M. B.—Everyitem of information should be carefully supplied. AGE should be stated by ARITE PLAINLY, WITH UNFADING INK—THIS IS A BENEVALLY SISTEMBLY OF THE STATE OF THE STATE

-	a If married, wildowed, or divorted HUSBAND of Florid Cook DATE OF BIRTH (Month, day and year.) (Month, day and year.)	that I last saw halive on, 19, 19and that death occurred on the date stated above at 200 m.
-	AGE Years Months Days If LESS than 1 day,	The gause OF DEATH* was as follows: Junior received in auto & train accident
	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration) yrs. mos. ds.
9	BIRTHPLACE (city or town) Sardin Island (State or country) 10 NAME OF FATHER Sohn Vincent	(duration)yrsmosds. 18 Where was disease contracted if not at place of death? Did an operation precede death?Date of
RENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country) 12 MAIDEN NAME	Was there an autopsy? What test confirmed diagnosis? (Signed)
PA	13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injurt, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
14	(Address), Charlotte Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Mich 8/12 1934 2 UNDERTAKED Address Address

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