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 Knayff 1895-1933 Morgan



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

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 er to- is survived by her husband, Forest of C. Morgan; three children, Francis, o. His Clyde and Viola, all of the home; landi- her father, Fred Knauff of Mrs. sister, Springfield, Pa.; a Bessie Dunn of Grove City, Pa., and four brothers, Harvey Knauff of Erie, Pa., Alvin Knauff of Erie, orker, Carl Knauff of Conneaut, O., and Rose | 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 Westlawn cemetery.

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

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of pertificate.

		TMENT OF HEALTH OF VITAL STATISTICS	
1 PLACE OF DEATH	CERTIF	ICATE OF DEATH,	10005
County Dlast	Registratio		File No.
Township	Primary R	egistration District No 412	Registered NoJ 42
		urred in a hospital or institution, give its	
or City of Carelon	(li death occi	urred in a nospital or institution, give its	NAME INSTEAD OF STREET AND HUMBER)
Length of residence in city or town where death occurrence	odyrsmos	ds. How long in U. S., if of foreign bir Did Dec	th?dsds.
2 FULL NAME Sellie Co	Mygun		Navy or Army
(a) Residence. No. (Usual	place of abode)	Ward. (If non-	resident give city or town and State)
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFIC	
3. SEX 4. COLOR OR RACE 5. Sin	ngle, Married, Widowed,	21. DATE OF DEATH (month, day,	and year) Feb 12, 1933
Tru Wheeles	Manta		Y, That I attended deceased from
5a. If married, widewed, or divorced	11		0 2-22, 1933
(or) WIFE of	16A -	I last saw has alive on 2	
6. DATE OF BIRTH (month, day, and	1-19-1895	to have occurred on the date stated ab	ove at # m.
7. AGE Years Months Da	ays / If LESS than	The PRINCIPAL CAUSE OF DEAT	H and related causes of importance
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8. Trade profession or particular	717/1	(Juneer of 121	1130
kind of work done, as spinner,	182 Wide		
9. Industry or business in which work was done, as silk mill	VVI	//0	
saw mill, bank, etc.	4.44	/ 9 /	
	1. Total time (years) spent in this		
year) O O	occupation (CONTRIBUTORY CAUSES of import to principal cause:	rtance not related
12. BIRTHPLACE (city or town)	roug v		
(State or comptry)	As	1	
13. NAME THE KILL	wy		
13. NAME TOTAL (CALL OF LOWN) 14. BIRTHPLACE (city or town) (State or country)	Errica	Name of operation	
	' , ,		
15. MAIDEN NAME	mpson	23. If death was due to external cau lowing:	
O 16. BIRTHPLACE (city of 16-191)		Accident, suicide, or homicide?	Date of injury, 19
(State or country)	us	Where did injury occur? (Spec	ify city or town, county, and State)
The Signature of H. W. The	rang	Specify whether injury occurred in in	dustry, in home, or in public place.
and (Address) 8/7 Sulebo	Jave no	Manner of injury	
18. BURIAL CREMATION, OR REMOVAL	ala A	Nature of injury	
Place To TEST ACL Date	كوريم مراس	24. Was disease or injury in any way	
19. UNDERTAKER WEG W. X	reavery		
(Address)	6319#P	If so, specify	1 . 00 . 1
	Day Day	(Signed) A. R. U	Jeller M. D.
20. FILED - 24 /, 19.33 T. W	WWW.	n. 7 74 7 Adding A	21 h Clark



father of Francis, Viola + Clyde
grand father of Sandra, Fred, Carol - Gary

Forest W. Morgan

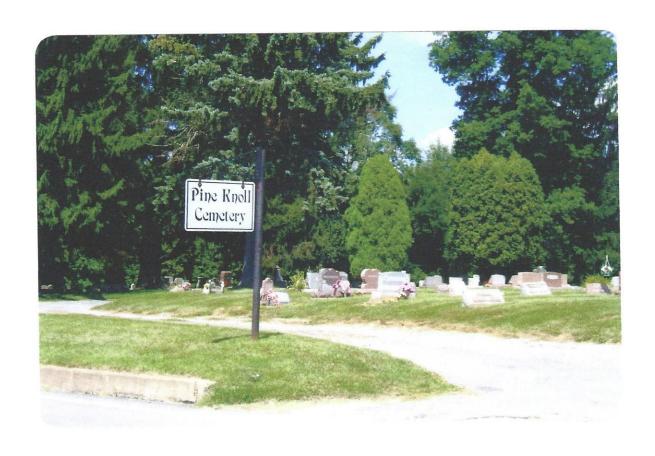
Funeral services for Forest W. Morgan, 77, 4358 Meadowbrook Dr., Leavittsburg, who died Friday, will be held Monday at 10 a.m. at the Carl W. Hall Funeral Home. Burial will be in Pine Knoll Cemetery.

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

day.

