

## Guided Reading Instruction

**Directions** Read the following passage. Use the questions in the margin to guide your reading. Then answer the questions that follow.

### How to Assemble a Tricycle

by Robert Parkmore

Trikes are much easier to assemble than bikes.

#### 1 Related eHow's

- [Buy a Tricycle](#)
- [Buy Toys Online](#)
- [More](#)

#### 2 The Things You'll Need:

3-in-1 oil  
adjustable wrenches  
bicycle helmets  
bike pumps  
tricycles  
tricycle bells  
tricycle horns

#### 3 Steps

1. Take the tricycle out of the box, separating out the parts. Set aside wheels, nuts and bolts, handlebars and frame.
2. Attach the wheels. The front wheel is larger than the others and should have the pedals already attached. Slip the front wheel into the front fork. The front fork is located at the front of the bike. Slip the wheel into the slots at the bottom of the fork and tighten the nuts around the pedal cranks.
3. Slip the rear wheels onto the axles. Tighten the bolts. Spin the wheels and test that they rotate freely. If not, loosen the bolts one-quarter turn on each wheel.
4. Install the seat in the top of the frame. Tighten the seat bolt with the seat in a low position. Raise the seat as necessary—remember, the child must be able to reach the pedals as well as the floor.
5. Push the handlebars into the tube above the front wheel. Tighten the metal ring between the handlebars and the front wheel until the handlebars are tight.
6. Put on the handlebar grips. If you have them, tape some streamers onto the end of the handlebars.
7. Pump up the tires, if necessary, with a hand pump to recommended pressure, usually 20 to 30 lbs.

#### Guided Questions

- 1 This text is from a Web site that provides instructions for assembling many products. When you see underscoring on a Web page, what does it tell you?
- 2 What information will you find in this box?
- 3 How many different steps are involved in assembling a tricycle? How do you know this at a glance?
- 4 How are the different steps arranged?

**5 Tips**

A little oil helps the wheels spin better. But too much oil, or heavy grease, will inevitably end up on your child.

**6**  **Warnings**

- Tighten the handlebars completely.
- Buy your child a helmet—it's required in some states.

**7 More Resources**

Related eHow's:

- [Buy a Tricycle](#)
- [Buy Toys Online](#)
- [Get Your Child to Start Exercising](#)
- [Help Kids Who Hate Sports Keep Fit](#)
- [Teach Your Kids About Street Safety](#)

**Guided Questions**

- 5** Good instructions often anticipate problems. What is the purpose of the information in this section?
- 6** What is the purpose of this icon or symbol?
- 7** Suppose you had a little brother and you wanted to buy him a toy other than a tricycle. Which e-How to the left might you read?

1. If you were assembling a tricycle for a younger brother or sister, what features of these instructions would you find the most helpful?

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2. What would you recommend be done to make these instructions even more helpful?

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**Apply** **Directions** Read the contract below. Then answer the questions that follow.

September 17, 2004

### GreatBodies Health Clubs

This agreement is being made between GreatBodies Health Clubs, located at 87 Main Street, Fresno, California 93706, called "the provider," and \_\_\_\_\_, residing at \_\_\_\_\_, called "the member."

#### Responsibilities of Provider

In exchange for the payment listed in the section entitled "Payments," GreatBodies Health Clubs will provide:

- Access to any of the five GreatBodies Health Clubs located in the Fresno area;
- Access seven days a week from 7:00 A.M. to 9:00 P.M., except for legal holidays;
- Three sessions with a personal trainer;
- Use of exercise equipment;
- Daily exercise classes;
- One locker space.

The provider guarantees that exercise equipment and facilities will be kept in good working order. Working showers with hot and cold water are available for member's use.

#### Payments

Member agrees to pay GreatBodies Health Clubs annual dues of \$600, payable on the second of January of each year.

The club reserves the right to raise the annual dues without notice.

