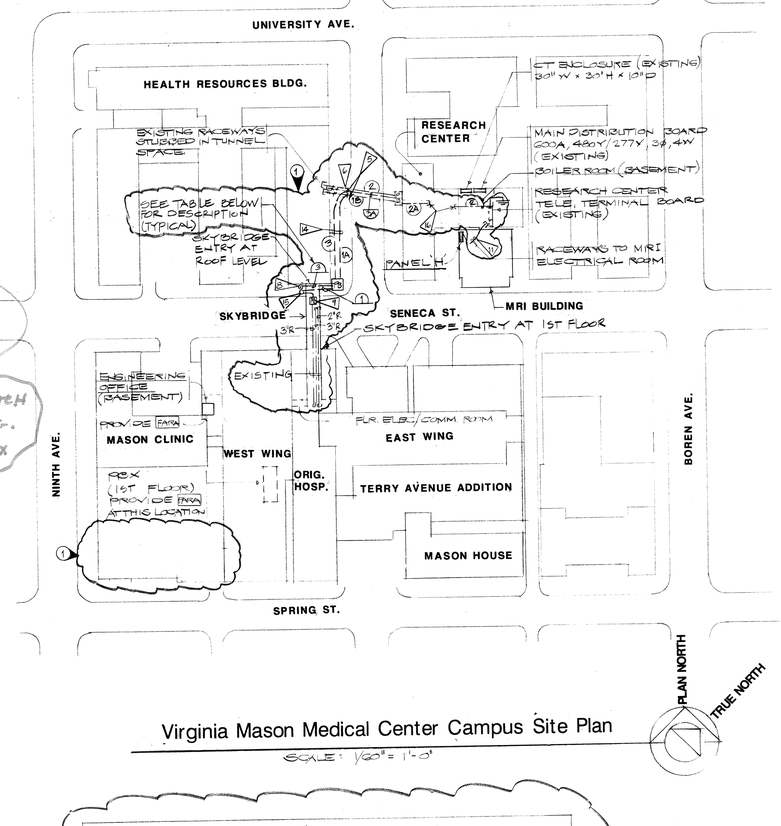
TERRY STREET



SENECA STREET

MRI Site Plan and Mechanical Equipment Plan

SCALE: 1/8" = 1'-0"



Virginia Mason Medical Center Campus Site Plan

SCALE: 1/60" = 1'-0"

Raceway Descriptions

DESIGNATION	SIZE-TYPE	EXISTING FUNCTION	NEW FUNCTION
1	3"R	—	TELEPHONE (MRI & RESEARCH CENTER), MRI FIRE ALARM)
1A	4"R	—	SAME AS 1
1B	4"R	SPARE	SAME AS 1
2	4"R	TELEPHONE-RESEARCH CENTER	SPARE
2A	4"R	TELEPHONE-RESEARCH CENTER.	SAME AS 1
3	4"R	—	SPARE
3A	4"R	SPARE	SPARE

FLAG NOTES: (SHEET E-2)