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

A Leavittsburg resident for 18 year, 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	OHIO DEPARTM	IENT O	F HEALTH	E		The state of the s	
Primary Reg. Dist	. No. 7801	State File No.				0.0	89	
. PLACE OF DE	ATH Trumbu			AL RESIDENC	E (Where dece dence before	ased lived, admission)	If institution: Resi	
b. CITY, VILLAGE, O		c. LENGTH OF STAY IN 16		, VILLAGE, OR LOCA	J. COUNTY		umbull :	
Warren				Leavitts	burg			
INSTITUTION	f not in bospital or instituti Trumbull Memo		d. STRE	LI358 Mea	dowbrook I)ri ve		
. IS PLACE OF DEA	TH INSIDE CITY LIMITS?	San Program	e. IS RESID	DENCE INSIDE CITY			ENCE ON A FARM?	
YES NO	STEETERAND PROTECTION OF THE P		YES	□ NO DE	111	YES [□ NO [3	
NAME OF DECEASED (TYPE OR PRINT)	FOREST	Middle W •	Last MOR(OF		ay Year	
SEX	6. COLOR OR RACE	7. MARRIED NEVER A			9. AGE (In years	If Iledes 1 V	rear If Under 24 Hrs	
Male	White	WINDWED FE D	1100000 17	Dec.9,1889	last birthday)	Months De	Hours Min.	
Ja. USUAL OCCUPATIO during most of work	N (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (S	1 1 1	12. CITIZEI	N OF	
Retired Pa		0100 0100 0100		Schmokin,		TAHW	COUNTRY?	
		II II		14. MOTHER'S MAI	DEN NAME	4		
Francis Mo	rgan R IN U. S. ARMED FORCES?	refuge to the paren		Lula Bro	าพา			
Yes, no, of unknown)	(If yes, give war or dates	of service) 16. SOCIAL SEC	CURITY NO.	17. INFORMA	NT'S NAME	-	Address	
-No		297 - 05 - 8	3816A	Clyde Mor	gan, Leav	ittsbur	g. O.	
	ATH WAS CAUSED BY:	one cause per line for (a), ((b), and (c).]		IIN	TERVAL BETWEEN	
IAU	MEDIATE CAUSE (a) UT	emia and Gastro	intest	inal bleed	ing	0	NSET AND DEATH	
Conditions, i	LANT DUE TO (b) Me	tastatic carcin	oma fr	om urinarv	bladder		2 mos.	
above cause	(4). >						L IIIOD a	
lying cause	last.) DUE TO (c)							
PART II. OTH	ER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RE	LATED TO THE	TERMINAL DISEASE CONT	DITION GIVEN IN PART	(a) 19	. WAS AUTOPSY	
20a. ACCIDENT	CHICIPE					V	PERFORMED?	
200. ACCIDENT	SUICIDE HOMICIDE	206. DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of inju	ry in Part I or Part	II of item 1	8.)	
20c. TIME OF H		97/4		4- 311 2				
INJURT A.	our Month, Day, Year				10.00		Total	
20d. INJURY OCCUI	m.							
WHILE AT NO		OF INJURY (e.g., in or about factory, street, office bldg., e	t home, 2	Of. CITY, VILLAGE,	OR LOCATION	COUNT	IY, STATE	
Carlotte Committee of the Committee of t	deceased from 10-15-)-67	and las	HEX	n_]_7)_67	
Death occurred	al	5 A m on the date stated	in 4; and to	and last of my kno	t saw him alive of wledge, from the co	n	1-01	
22a. SIGNATU		(Degree or title)	22b. AD	DRESS	areager from the t	- ANIES STATEM.	22c. DATE SIGNED	
Theodor	e A. Russell,	M.D.	200	Garfield N	E	i. biT	1-20-67	
3a. BURIAL, CREMA- ION. (Specify)	236. DATE	23c. NAME OF CEMETERY	OR CREMATO		THE RESERVE OF THE PARTY OF THE	v. town. or	county) (State)	
Burial	Jan.23,1967	Pine Knoll C	lemeter				todity) (State)	
. NAME OF EMBALME	R	(LIC. NO.)	25. FUNERAL	L DIRECTOR'S SIGNA	Warren, Oh:	TO	(LIC. NO.)	
Mark L. H	Iall	5993A		Carl W. Hal				
6. FUNERAL FIRM AN	D ADDRESS	(STREET NO.)		(CITY)		STATE)	795	
	W. Hall Funera	al Service Inc.	233 VI	The state of the s		1070		
7. DATE REC'D BY LOCAL REG.	28. REGISTRAR'S SIGNAT	URE 29. E	DATE REC'D B		REGISTRAR'S SIGNA	JILO	n 0 - 1	
=23-67	Dr. M. T. Kna	nnenhengon	SUB-REGISTRA	AR				
	1) 11	MYNOTINGTE AT. 1	A. C. Carrier	1				

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.