#### Termination of Agreement

Membership in the club will be renewed each year unless member sends written notification of intent to cancel membership thirty days in advance of the renewal date. Notification must be sent by registered mail.

**Revocation of Privileges**

GreatBodies Health Clubs reserves the right to revoke the member's privileges immediately for any one of the following reasons:

- failure to pay annual fee;
- behavior that is loud and disruptive.

Signature of Provider

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Member

\_\_\_\_\_

Date

\_\_\_\_\_

1. Why are there blanks left in the first paragraph?

\_\_\_\_\_  
\_\_\_\_\_

2. What graphic feature allows you to see at a glance the responsibilities of the Provider?

\_\_\_\_\_

3. Which section tells you how much you would have to pay to become a member? When is this payment due?

\_\_\_\_\_  
\_\_\_\_\_

4. What important information do you find under the heading "Termination of Agreement"?

\_\_\_\_\_  
\_\_\_\_\_

5. What does the expression "reserves the right" mean?

\_\_\_\_\_  
\_\_\_\_\_

**Assessment Practice** Directions Answer the questions based on the passage you just read.

**1** According to this agreement, which of the following does GreatBodies Health Clubs *not* have to provide?

- A access to the club before 7 A.M.
- B three sessions with a personal trainer
- C daily exercise classes
- D locker space

**2** Which of the following is the biggest drawback of this contract?

- A The club is open for only a brief period each day.
- B There is no locker space available to members.
- C The club can raise the dues without notice.
- D The club can revoke membership if the member fails to pay the dues.

**3** According to this contract, which statement is *not* true?

- A GreatBodies must maintain its equipment in good working condition.
- B GreatBodies provides hot and cold shower facilities.
- C GreatBodies offers personal training.
- D GreatBodies has only one location.

**4** The term “annual dues” means that a payment must be made

- A each year.
- B each month.
- C each week.
- D twice a year.

**5** According to this contract, what is likely to happen if a member upsets the other members in the club?

- A The member’s dues will go up.
- B The member’s privileges will be revoked.
- C The member will be given a warning.
- D The member will not be able to attend some classes.

**Technical directions** tell you how to operate, use, or assemble mechanical devices. Usually technical directions are complex. You must read them carefully so that you can figure out exactly what to do.

Technical directions contain technical vocabulary that you must understand in order to follow them. Because this vocabulary is so important, the author may supply definitions or explain something about it right there in the directions. Technical vocabulary may appear in boldface type so that you can see it at a glance. This helps you scan the directions to find the information you need.

Technical directions usually contain charts and lists. You will probably see diagrams or drawings as well. Labels identify different parts on the diagram. Sometimes there is a blow-up of part of the diagram so that you can look at it in detail.

When you read technical instructions, connect what you read in the text with what you see in the diagrams.

**Guided  
Reading  
Instruction**

**Directions** Read the following passage. Use the questions in the margin to guide your reading. Then answer the questions that follow.

**How a Gas Engine Works**

by the editors of *Popular Mechanics for Kids*

Please Note: For purposes of illustration, different types of 4-cylinder engines are shown.

**1** Basic Principles:

To help you understand how an engine works, we will use a simplified version of a real engine. When pressure is applied to the head of the piston, it is forced downwards. The piston pushes against the connecting rod which pushes against an arm of the crankshaft causing it to rotate. Thus the up and down motion of the piston is converted to a rotary motion of the crankshaft.