1. MOUNT DEVICE TO MECHANICAL EQUIPMENT.
2. MOUNT DEVICE ON INSIDE FACE OF ROOF PARAPET.
3. PROVIDE 120 VOLT AC COIL RELAY TO CONTROL EXHAUST FAN. RELAY SHALL HAVE ONE SET OF NORMALLY OPEN AND ONE SET OF NORMALLY CLOSED FORM C CONTACTS, RATED 20 AMPS AT 120 VAC. PROVIDE NEMA 3R ENCLOSURE AND MOUNT ON INSIDE FACE OF ROOF PARAPET, ADJACENT TO MANUAL STARTER. CONNECT EXHAUST FAN CIRCUITRY TO MANUAL STARTER VIA NORMALLY OPEN CONTACTS IN RELAY. CONTROL CIRCUIT AND CONNECTION TO RELAY COIL IS BY MECHANICAL CONTROL SUBCONTRACTOR.
4. REINSTALL EXISTING DEVICE PREVIOUSLY REMOVED.
5. EXISTING SPARE RACEWAY. INTERCEPT BELOW GRADE AND EXTEND AS SHOWN.
6. EXISTING RACEWAY WITH EXISTING TELEPHONE CABLE SERVING RESEARCH CENTER. MAINTAIN RACEWAY AND CABLE INTACT.
7.
8. STUB UP RACEWAY 4" ABOVE GRADE AND CAP.
9. PROVIDE A 8"W X 8"D X 36"L PULLBOX WITH COVERPLATE AND MOUNT ABOVE CEILING IN SKYBRIDGE. INTERCEPT ONE (1) EXISTING 3" RACEWAY AND ROUTE TO NEW PULLBOX.
10.
11. PROVIDE RACEWAYS FROM EXISTING TELEPHONE TERMINAL BOARD TO MRI ELECTRICAL ROOM AS FOLLOWS:
    1. ONE (1) 1"R. STUBBED OUT AT TELEPHONE TERMINAL BOARD.
    2. ONE (1) 3/4"R. TO FIRE ALARM CONTROL PANEL.
12.
13. COORDINATE INSTALLATION OF FIRE ALARM AND INTERCOM CONDUCTORS WITH THE TELEPHONE CABLE INSTALLATION BY THE OWNER. CONTACT KEN ANDERSON AT 583-6443.
14. ROUTE RACEWAYS IN GRASS MEDIAN STRIP.
15. ROUTE RACEWAY UP TO ROOF OF SKYBRIDGE. TERMINATE IN TOP OF PULLBOX LOCATED IN SKYBRIDGE CEILING SPACE (SEE FLAG NOTE 9). PROVIDE WIDE SWEEP RADIUS ELBOWS AND ATTACH TO SOUTH FACE OF HEALTH RESOURCES BUILDING.
16. PROVIDE "J" HANGARS AT 5 FEET ON CENTER, BETWEEN RACEWAY ENDS, TO SUPPORT NEW TELEPHONE AND FIRE ALARM CABLES. (SEE FQ #46 FOR CLARIFICATION)

Date | To | Number

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MRI
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GREGORY S. BATE STATE OF WASHINGTON 15911 REGISTERED PROFESSIONAL ENGINEER

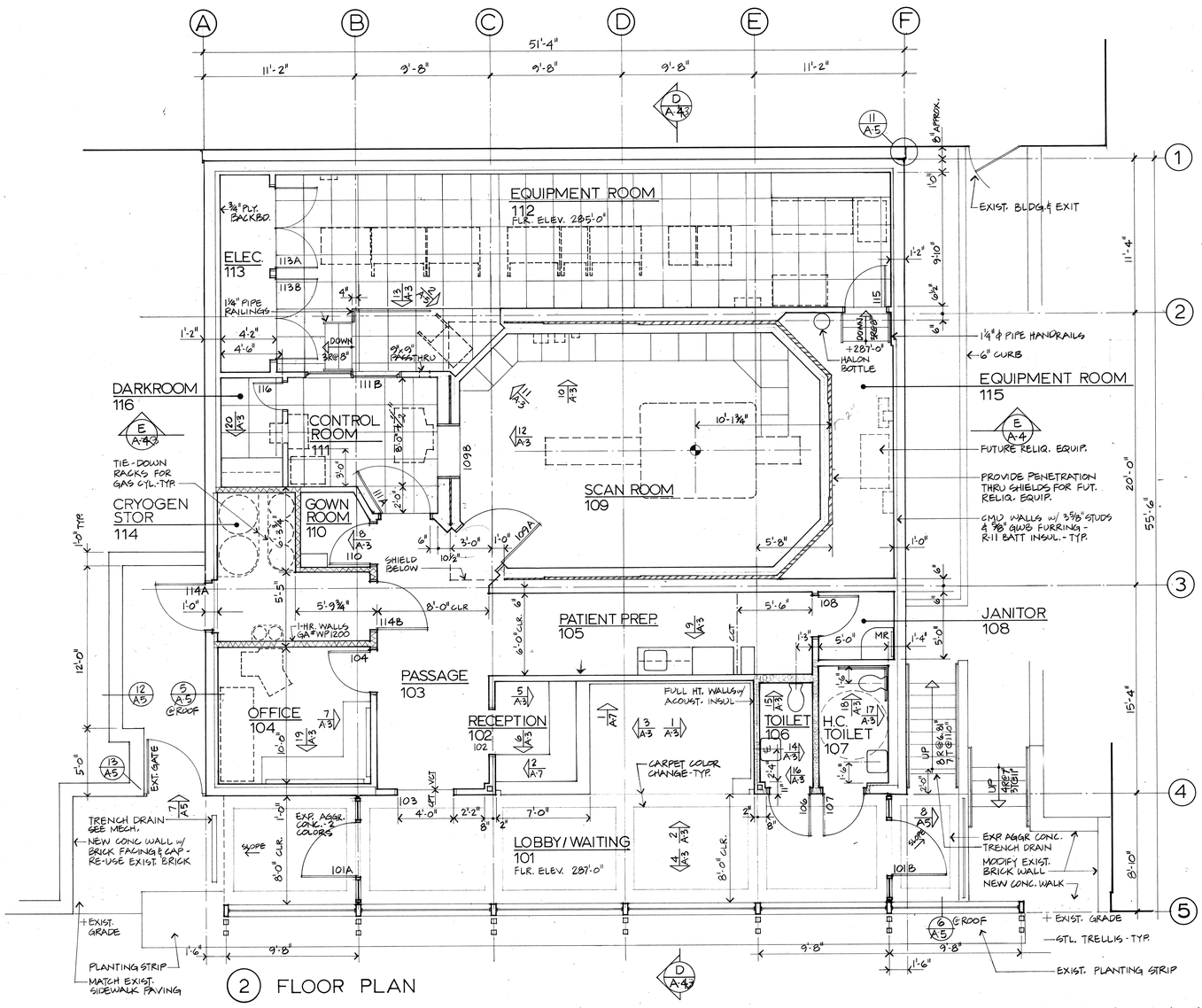
Number	Date	By	Description of Revisions
1	6-19-86	TWR	CCP "A"

