

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Infirmary Building, Missouri State Hospital Number 3

other name/site number Nevada State Hospital

2. Location

street & town 2095 North Ash Street N/A not for publication

city or town Nevada N/A vicinity

state Missouri code MO county Vernon code 217 zip code 64772

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this ☒ nomination ☐ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property ☒ meets ☐ does not meet the National Register criteria. I recommend that this property be considered significant ☐ nationally ☐ statewide ☒ locally. (☐ See continuation sheet for additional comments.)

Mark A. Miles
Signature of certifying official/Title Mark A. Miles/Deputy SHPO

04 OCT 05
Date

Missouri Department of Natural Resources
State or Federal agency and bureau

In my opinion, the property ☐ meets ☐ does not meet the National Register criteria. (☐ See continuation sheet for additional comments.)

Signature of certifying official/Title

Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

Signature of the Keeper

Date of Action

☐ entered in the National Register.

☐ See continuation sheet.

☐ determined eligible for the
National Register

☐ See continuation sheet.

☐ determined not eligible for the
National Register.

☐ removed from the National
Register.

☐ other, (explain:) _____

5. Classification

Ownership of Property

(check as many boxes as apply)

- ☒ private
☐ public-local
☐ public-State
☐ public-Federal

Category of Property

(check only one box)

- ☒ building(s)
☐ district
☐ site
☐ structure
☐ object

Number of Resources within Property

(Do not include previously listed resources in the count.)

Contributing

Noncontributing

1

buildings

sites

structures

objects

1

Total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing.)

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Function

(Enter categories from instructions)

HEALTH CARE: Hospital

Current Function

(Enter categories from instructions)

WORK IN PROCESS

7. Description

Architectural Classification

(Enter categories from instructions)

MODERN MOVEMENT

Materials

(Enter categories from instructions)

foundation CONCRETE

walls BRICK

roof ASPHALT

other

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

☒ See continuation sheet(s) for Section No. 7

8. Description

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- ☒ **A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- ☐ **B** Property is associated with the lives of persons significant in our past.
- ☒ **C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- ☐ **D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- ☐ **A** owned by a religious institution or used for religious purposes.
- ☐ **B** removed from its original location.
- ☐ **C** a birthplace or grave.
- ☐ **D** a cemetery.
- ☐ **E** a reconstructed building, object, or structure.
- ☐ **F** a commemorative property.
- ☐ **G** less than 50 years of age or achieved significance within the past 50 years.

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- ☐ preliminary determination of individual listing (36 CFR 67) has been requested
- ☐ previously listed in the National Register
- ☐ previously determined eligible by the National Register
- ☐ designated a National Historic Landmark
- ☐ recorded by Historic American Buildings Survey

- ☐ recorded by Historic American Engineering
Record # _____

Areas of Significance

(enter categories from instructions)

HEALTH/MEDICINE

POLITICS/GOVERNMENT

ARCHITECTURE

Period of Significance

1937-1955

Significant Dates

1937

Significant Persons

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Carroll and Dean, architect

☒ See continuation sheet(s) for Section No. 8

Primary location of additional data:

- ☐ State Historic Preservation Office
- ☐ Other State agency
- ☐ Federal agency
- ☐ Local government
- ☒ University
- ☒ Other Name of repository:

Nevada Public Library; Linda Hall Library, Kansas City, MO

☒ See continuation sheet(s) for Section No. 9

10. Geographical Data

Acreage of Property Less than one acre

UTM References

(Place additional boundaries of the property on a continuation sheet.)

1 1/5 3/8/0/4/2/5 4/1/9/1/2/3/2
Zone Easting Northing

2 / / / / / / / / / / /
Zone Easting Northing

3 / / / / / / / / / / /
Zone Easting Northing

4 / / / / / / / / / / /
Zone Easting Northing

Verbal Boundary Description

(Describe the boundaries of the property.)

Property Tax No.

Boundary Justification

(Explain why the boundaries were selected.)

☒ See continuation sheet(s) for Section No. 10

11. Form Prepared By

name/title Kristen Ottesen, Associate; Elizabeth Rosin, Partner

organization Historic Preservation Services, LLC

date April 10, 2005

street & number 323 West 8th Street, Suite 112

telephone 816-221-5133

city or town Kansas City

state MO zip code 64105

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps A USGS map (7.5 or 15 minute series) indicating the property's location.

A Sketch map for historic districts and properties having large acreage or numerous resources.

Photographs: Representative black and white photographs of the property.