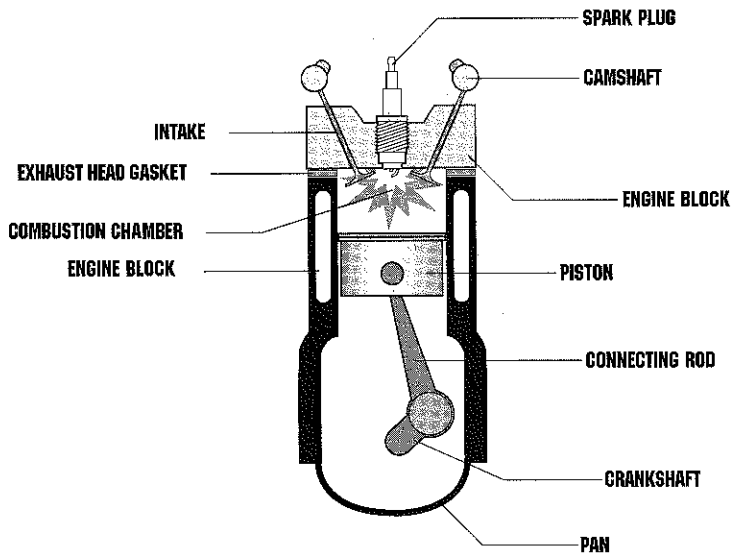
**2** When you turn the key to start a car, the starter (an electric motor) rotates the crankshaft thus moving the pistons up or down, depending on the initial position of the piston.

**Guided Questions**

- 1** Think about this heading. Will this passage give you in-depth information or more general information about how a gas engine works?
- 2** Underline the information in parentheses. What type of power causes the starter to work?

**Guided Questions**

**3**



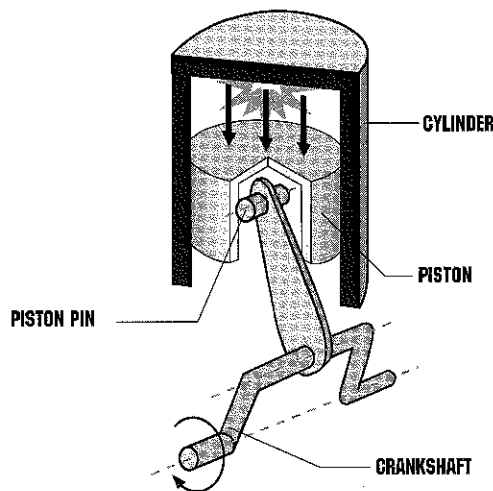
**4** As a piston moves down from the top (dead center) point, a mixture of gas and air is sucked into its cylinder through an open valve. This is called the **intake** stroke. The starter continues to rotate the crankshaft. As it pushes the piston upwards, the open valve closes and the gas-air mixture is compressed in the space between the piston head and the cylinder block. This is called the **compression** stroke.

**5** As the piston nears the top of its travel, the gas-air mixture is ignited by a spark jumping across the gaps of the spark plug. The burning mixture then begins to expand rapidly, in a kind of controlled explosion. This expanding gas forces the piston downwards. This is the **power** stroke.

In the final cycle, the other valve opens and the piston moves from its lowest position back to the top again forcing the burnt gas from the cylinder. This is the **exhaust** stroke. The complete set of strokes described above is called the **4-STROKE CYCLE**:

- 6** • intake
- compression
- power
- exhaust

**7**



**3** What connects the piston to the crankshaft?

**4** What two kinds of strokes are described in this section? What type feature helps you to know this at a glance?

**5** Find the spark plug on the first diagram and circle it. Explain the purpose of the spark plug.

**6** What does the bulleted list allow you to see at a glance?

**7** Connect the text in the previous paragraph to the diagram. What do the arrows in this illustration show?

**8** The gas-air mixture flows into the combustion chamber through a small hole which is opened and closed by the intake valve. Spent (burned) gas flows out of another hole controlled by the exhaust valve. These valves are maintained in the closed position by their respective springs. As the engine turns, the valves are pushed open, in the proper sequence, by the rocker arms. Once rocker-arm pressure is removed from a valve, it is forced back into the closed position by its spring.

**Guided Questions**

**8** What is the purpose of the rocker arms? What is the purpose of the spring?

1. Reread the first paragraph. What happens to the up-and-down motion of the piston?

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2. What is the connection between the starter and the pistons?

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3. Explain the difference between the intake stroke and the compression stroke.

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4. Explain the difference between the power stroke and the exhaust stroke.