Sheet Title: MRI Site Plan and Mechanical Equipment Plan, Virginia Mason Medical Center Campus Plan

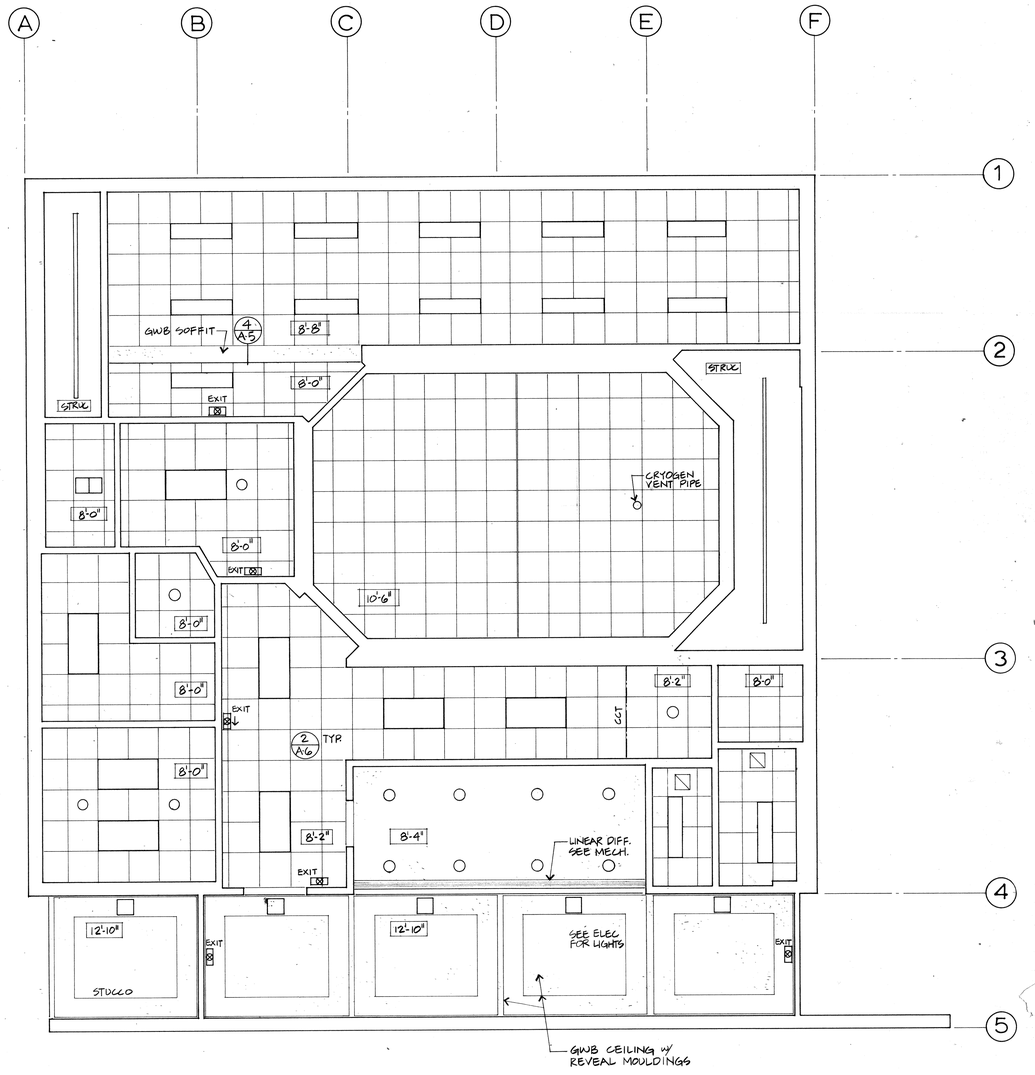
Scale: AS SHOWN | Sheet Number: E-2 | 1703

