

Death Certificate of Sophia Regenberg
(Book 9, page 205, Rock Island Cty, IL)

(1) PLACE OF DEATH		COUNTY OF ROCK ISLAND		STATE OF ILLINOIS		COUNTY CLERK'S RECORD			
Township or Road Dist.		or		Registration Dist. No. <u>792</u>		State Board of Health Bureau of Vital Statistics			
Incorp. Town or Village		or City		Primary Dist. No. <u>3600</u>		STANDARD CERTIFICATE OF DEATH			
(2) FULL NAME		<u>Sophia Regenberg</u>		Registered No. <u>224</u>		St. Word			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH					
(3) SEX	(4) Color or Race	(5) Single, Married, Widowed or Divorced		(10) DATE OF DEATH					
<u>female</u>	<u>white</u>	<u>married</u>		<u>July 12 1916</u>					
(6) DATE OF BIRTH				(11) I HEREBY CERTIFY, That I attended deceased from <u>Sept. 10, 1915</u>					
<u>July 14 1877</u>				to <u>July 12, 1916</u> , that I last saw her alive on <u>July 11 1916</u> , and that death occurred, on the date stated above, at <u>1000</u>					
(7) AGE				The CAUSE OF DEATH* was as follows:					
<u>38</u> years <u>11</u> months <u>25</u> days				<u>Parenchymatous nephritis</u>					
(8) OCCUPATION				Contributory (Secondary) _____ (Duration <u>3</u> years _____ months _____ days)					
(a) Trade, profession or particular kind of work	<u>Housework</u>			(Signed) <u>A. M. Bell</u> M. D.					
(b) General nature of industry, business, or establishment in which employed (or employer)				(Address) <u>Moline Ill.</u>					
(9) BIRTHPLACE (State or Country)	<u>Sweden</u>			Date <u>July 12</u> , 191 <u>6</u> Telephone <u>249</u>					
PARENTS	(10) NAME OF FATHER			(12) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)					
	(11) BIRTHPLACE OF FATHER (State or Country)			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.					
	(12) MAIDEN NAME OF MOTHER			Where was disease contracted, if not at place of death?					
	(13) BIRTHPLACE OF MOTHER (State or Country)			Former or usual residence _____					
(14) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE									
(Informant) <u>Geo. W. Regenberg</u>									
(Address) <u>Moline Ill.</u>									
(15) Filed <u>July 13</u> , 191 <u>6</u> <u>Ollen Carlson</u> Registrar				(16) PLACE OF BURIAL OR REMOVAL <u>Overseas</u>				DATE OF BURIAL <u>July 14</u> , 191 <u>6</u>	
				(17) UNDERTAKER <u>Ross & Barnard</u>				ADDRESS <u>Moline</u>	

*State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.