

NAME MALLON MARY J. AKINS
LAST FIRST MI FEMALE: LAST NAME WHEN IN SERVICE

ADDRESS _____

DATE OF BIRTH 24 BIRTHPLACE LAPORTE, INDIANA
(MO/DAY/TEAR) (CITY/STATE)

YEAR MOVED TO LEISURE WORLD '96 E-MAIL ADDRESS N/A

SERVICE RECORD: Military Branch NAVY

Unit HOSPITAL CORPS / WAVE Specialty PHM-2-C

THEATRES OF OPERATION

United States: (List city/state/training areas) U.S.N.H. CORONA, CA.
TRAINING AT HUNTER COLLEGE, N.Y. & BETHESDA
NAVAL HOSPITAL, MD.

Overseas: (List area: Europe/Asia/Pacific/Africa andd cities) NONE

Service Start 6/29/43 WASH. D.C Hcorps
Mo/Day/Year City/State Rank

Service End 4/10/45 CAMP PENDLETON, CA PHM 2-C
Mo/Day/Year City/State Rank

AWARDS/CITATIONS: NONE

SPECIAL/UNUSUAL SERVICE AND ACCOMPLISHMENTS: NONE

POST WWII RESERVE DUTY.LOCATION & ACTIVITY: NONE

Date 3/8/04

LEISURE WORLD HISTORICAL SOCIETY

VETERANS HISTORY PROJECT

either
OK day

NAME Mallon Mary
LAST FIRST MIDDLE INITIAL FEMALE: LAST NAME IN SERVICE
ADDRESS 232-C Ave Majora PHONE (949) 707-4693
DATE OF BIRTH 6/29/24 BIRTHPLACE La Porte, Ind.
(MO/DAY/YEAR) (CITY/STATE)
YEAR MOVED TO LEISURE WORLD 1994 E-MAIL ADDRESS _____

SERVICE RECORD: MILITARY BRANCH
UNIT Navy SPECIALTY Hospital O-Wards SBN

THEATRES OF OPERATION Joint W DC
UNITED STATES: (LIST CITY/STATE/TRAINING AREAS) Hunter College - Basic
Bethesda Hospital - Training
Corona Naval Hospital -

OVERSEAS: (LIST AREA: EUROPE/ASIA/PACIFIC/AFRICA, AND CITIES) _____
None

SERVICE START 1943 DC Hospital Apprentice
(MO/DAY/YEAR) (CITY/STATE) (RANK)
DISCHARGE DATE 1945 Naval Camp Pendleton Pharm. Mate
(MO/DAY/YEAR) (CITY/STATE) (RANK)

AWARDS/CITATIONS _____
(Pharmacist)

SPECIAL/UNUSUAL SERVICE AND ACCOMPLISHMENTS: _____

POST SERVICE RESERVE DUTY, LOCATION & ACTIVITY Worked at
VA Hospital in Long Beach Beque a Prisoner Corona
Am naval hospital
(PLEASE SUBMIT ADDITIONAL DUTY ON SEPARATE SHEET)

THIS MATERIAL IS PROVIDED FOR THE USE OF THE LEISURE WORLD HISTORICAL SOCIETY AND ARCHIVES, AND MAY BE USED IN ANY WAY THE SOCIETY/ARCHIVES BELIEVES THAT IT WILL BENEFIT IT AND ITS PROGRAMS, WHILE SERVING THE NEEDS OF THE PUBLIC.

SIGNATURE _____ DATE 3/07/2005

WOULD YOU BE WILLING TO PARTICIPATE IN A VIDEO INTERVIEW, RELATING TO YOUR EXPERIENCE? _____ (YES OR NO)

completed by telephone only