Approved By: | Date: 5-16-86

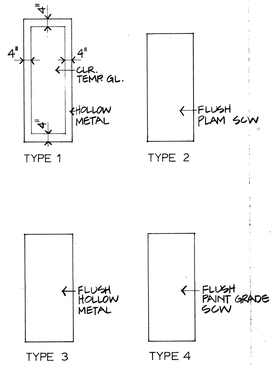
Designed: TL JR | Drawn: TL JR | Checked: GSR | Job No. 23135.00



2 FLOOR PLAN



1 REFLECTED CEILING PLAN



DOOR TYPE SCHEDULE

ROOM FINISH SCHEDULE

ROOM NUMBER	NAME	FLOOR MAT / FIN	BASE MAT / FIN	TYPICAL WALL MAT / FIN	OTHER WALL MAT / FIN	CEILING MAT / FIN	CEILING HT	REMARKS	REV
101	LOBBY/WAITING	CARP	WD - 4"	GWB/PNT., FNC		GWB	8-4/12-10	SEE SECTIONS	
102	RECEPTION	VCT	WD - 4"	GWB/PNT., FNC		GWB	8-0		
103	PASSAGE	VCT	RB - 6"	GWB/PNT		AC-3	8-2		
104	OFFICE	VCT	RB - 6"	GWB/PNT		AC-3	8-0		
105	PATIENT PREP.	VCT	RB - 6"	GWB/PNT		AC-3	8-2		
106	TOILET	SHV	RB - 6"	GWB/PNT		AC-3	8-4		
107	H.C. TOILET	SHV	RB - 6"	GWB/PNT		AC-3	8-4		
108	JANITOR	VCT	RB - 6"	GWB/PNT		AC-3	8-0		
109	SCAN ROOM	WSV	RB - 6"	GWB/PNT		AC-7	10-6		
110	GOWN ROOM	VCT	RB - 6"	GWB/PNT		AC-3	8-0		
111	CONTROL ROOM	ACCESS	RB - 6"	GWB/PNT		AC-3	8-0		
112	EQUIPMENT ROOM	ACCESS	RB - 6"	GWB/PNT		AC-3	8-8		
113	ELEC.	CONC-D-11	-	GWB/PNT		-	STRUC		
114	CRYOGEN STOR.	CONC-D-11	RB - 6"	GWB/PNT		AC-3	8-0		
115	EQUIPMENT ROOM	CONC-D-11	RB - 6"	GWB/PNT	GTL	AC-3	8-0		
116	DARKROOM	ACCESS	RB - 6"	GWB/PNT					

