

**STANLEY T. KUSPER, JR.**  
**COUNTY CLERK**  
 BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET  
 CHICAGO, ILLINOIS 60606

**Form 2. Return of a Death in the City of Chicago.**

**PHYSICIAN'S CERTIFICATE**

Physicians are required, by the Board of Health, to fill out this Certificate accurately, and transmit it to the Registrar of the Board, within thirty-six hours after the death of the person to whom it relates. Penalty for neglect of so doing, from Five to Five Hundred Dollars.

*7579*

1. Date of Death *July 16 6 40 A.M.*

2. Name *Megan Maloney Cardon*

3. Age *11 yrs 3 mo 2 days*

4. Occupation \_\_\_\_\_

5. Where Born, (County, State, or Town) *Burlington Iowa*

6. Place of Death—No. *3849* *Dearborn* Street, \_\_\_\_\_ Ward, \_\_\_\_\_

7. Cause of Death *Acute Spinal Meningitis* *Ch. Jordan*  
*Burlington Iowa.*

8. Duration of Disease, *14 days*

9. Sex *M* Color *W* Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Residence, *766 N Washington St* *Wells Andrews* N. S.

STATE OF ILLINOIS, }  
 County of Cook, } ss.

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.



*Stanley T. Kusper, Jr.*  
 County Clerk

STANLEY T. KUSPER, JR.

COUNTY CLERK

BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET  
CHICAGO, ILLINOIS

PHYSICIAN'S CERTIFICATE OF DEATH.—Issued by State Board of Health.

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the County Clerk, if the party deceased died outside the limits of the City of Chicago; all deaths made the city limits should be returned on these blanks to the

State of Illinois,  
COOK COUNTY.

CITY BOARD OF HEALTH.

1. Name *William H. Crockett*

2. Sex *Male* Color *White*

3. Age *6* years *7* months *13* days.

4. Occupation *Commissioner Milk Co.*

5. Date of death *July 12 - 11 A.M.*

6. ~~Single~~, Married, Widower, Widow.

7. Nationality and place where born *Am. - Plunking, Mass. 12.*

8. How long resident in this State *Twelve years*

9. †Place of death *840 Madison* St. *Ward or town.*

10. †Cause of death *Tuberc. 4 mos. -* Complications *1*

11. Duration of disease *Five weeks -* Duration of Complications

12. Place of burial *Benington Iowa -*

13. Name of Undertaker *C. H. Jordan*

14. Dated at *Chicago July 1891.* Residence *3154 Indiana Ave -* *J. R. Kippax M.D.*

\*Three each of these are not required.  
†City—No. street and Ward; same in towns that have them; 1—washby or precinct.  
‡State primary and immediate cause of death, and examine the list of diseases printed on cover of this book, and law pertaining to Coroner's inquests.

The J. W. Jones Stationery and Printing Co., Chicago.

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*Stanley T. Kusper, Jr.*  
County Clerk

Aspen Grove Cemetery Association

W. H. Orndorff buried in Grave 3 Lot 4, Block 143  
no date of death except it was before 1900

Lydia Orndorff buried Grave 2, Lot 4, Block 143 died May 7,  
1865 at age 16 years

George Morgan Orndorff died Jan. 20, 1966 age 68  
buried in Grave 1, Lot 97, Block 327