Additional items: (Check with the SHPO or FPO for any additional items)

Property Owner

name/title Ash Place Historic Developers, L.P.

street & number 1526 Grand Boulevard

telephone 816-472-1448

city or town Kansas City

state MO zip code 64108

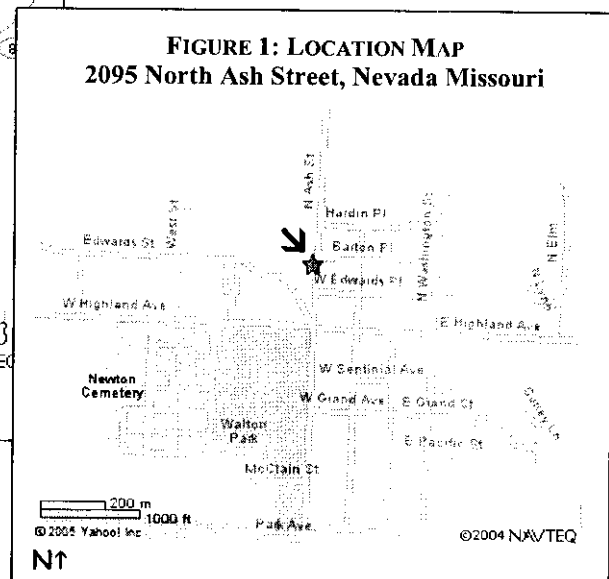
Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 *et seq.*).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reduction Projects (1024-0018), Washington, DC 20503.

NATIONAL REGISTER OF HISTORIC PLACES CONTINUATION SHEET

**Infirmery Building, Missouri State Hospital Number 3
Vernon County, Missouri**

The Infirmary Building at Missouri State Hospital Number 3 is located at 2095 North Ash Street in Nevada, Vernon County, Missouri (Figures 1 and 2). The Infirmary Building is one of several buildings located on the east side of the former Missouri State Hospital Number 3 campus. Constructed in 1937 as a Public Works Administration (PWA) project, the X-shaped Infirmary Building has a central block and four wings executed in the Moderne style with simple rectilinear lines and minimal ornamentation. This large four-story institutional building is constructed of reinforced concrete with brick masonry walls and has a flat roof with a penthouse. The building has an X-shaped footprint measuring approximately 140 feet by 230 feet. The building's east (primary) elevation faces onto North Ash Street. An elongated semi-circular driveway extends from North Ash Street to the front of the building.

[illegible]

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**NATIONAL REGISTER OF HISTORIC PLACES
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**Infirmery Building, Missouri State Hospital Number 3
Vernon County, Missouri**

The Kansas City architectural firm of Carroll and Dean designed the Infirmery Building at Missouri State Hospital Number 3 utilizing the Kirkbride Plan for asylum design. Thomas Story Kirkbride developed what became known as the Kirkbride Plan, which was a concept in which the design and construction of the asylum building played an integral role in the treatment. The Kirkbride plan featured a central administration block flanked by two wings of tiered wards — one for male patients and one for female patients — which provided each ward with natural light, ventilation, and views of the surrounding property.¹ From the mid-nineteenth century through the turn of the twentieth century, numerous facilities across the United States were built using the Kirkbride Plan.

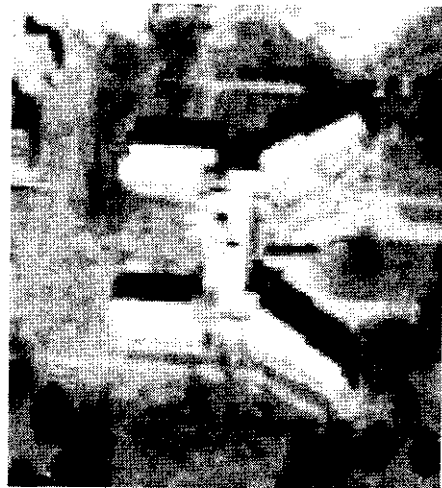
The Infirmery Building retains integrity of location and setting. The building retains a high degree of its character-defining stylistic features — its form, plan, space, structure, and style — and its historic exterior materials dating from the period of its historic significance and communicates information about the period of its construction and its historic function.

FIGURE 3: AERIAL LOCATION MAP, 1997
Image courtesy of U.S. Geological Services



N↑

FIGURE 4: AERIAL LOCATION MAP, 1997
Image courtesy of U.S. Geological Services



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¹ KirkbrideBuildings.com, "Kirkbride Buildings: History," available at www.kirkbridebuildings.com/history/buildings.html; Internet; accessed 23 December 2004.

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**NATIONAL REGISTER OF HISTORIC PLACES
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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

NARRATIVE DESCRIPTION

SETTING

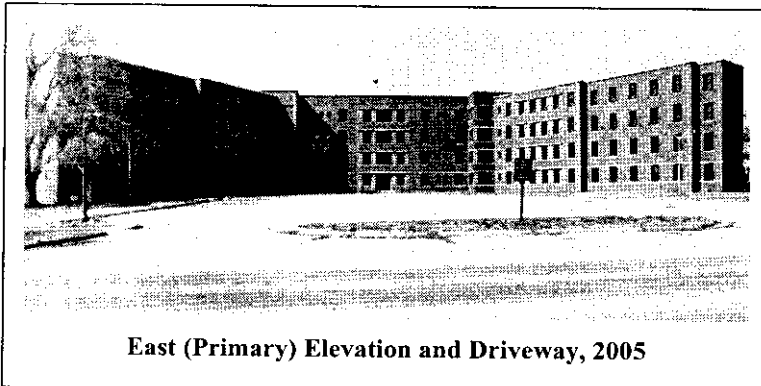
Lawn surrounds the X-shaped Infirmary Building to the north, south, and west. A paved, elongated semi-circular driveway with parking spaces on the north and south sides extends from Ash Street to the main entrance at the east (primary) elevation of the building.