OPENING SCHEDULE

OPENING NUMBER	OPNG SIZE	LABEL	DOOR TYPE	FRAME ELEV	FRAME HEAD (see A-6)	FRAME JAMB (see A-6)	FRAME SILL (see A-6)	HARDWARE SETS	REMARKS	REV
101A	4-0 x 8-0	-	1		20/A6	20/A6		HW-1	TEMP. GL.	
101B	4-0 x 8-0	-	1		20	20		HW-1	TEMP. GL.	
102	3-4 x 8-0	-	-		22/A6	21/A6	-	-	CAGED OPENING w/ FRAME ½ STOPS	
103	4-0 x 8-0	-	-		22	21	-	-	CAGED OPENING w/ FRAME ½ STOPS	
104	3-0 x 7-0	-	2		4/A6	7/A6		HW-2		
106	3-0 x 8-0	-	4		22/A6	21/A6		HW-3		
107	3-0 x 8-0	-	4		22	21		HW-3		
108	3-0 x 7-0	-	2		4	7		HW-4		
109A	4-0 x 7-0	-	-			3/A5		-	SPECIAL RF SHIELD DOOR PACKAGE	
109B	4-0 x 3-0	-	-			3/A5		-	SPECIAL RF SHIELD RELITE	
110	3-0 x 7-0	-	2		4	7		HW-5		
111A	3-6 x 7-0	-	2		4	7		HW-6		
111B	7-0 x 7-0	-	-					-	SLIDING GL. DOOR - TEMP. GL.	
113A	6-0 x 7-0 PR	-	2		4	7		HW-7		
113B	6-0 x 7-0 PR	-	2		4	7		HW-7		
114A	3-6 x 8-0	-	3		27/A6	27/A6		HW-8		
114B	3-6 x 7-0	20 MIN	2		4/A6	7/A6		HW-9		
115	3-0 x 8-0	-	2		4	7	28/A6	HW-4		
116	2-0 x 7-0	-	2		4	7		HW-10	GASKETED DARKROOM DOOR	

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#17411 REGISTERED ARCHITECT STATE OF WASHINGTON

Number	Date	By	Description of Revisions

Sheet Title: Floor Plan, Reflected Ceiling Plan, Opening Schedule and Room Finish Schedule