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**Apply** **Directions** Read the passage below. Then answer the questions that follow.

## The Mechanics of Movement Mechanical Clocks and Watches

*from The New Way Things Work*

by David Macaulay

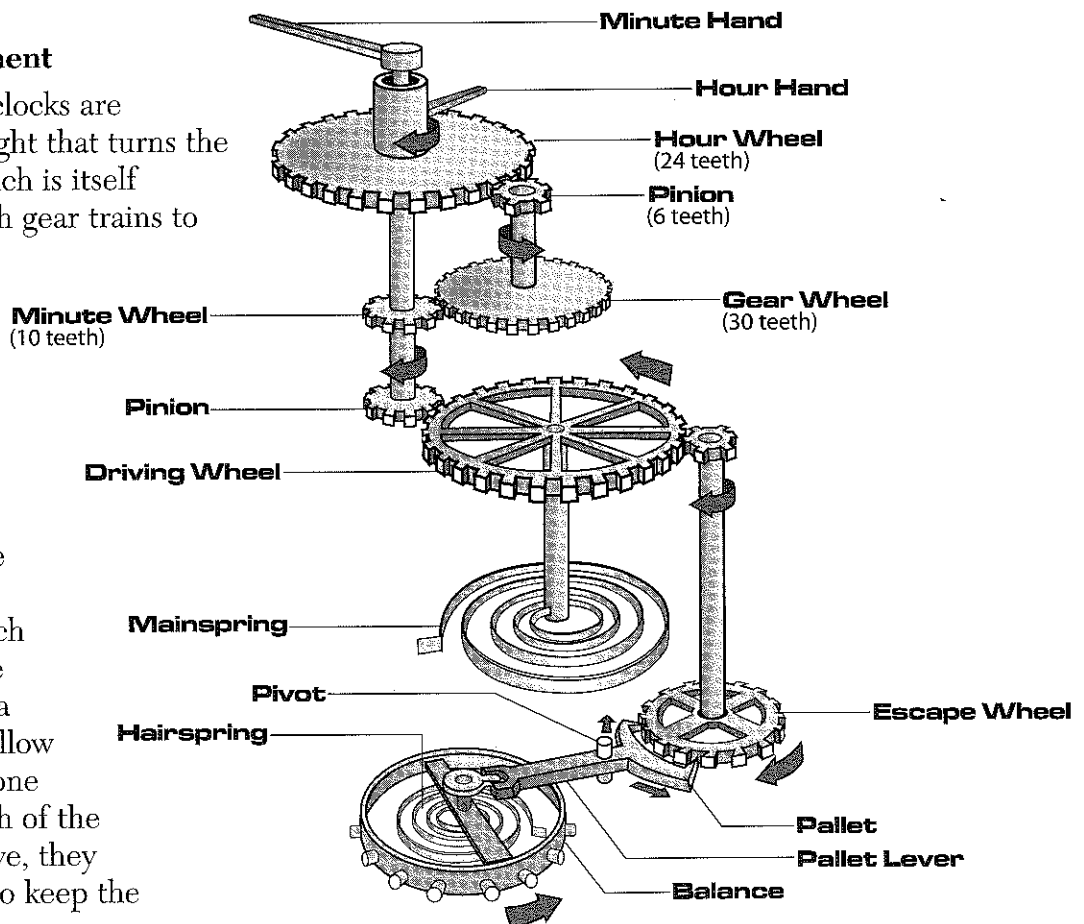
Spur gears lie at the heart of mechanical timepieces. Powered by a falling weight or an unwinding spring, they turn the two hands, ensuring that the minute hand moves exactly twelve times around the dial for every revolution of the hour hand.

The hands are turned by the driving wheel through a pinion that is geared to rotate once an hour. The pinion drives the minute hand directly. The hour hand is driven through two sets of spur gears which together reduce its speed to one-twelfth that of the hour hand.

