

### **Lillie Knauff Morgan**

Lillie L. Knauff was mentioned on Page 3 of the 1995 Knauff Family Genealogy. She was the daughter of Frederick Herman and Mary Simpson Knauff. The following pages were provided by Lyla Knauff Carr, the granddaughter of Lillie Knauff Morgan's brother Carl Edwin Knauff. The pages provide photographs, obituaries and additional information regarding Lillie L. Knauff and her husband Forest Morgan.

Lillie E Knau ff 1895-1933  
Morgan



mother of Francis, Viola, + Clyde  
grandmother of Sandra, Fred, Carol, + Gary

# DEATHS and FUNERALS

## MRS. LILLIE E. MORGAN.

Mrs Morgan, 38, of 817 Gibbs avenue NE, died Thursday at 10:30 a. m. following a year's illness. She is survived by her husband, Forest Morgan; three children, Francis, Clyde and Viola, all of the home; her father, Fred Knauff of East Springfield, Pa.; a sister, Mrs. Bessie Dunn of Grove City, Pa., and four brothers, Harvey Knauff of Erie, Pa., Alvin Knauff of Erie, Carl Knauff of Conneaut, O., and Willard Knauff of New Castle, Pa.

Funeral services will be conducted Saturday at 2 p. m. at First Evangelical Congregational church with Rev. N. J. Broadway officiating. Burial will be in Forest Hill cemetery.

## JOHN W. MYERS.

Funeral services for Mr. Myers will be conducted Saturday at 2:30 p. m. from the home at 120 Bedford avenue SW, in charge of Rev. P. H. Welshimer. Burial will be in West-lawn cemetery.

Mr. Myers is survived by a daughter, Mrs. Erma Wollard of Canton; two sons, L. W. Myers of Los Angeles, Calif., and J. G. Myers of home; a brother, A. L. Myers of

PA

JAM  
CO



Forest Hill  
Cemetery  
ENDOWMENT CARE





Registration District No. 1206 File No. 12003  
Primary Registration District No. 8482 Registered No. 142  
No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If nonresident give city or town and State)

---



Forest W Morgan

1889 - 1947



father of Francis, Viola + Clyde

grandfather of Sandra, Fred, Carol + Gary

## Forest W. Morgan

Funeral services for Forest W. Morgan, 77, 4358 Meadowbrook Dr., Leavittsburg, who died Friday, will be held Monday at 10 a.m. at the Carl W. Hall Funeral Home. Burial will be in Pine Knoll Cemetery.

Friends may call at the funeral home from 7 to 9 p.m. Sunday.

Born Dec. 9, 1889, in Schmoekin, Pa., he was the son of Francis and Lula Brown Morgan. His wife, Lillie Morgan, died in 1932.

A Leavittsburg resident for 18 years, he was a retired painter.

Survivors include two sons, Francis Morgan of Wyandotte, Mich., Clyde Morgan of Leavittsburg; a daughter, Mrs. Howard (Viola) Texter of Portage Lakes, Ohio; 10 grandchildren, and a great-grandchild.







Reg. Dist. No. 78  
Primary Reg. Dist. No. 7801

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_

CERTIFICATE OF DEATH

Registrar's No. 89

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Trumbull</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Trumbull</u>	
b. CITY, VILLAGE, OR LOCATION <u>Warren</u>		c. CITY, VILLAGE, OR LOCATION <u>Leavittsburg</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>Trumbull Memorial Hospital</u>		d. STREET ADDRESS <u>4358 Meadowbrook Drive</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT) First <u>FOREST</u> Middle <u>W.</u> Last <u>MORGAN</u>			
4. DATE OF DEATH Month <u>Jan.</u> Day <u>20</u> Year <u>1967</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 9, 1889</u>	
9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Schmokin, Pa.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Francis Morgan</u>		14. MOTHER'S MAIDEN NAME <u>Lula Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>297-05-8816A</u>	
17. INFORMANT'S NAME <u>Clyde Morgan, Leavittsburg, O.</u>		Address	
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia and Gastrointestinal bleeding</u>  Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Metastatic carcinoma from urinary bladder</u> DUE TO (c) _____  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Hour _____ a. m. _____ p. m. 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, VILLAGE, OR LOCATION COUNTY, _____ STATE _____  21. I attended the deceased from <u>10-15-66</u> to <u>1-20-67</u> and last saw <u>him</u> alive on <u>1-19-67</u> Death occurred at <u>2:35 A. m.</u> on the date stated in 4; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Theodore A. Russell, M.D.</u>		22b. ADDRESS <u>200 Garfield N. E.</u>	
22c. DATE SIGNED <u>1-20-67</u>			
23a. BURIAL, CREMATION. (Specify) <u>Burial</u>		23b. DATE <u>Jan. 23, 1967</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pine Knoll Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Warren, Ohio</u>	
24. NAME OF EMBALMER <u>Mark L. Hall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl W. Hall</u>	
26. FUNERAL FIRM AND ADDRESS <u>Carl W. Hall Funeral Service Inc. 533 N. Park Ave. Warren, Ohio</u>		27. DATE REC'D BY LOCAL REG. <u>-23-67</u>	
28. REGISTRAR'S SIGNATURE <u>Dr. M. T. Knappenberger</u>		29. DATE REC'D BY SUB-REGISTRAR	
30. SUB-REGISTRAR'S SIGNATURE			

I HEREBY CERTIFY THAT THIS CERTIFICATE IS A TRUE AND CORRECT COPY ON THE CERTIFICATE WHICH IS REGISTERED AND PRESERVED IN THE DIVISION OF VITAL STATISTICS OF THE WARREN CITY HEALTH DEPARTMENT. WITNESS MY SIGNATURE AND THE SEAL OF THE DEPARTMENT.

Linda A. Capers