Scale: 1703

Sheet Number: A-2

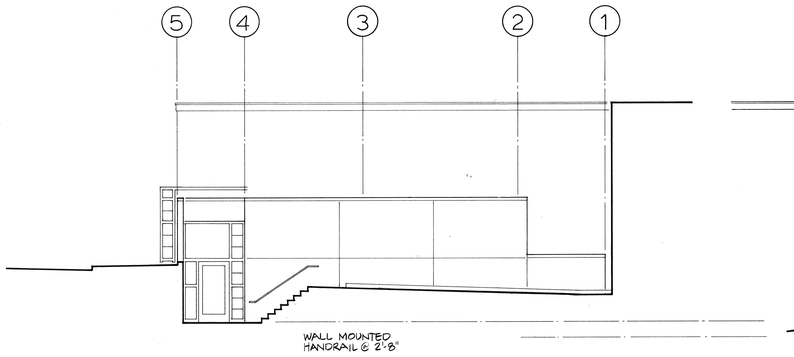
Approved By

Date: MAY 15, 86

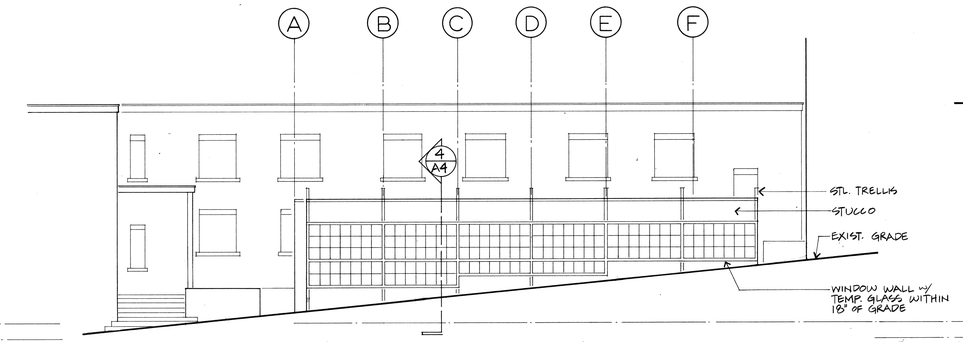
Designed | Drawn | Checked

Job No: 23985.00

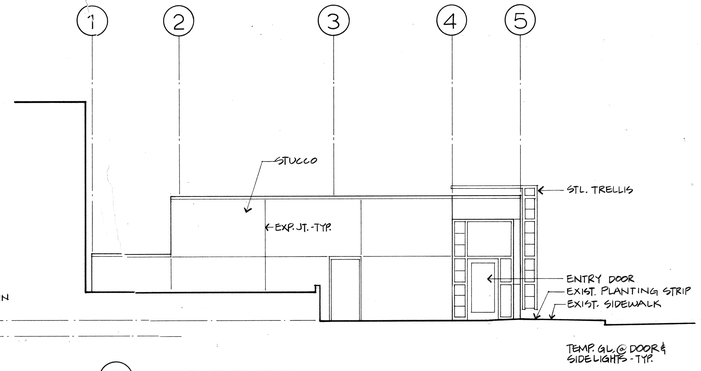
Date	Change



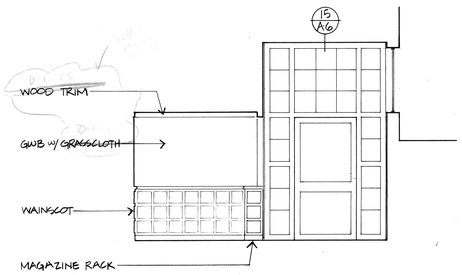
C EAST ELEVATION (LOOKING WEST)



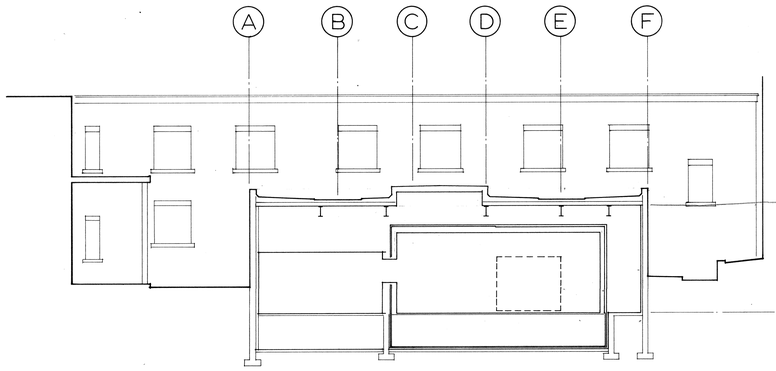
B SOUTH ELEVATION (LOOKING NORTH)