A further train of gears controls the speed at which the driving wheel rotates by connecting it to the escapement, which is the heart of the time-keeping mechanism.

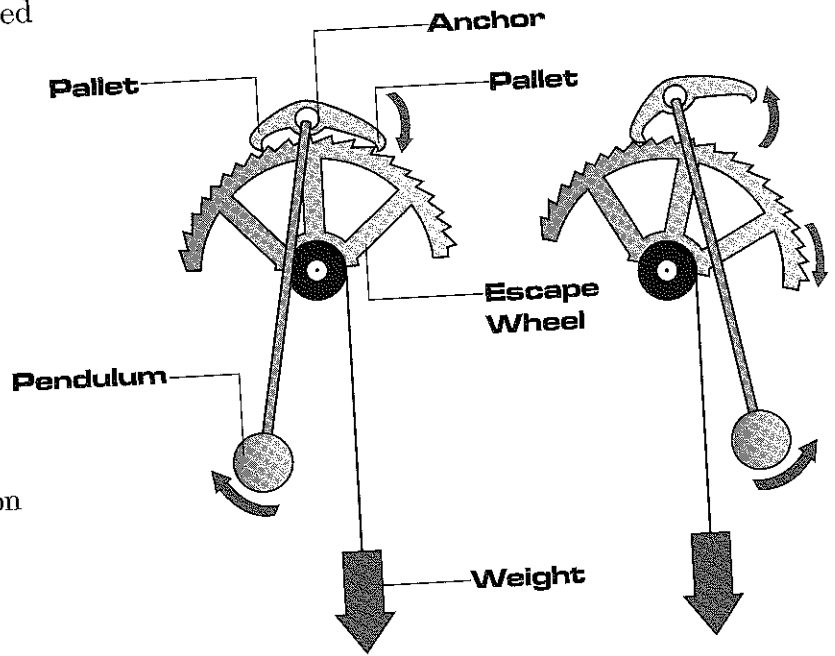
### Anchor Escapement

Many pendulum clocks are powered by a weight that turns the escape wheel, which is itself connected through gear trains to the hands. The escape wheel moves in precise steps. The swinging pendulum rocks the anchor so that the pallets alternately engage the teeth on the escape wheel. Each swing releases the escape wheel for a short interval to allow it to move on by one tooth. As the teeth of the escape wheel move, they push the anchor to keep the pendulum swinging.



**Lever Escapement**

A mechanical watch is powered by its mainspring, which turns the driving wheel and escape wheel. The hairspring oscillates in the balance, making the lever rock to and fro so that the pallets release the escape wheel in the same way as an anchor escapement. The hairspring is kept moving by the pressure of the escape wheel teeth on the lever.



1. In a twelve-hour period, how many times will the minute hand have moved around the clock?  
How many times will the hour hand have moved around the clock?

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2. What is the purpose of the driving wheel?

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3. In a pendulum clock, what happens when the pendulum rocks back and forth?

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4. In a mechanical watch, what is the purpose of the mainspring?

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5. Based on this passage, explain why you have to wind a mechanical clock.

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**Assessment Practice** Directions Answer the questions based on the passage you just read.

**1** Which of the following is the core component for operating a mechanical clock?

- A pallet
- B spur gears
- C clock face
- D minute hand

**2** Which item below serves the same purpose as the mainspring?

- A a gear wheel
- B a pinion
- C a weight
- D a balance

**3** Why is the speed of the hour hand one-twelfth that of the minute hand?

- A The minute hand must travel sixty times around the clock every hour.
- B The minute hand must travel twelve times around the clock every hour.
- C The minute hand must travel once around the clock every twelve hours.
- D The minute hand must travel twelve times around the clock every twelve hours.

**4** Which of the following would most likely happen if one of the teeth on the hour hand got bent?

- A The clock would not tell time accurately.
- B The handspring would stop working.
- C The driving wheel would not function.
- D The balance would be off.

