STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2026092692

DATE ISSUED: JUNE 1, 2026

DATE FILED: JUNE 1, 2026

DECEDENT INFORMATION

NAME: **EARNEST LARONCE HILL**

DATE OF DEATH: **FOUND ON MAY 21, 2026** SEX: **MALE** [redacted] AGE [redacted] YEARS

DATE OF BIRTH: [redacted] BIRTHPLACE: [redacted]

PLACE OF DEATH. [redacted]

FACILITY NAME OR STREET ADDRESS: [redacted]

LOCATION OF DEATH: [redacted]

RESIDENCE: [redacted] COUNTY: [redacted]

OCCUPATION, INDUSTRY: [redacted]

EDUCATION: [redacted] EVER IN U.S ARMED FORCES? [redacted]

HISPANIC OR HAITIAN ORIGIN? [redacted]

RACE: [redacted]

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS. [redacted]

SURVIVING SPOUSE NAME [redacted]

FATHER'S/PARENT'S NAME [redacted]

MOTHER'S/PARENT'S NAME: [redacted]

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME [redacted]

RELATIONSHIP TO DECEDENT: [redacted]

INFORMANT'S ADDRESS: [redacted]

FUNERAL DIRECTOR/LICENSE NUMBER. [redacted]

FUNERAL FACILITY [redacted]

METHOD OF DISPOSITION: [redacted]

PLACE OF DISPOSITION: [redacted]

CERTIFIER INFORMATION

TYPE OF CERTIFIER: [redacted] MEDICAL EXAMINER CASE NUMBER: [redacted]

TIME OF DEATH (24 HOUR): [redacted] DATE CERTIFIED [redacted]

CERTIFIER'S NAME: [redacted]

CERTIFIER'S LICENSE NUMBER. [redacted]

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): [redacted]

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH. [redacted]

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

A. [redacted] — MINUTES

B. [redacted] — YEARS

C. [redacted] — MONTHS

D.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? **UNKNOWN** AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? **UNKNOWN**

DATE OF SURGERY: DID TOBACCO USE CONTRIBUTE TO DEATH? **NOT STATED**

REASON FOR SURGERY:

PREGNANCY INFORMATION **NOT APPLICABLE**

DATE OF INJURY **NOT APPLICABLE** TIME OF INJURY (24 HOUR): INJURY AT WORK?

LOCATION OF INJURY.

DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT TYPE OF VEHICLE:

,STATE REGISTRAR

APP: **2027138892**
REQ: **2029171733**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY

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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

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