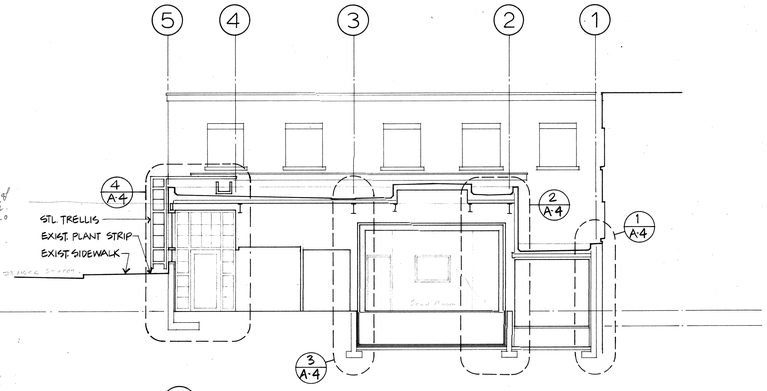
A WEST ELEVATION



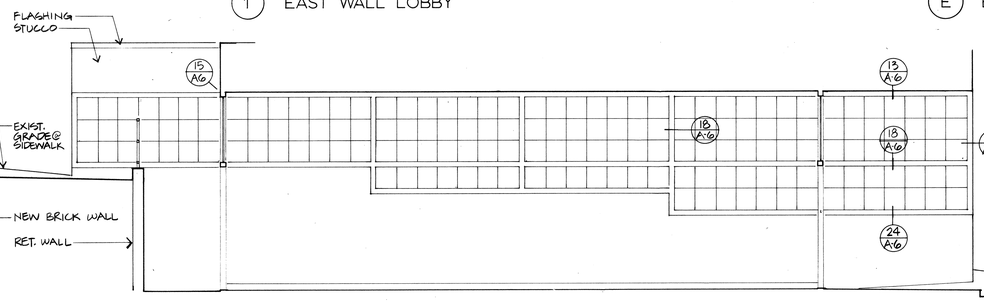
1 EAST WALL LOBBY



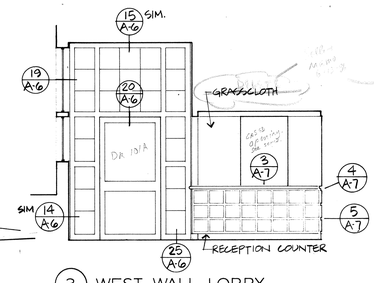
E BUILDING SECTION (LOOKING NORTH)



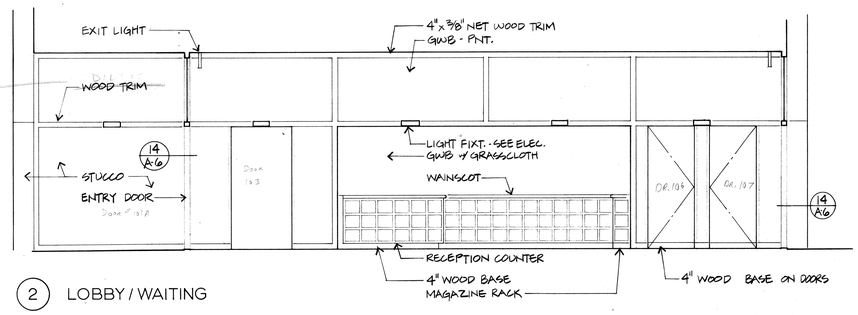
D BUILDING SECTION (LOOKING WEST)



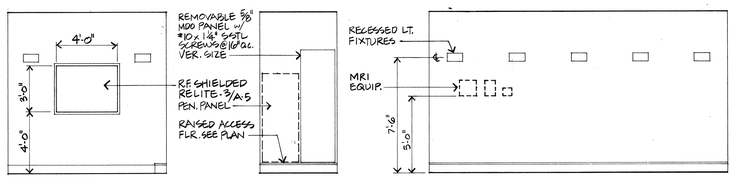
4 LOBBY / WAITING WINDOW WALL (LOOKING SOUTH)



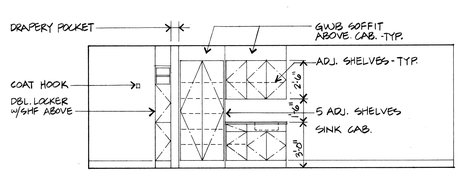
3 WEST WALL LOBBY



2 LOBBY / WAITING



12 SCAN ROOM 11 SCAN ROOM 10 SCAN ROOM



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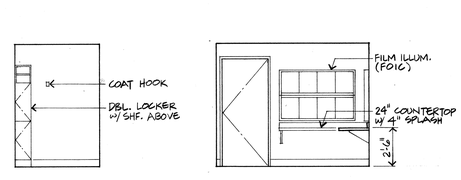
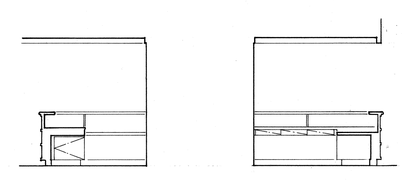
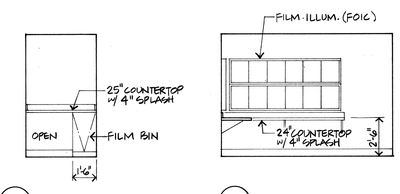