**5** In today's modern clocks and watches, a battery serves the same function as what part of a mechanical clock?

- A mainspring
- B driving wheel
- C pinion
- D pallet

**Guided Reading Instruction**

**Directions** Read the following application. Use the questions in the margin to guide your reading. Then answer the questions that follow.

**Guided Questions**

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**DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION** **1** **DO NOT DUPLICATE**

**1 PURPOSE FOR YOUR VISIT:** ✓ the appropriate box(es). **PRINT USING BLACK OR BLUE INK ONLY.**

<p><b>DRIVER LICENSE (DL)</b></p> <input type="checkbox"/> Original DL/Permit <input type="checkbox"/> Add CDL Endorsement <input type="checkbox"/> Renewal <input type="checkbox"/> Remove Restriction <input type="checkbox"/> Replacement <input type="checkbox"/> Change/Add Class Lost _____ Stolen _____ <b>Complete Parts 2 through 7.</b>	<p><b>IDENTIFICATION CARD (ID)</b></p> <input type="checkbox"/> Original ID Card/Renewal <input type="checkbox"/> Senior ID Card/Renewal (Age 62+) <input type="checkbox"/> Replacement Lost _____ Stolen _____ <b>Complete Parts 2, 3, 5A, &amp; 6 only.</b>	<p><b>NAME CHANGE/ CORRECTION</b></p> <input type="checkbox"/> DL <b>2</b> <input type="checkbox"/> ID CARD <b>2</b> <b>Complete Parts 2, 3, 5, &amp; 6 only.</b>	<p><b>FOR DMV USE ONLY</b></p> BD/LP Code _____ State/Country _____ DOCUMENT# _____ Review: Primary _____ Secondary Tech ID/Date _____
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**2 PLEASE PROVIDE THE FOLLOWING:**  
 NOTE: You must use your true full name. Original documentation may be required. Refer to the *California Driver Handbook*.

Driver License or ID Card Number _____	State or Country _____	Expires MO _____ DAY _____ YR _____	Birth Date MO _____ DAY _____ YR _____	Social Security Number _____
First Name _____	Middle Name _____	Last Name _____	Suffix (Jr., Sr., III) _____	

Mailing Address, P.O. Box, or Private Mail Box (include Box Number, St., Ave., Rd., Blvd., etc.), Number, Street, Apt/Space No., City, State, Zip Code \_\_\_\_\_

Address Where You Live (if different from mailing address), Number, Street, Apt/Space No., City, State, Zip Code \_\_\_\_\_

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Hair Color _____	Eye Color _____	Height _____	Weight _____
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**3 COMPLETE THIS SECTION ONLY IF YOU ARE NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER:**

I certify under penalty of perjury under the laws of the State of California that no Social Security Number has ever been issued to me and I am not presently eligible for a Social Security Number. I understand that pursuant to Vehicle Code Section 12801 I must provide my Social Security Number to the Department of Motor Vehicles when one is assigned to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4 LICENSING NEEDS:** ✓ the appropriate box(es). Refer to the *California Driver Handbook* for additional information. **3**

<p><b>BASIC LICENSE</b></p> <input type="checkbox"/> Basic Class C <input type="checkbox"/> Motorcycle <i>If basic license only, go to Part 5.</i>	<p><b>NON-COMMERCIAL LICENSE</b></p> <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> FIRE FIGHTER <input type="checkbox"/> Class A <input type="checkbox"/> Class B	<p><input type="checkbox"/> AMBULANCE CERTIFICATE  <input type="checkbox"/> VERIFICATION OF TRANSIT TRAINING</p>
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**COMMERCIAL DRIVER ONLY (SSN documentation is required before any original commercial driver license application is started.)**

<p><b>COMMERCIAL LICENSE</b></p> <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<p><b>ENDORSEMENTS</b></p> <input type="checkbox"/> Passenger Transport <input type="checkbox"/> Hazardous Materials/Waste <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Tank	<p><b>RESTRICTION IS</b></p> <input type="checkbox"/> Air Brakes
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I certify that the motor vehicle in which I am taking the driving skills test is representative of the type of motor vehicle I expect to operate. I am not subject to any disqualification, suspension, revocation, or cancellation as contained in Title 49 of Federal Regulations, Part 383.51, and I do not have a driver license from more than one state or jurisdiction. The names of all states or other jurisdictions where I have previously been licensed to drive any type of motor vehicle during the previous 10 years are listed in Part 5A below.

