



Printed: March 10, 2011

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STATE OF OHIO DEPARTMENT OF HEALTH CERTIFICATE OF DEATH	Social Security No. <u>769-07-034</u>
1. PLACE OF DEATH County <u>Toledo</u> Township <u>.....</u> or Village <u>.....</u> or City of <u>Toledo</u>		Registration District No. <u>8349</u> Primary Registration District No. <u>2400 Toledo Ohio</u> No. <u>.....</u> Street <u>.....</u> Ward <u>.....</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)	File No. <u>51</u> Registered No. <u>.....</u>
Length of residence in city or town prior to death <u>.....</u> Years <u>.....</u> Months <u>.....</u>		Has been in U. S. if of foreign birth <u>.....</u> m. <u>.....</u> y. Did Deceased Serve in U. S. Navy or Army <u>.....</u>	
2. FULL NAME <u>Gibson P. Reynolds</u> (a) Residence No. <u>4119 Burdett Avenue</u> St. <u>.....</u> Ward <u>.....</u> (Exact place of death)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR <u>White</u>	5. MARRIED, MARRIED. Write the word Widowed or Divorced <u>Widowed</u>	MEDICAL CERTIFICATE OF DEATH
6. If Married, Widowed, or Divorced Husband of (or) Wife of <u>Anna</u>		7. DATE OF BIRTH (month, day, and year) <u>Feb. 5-1867</u>	
8. AGE (years) <u>74</u> Months <u>4</u> Days <u>3</u> More than 1 day <u>.....</u> hrs. or <u>.....</u> min.		9. DATE OF DEATH (month, day, and year) <u>June 7-1941</u>	
10. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Clerk</u>		11. I HEREBY CERTIFY, and I attended deceased from <u>Dec 10</u> to <u>June 7-1941</u> , I last saw him alive on <u>June 5-1941</u> , death is said to have occurred on the date stated above at <u>9:30 A.M.</u>	
12. OCCUPATION		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of chiefness are as follows: <u>Cerebral Hemorrhage</u> , <u>Amputation</u> , <u>operation for amputation</u> , <u>trauma</u> on <u>June 10, 1940</u>	
13. BIRTHPLACE (city or town) (State or country) <u>Toledo</u>		CONTRIBUTORY CAUSES of importance not related to principal cause	
14. MOTHER'S NAME <u>Seawell Reynolds</u>		Name of operator <u>Hemorrhage</u> Date of <u>June 10, 1941</u>	
15. MOTHER'S BIRTHPLACE (city or town) (State or country) <u>Plymouth Co. Pa.</u>		What test confirmed diagnosis? <u>.....</u> Was there an autopsy? <u>.....</u>	
16. FATHER'S NAME <u>Anna Walmsley</u>		17. If death was due to external cause (violence) did it also the following? Accident, suicide, or homicide? <u>.....</u> Date of injury <u>.....</u> Where did injury occur? <u>.....</u> Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cemetery</u> Date <u>June 11-1941</u>		19. Manner of injury <u>.....</u> Nature of injury <u>.....</u>	
20. FUNERAL FIRM <u>Gas City Funeral Home</u>		21. Was disease or injury in any way related to occupation of deceased? If so, specify <u>.....</u>	
22. BURIED BY <u>A. J. Eagle</u> M. No. <u>5784</u> Address <u>35 Broadway - Toledo</u>		23. Signed <u>Elles M. Kelly</u> M. D. Date <u>June 11-1941</u> Address <u>4-136 Toledo Ave</u>	
24. MEDALIST <u>D. M. Hulberg</u> M. No. <u>36846</u>			
25. FILED <u>176-LV</u>			

Gibbons P. Reynolds

Gibbons P. Reynolds, 74, of 4119 Burnham Avenue, died in his home Saturday after a six-month illness. Born in Toledo, Mr. Reynolds for 12 years had been a clerk in the City Water Division. He was a member of Harrison Lodge Knights of Pythias.

He is survived by a son, Samuel; daughters, Mrs. Alice Gerson, Toledo, and Mrs. Mary Van Loo, Texas; brother, George, and sisters, Miss Sadie Reynolds, and Mrs. Fanny Spayd, Toledo.

Services will be held in the Coyle Mortuary at 2 p. m. Wednesday. Burial will be in Calvary Cemetery.