8 GOWN 7 OFFICE

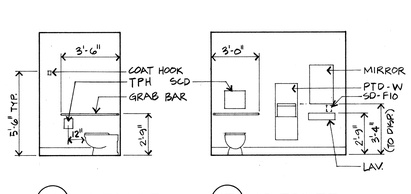


6 RECEPT 5 RECEPT

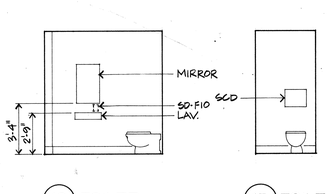


20 DARKROOM

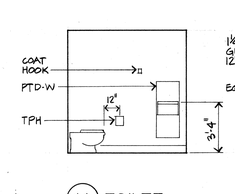
19 OFFICE



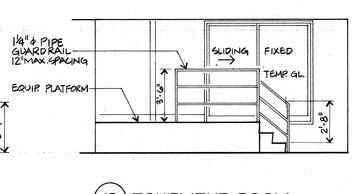
18 H.C. TOILET 17 H.C. TOILET



16 TOILET 15 TOILET



14 TOILET



13 EQUIPMENT ROOM

Date	To	Number

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REGISTERED ARCHITECT #17411 STATE OF WASHINGTON

Number	Date	By	Description of Revisions

Sheet Title: Building Elevations, Sections, and Interior Elevations

Scale: 1703

Sheet Number: A-3

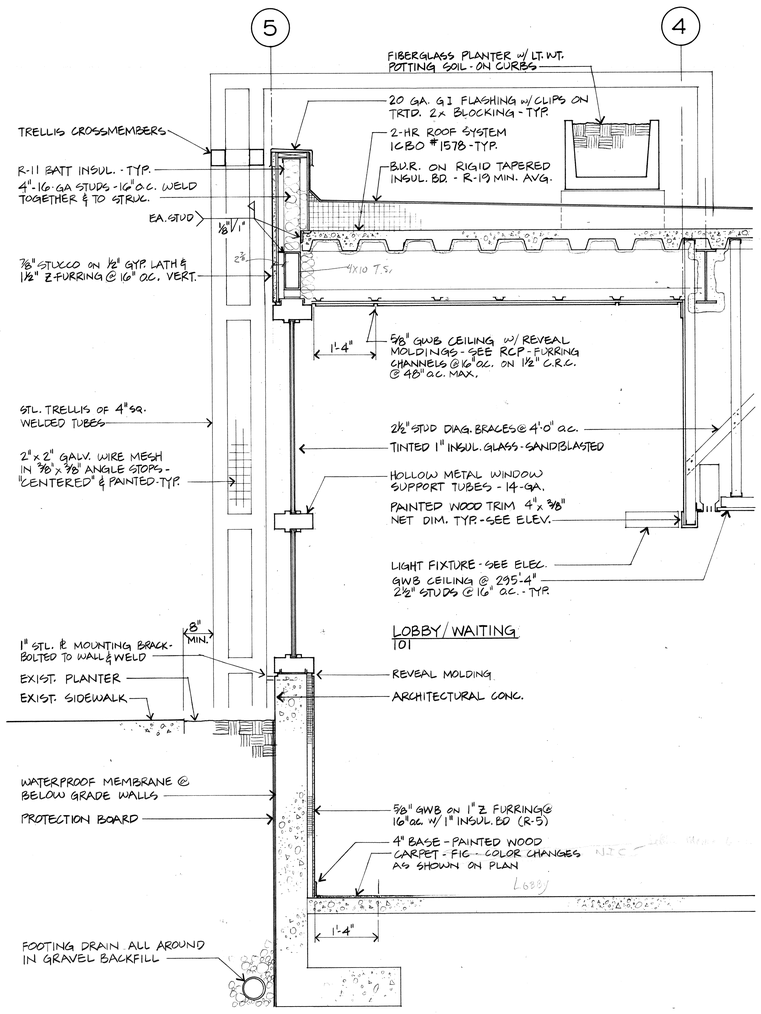
Approved By

Date: MAY 15, 2

Designed: DW Drawn: PD Checked

Job No: 23985.01

Date | Change



4 WINDOW WALL

3 SHIELD WALL

2 LEVEL CHANGE

1 WALL AT EXIST.

Date | To | Number

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#11741 REGISTERED ARCHITECT STATE OF WASHINGTON

Number	Date	By	Description of Revisions

Sheet Title: **Wall Sections**
Scale:
Sheet Number: 1703 A-4

Approved By:
Date: MAY 15, 86
Designed: DW Drawn: PD Checked:
Job No. 23985.00