**ACCORDING TO PART 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS**

 I plan to operate in foreign or interstate commerce and I meet the qualifications.  
 I do not plan to operate in foreign or interstate commerce and I am not subject to Part 391.

**5 THE FOLLOWING QUESTIONS MUST BE ANSWERED:** **4**

A. Have you applied for a Driver License or Identification Card in California or another state/country using a different name or number within the past ten (10) years? \_\_\_\_\_  Yes  No  
 If yes, print name, DL/ID number, and state or country \_\_\_\_\_

B. Have you had your driving privilege or a driver license cancelled, refused, delayed, suspended, or revoked? \_\_\_\_\_  Yes  No  
 If yes, indicate date and reason below \_\_\_\_\_

C. Within the last five years, have you had or experienced any of the medical conditions specified on the back of this form that affects your ability to operate a motor vehicle safely? **PLEASE READ THE "Medical Information" on the back of this form before answering.** \_\_\_\_\_  Yes  No  
 If yes, briefly explain: \_\_\_\_\_

**6 DO YOU WISH TO REGISTER TO VOTE OR CHANGE YOUR VOTER ADDRESS?** **5**

<p><b>DO YOU WISH TO REGISTER TO VOTE?</b></p> Y <input type="checkbox"/> YES—Please complete attached form now. N <input type="checkbox"/> NO—Do not complete attached form.	<p><b>VOTER CHANGE OF ADDRESS</b></p> C <input type="checkbox"/> to a new county—Please complete the attached form now. S <input type="checkbox"/> within the same county—Do not complete the attached form. Your voter record will be automatically updated.	I am a registered voter; I moved and wish to update my voter record.
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**7 FOR DRIVER UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED:** **6**  
 If both parents/guardians have joint custody, **BOTH MUST SIGN.** I/We accept civil liability for this minor.

Mother's/Guardian's Signature _____ Address Street _____ Apt. No. _____ City _____ State _____ Zip _____	Date _____ Daytime Phone Number ( ) _____
Father's/Guardian's Signature _____ Address Street _____ Apt. No. _____ City _____ State _____ Zip _____	Date _____ Daytime Phone Number ( ) _____

**8 CERTIFICATION:** I have read, understand and agree with the contents of this form, including the certifications on the back of this form. **I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.**

**STOP Do not sign until instructed to do so by a DMV employee.**

Applicant's Signature _____ Date _____	<p style="text-align: center;"><b>FOR DMV FIELD OFFICE USE ONLY</b></p> Daytime Phone Number ( ) _____
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**1** This application serves two purposes. What are they?

**2** What should you do if you are applying for a name change on your driver's license?

**3** Supposing you are not sure what type of license you need. What additional document can you use?

**4** Suppose you have a driver's license in another state. Should you check the Yes box for A1, A2, or A3?

**5** What is the purpose of this section?

**6** What must you do if you are under 18?

1. Now fill out the application. First decide what your purpose is. Then fill in all the necessary information.
2. Imagine you are trying to locate people who lived in a certain area twenty years ago. How could records like the one below help you?

**Apply**

**Directions** Suppose you are researching the genealogy of five families who moved from the East to California in the 1980s. Read the document below. Then answer the questions that follow.

