

Filing #

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018100631

DATE ISSUED: JUNE 25, 2018

DECEDENT INFORMATION

DATE FILED: JUNE 24, 2018

NAME: JAHSEH DWAYNE RICARDO ONFROY

DATE OF DEATH: JUNE 18, 2018

SEX: MALE

AGE: 020 YEARS

DATE OF BIRTH: JANUARY 23, 1998

SSN: [REDACTED]

BIRTHPLACE: PLANTATION, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: BROWARD HEALTH NORTH

LOCATION OF DEATH: [REDACTED]

RESIDENCE: [REDACTED]

COUNTY: BROWARD

OCCUPATION, INDUSTRY: MUSICIAN, ENTERTAINMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: BLACK OR AFRICAN AMERICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: NEVER-MARRIED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: DWAYNE RICARDO ONFROY

MOTHER'S/PARENT'S NAME: CLEOPATRA ERETHA DREENA BERNARD

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CLEOPATRA ERETHA DREENA BERNARD

RELATIONSHIP TO DECEDENT: MOTHER

INFORMANT'S ADDRESS: [REDACTED]

FUNERAL DIRECTOR/LICENSE NUMBER: GARRETT JACOBS, F019844

FUNERAL FACILITY: [REDACTED]

METHOD OF DISPOSITION: ENTOMBMENT

PLACE OF DISPOSITION: [REDACTED]

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 18171808

TIME OF DEATH (24 HOUR): 1651

DATE CERTIFIED: JUNE 24, 2018

CERTIFIER'S NAME: IOURI GEORGE BOIKO

CERTIFIER'S LICENSE NUMBER: [REDACTED]

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED



, STATE REGISTRAR

REQ: 2019419028

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



*** FILED: BROWARD COUNTY, FL BR

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