DATE FILED  OCTOBER 15 1988		CERTIFICATE OF DEATH Certificate No. 17954392					
1. NAME OF DECEASED (Type or Print)		JENNA LYNN		MASTERSON			
		(First Name)		(Middle Name)		(Last Name)	
MEDICAL CERTIFICATE OF DEATH (To be filled out by Physician)							
2. PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH BROOKLYN	2b. Name of hospital or other facility If not facility street address HUDSON HOSPITAL	2c. If in Hospital or Other Facility (Check) 1 <input type="checkbox"/> O.A. 2 <input type="checkbox"/> Emerg.		3 <input type="checkbox"/> Outpatient 4 <input checked="" type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month 08 Day 24 Year 88	
3a. Date and Hour (Month) (Day) (Year)	OCTOBER 12 88	3b. HOUR	9:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. SEX FEMALE	5. APPROXIMATE AGE 89	
6. I HEREBY CERTIFY THAT: (Check One) <input type="checkbox"/> I attended the deceased <input type="checkbox"/> A staff physician of this institution attended the deceased							
<input type="checkbox"/> Dr. _____ attended the deceased _____ 9:40							
from AUGUST 24 19 88 to OCTOBER 12 19 88 and last saw in h. ER alive at PM							
on OCTOBER 12 19 88. I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.							
Witness my hand this 12 day of OCT 19 88 Signature <i>M. Christopher Leori</i> D.O. M.D.							
Name of Physician CHRISTOPHER LEORI Address 91 COURT ST. BROOKLYN, NY 10019							
(Type or Print)							
PERSONAL PARTICULARS (To be filled out by Funeral Director)							
7. Usual Residence State NEW YORK	7b. County KINGS	7c. City, Town, or Location BROOKLYN	7d. Street & House No. 115-73 ST. 11286	7e. Inside City Limits of 7c. <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			
8. Served in U.S. Armed Forces no <input checked="" type="checkbox"/> yes <input type="checkbox"/>		9. Marital Status (Check One) <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married or separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		10. Name of Surviving Spouse (If wife, give maiden name)			
11. Date of birth (Month) (Day) (Year) of Decedent	APRIL 25 1899	12. Age at last birthday	89	If under 1 year mos. days	If less than 1 day hours min.	13. Social Security No. 111-98-0000	
14a. Usual Occupation (Kind of work done during most of working lifetime, do not enter retired) PARALEGAL					14b. Kind of Business LAW FIRM		
15. Birthplace (City & State or Foreign Country) IRELAND	16. Education (Check only one) <input type="checkbox"/> 0-11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16 <input type="checkbox"/> 17+ <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		17. Other Name(s) by which decedent was known				
18. NAME OF FATHER OF DECEDENT FRANK BROSAN			19. MAIDEN NAME OF MOTHER OF DECEDENT ROSEMARY ARPEL				
20a. NAME OF INFORMANT THOMAS GORMAN		20b. RELATIONSHIP TO DECEASED GRANDSON	20c. ADDRESS (City) (State) (Zip) 6717 RUSSEL RD. RIVER CITY, CA 91000				
21a. NAME OF CEMETARY OR CREMATORY PINELAWN MEMORIAL PARK		21b. LOCATION (City, Town, State, and Country) PINETOWN LI, NY		21c. DATE OF BURIAL OR CREMATION OCTOBER 17 1988			
22a. FUNERAL DIRECTOR SAMUEL O'MALLEY			22b. ADDRESS 115 SEVENTH AVE. BROOKLYN, NY 11201				
BUREAU OF VITAL RECORDS VR15 (1/88)		DEPARTMENT OF HEALTH			THE CITY OF NEW YORK		

1. You are researching the history of the Gorman family, who moved to River City, California in 1980. This death certificate gives you information about Jenna Lynn Masterson. What relation is she to the Gorman family?

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2. On what day was Jenna Masterson born? On what day did she die?

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3. What is the name of Jenna Masterson's father? What is the maiden name of her mother?

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4. Thomas Gorman developed some important copyright law for software when he first opened his law practice in California. Based on this death certificate, where do you think he may have first developed his interest in the law? Explain.

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5. What local government was responsible for issuing this document?

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