The former Missouri State Hospital Number 3 is approximately one-and-a-half miles northwest of downtown Nevada. Originally located on approximately one thousand acres, this hospital campus included numerous buildings and a farm that were part of a state-awarded complex. The 1937 Infirmary Building is just west of North Ash Street on the east side of the former Missouri State Hospital Number 3 campus. While the primary historic hospital buildings are no longer extant, the 1937 Infirmary Building and Clinic Building remain, as do the power plant and a few other miscellaneous structures located to the north and west of the Infirmary Building. Many of these buildings now have new tenants. A few late twentieth century structures are west and north of the Infirmary Building.

EXTERIOR

The Infirmary Building has a reinforced concrete foundation that supports the building's reinforced concrete frame and solid masonry walls. The exterior masonry walls have inner wythes of concrete block and exterior wythes of red face brick. The building's floors and decks are reinforced concrete. A single-membrane covers the flat roof and non-historic metal coping caps the parapets. The central block features a brick elevator penthouse sheathed in corrugated metal.

The X-shaped building has a regular, balanced footprint. The central rectangular block runs north to south



East (Primary) Elevation and Driveway, 2005

and has four wings, one radiating from each of its corners. The two east (front) wings extend diagonally from the corners of the central block toward the northeast and southeast. The central block and the east (front) wings are each four stories. The two west (rear) wings extend west, perpendicular to the central block, and are each three stories.

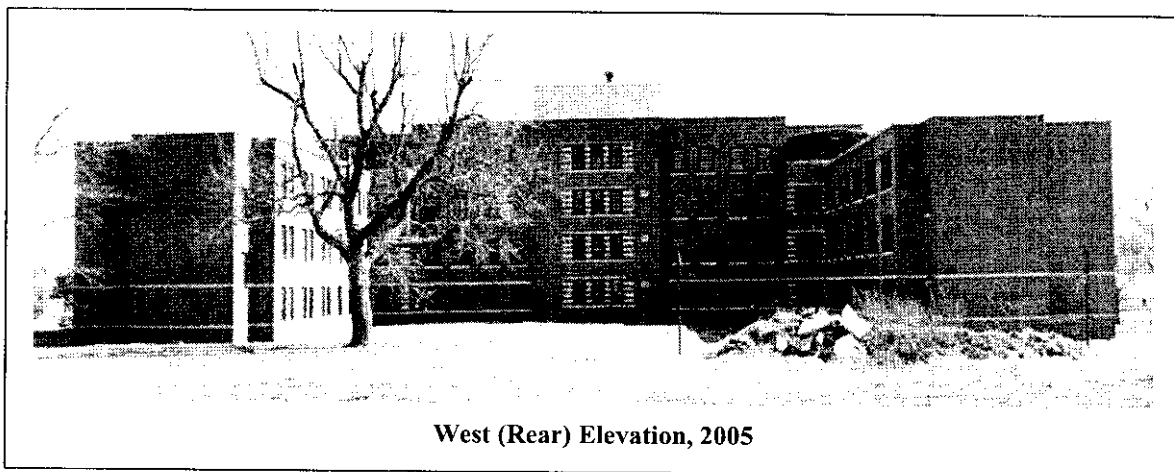
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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

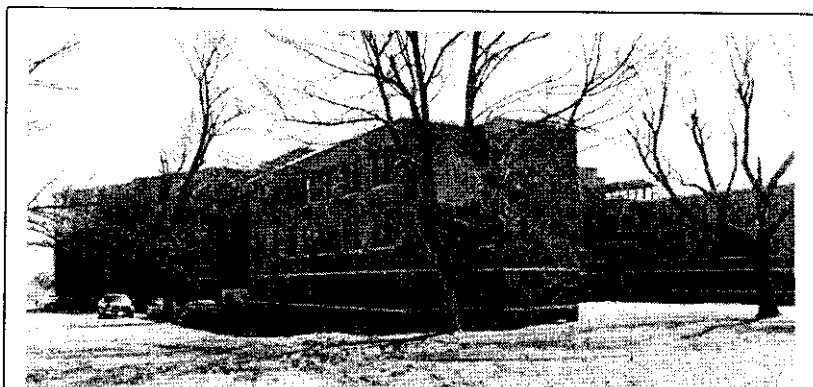
The central block is eleven bays wide and three bays deep. The east (front) wings extend thirteen bays from the central block and are one bay deep. The west (rear) wings extend ten bays from the central block and are one bay deep.



West (Rear) Elevation, 2005

Styling and ornamentation on the simple exterior walls is minimal. The masonry work on the east (primary) elevation, however, is more enhanced than it is on the secondary elevations. Horizontal rows of alternating brick and limestone bands emphasize the simple rectilinear massing of the central block and the wings. The same treatment occurs on the north and south elevations above the entrance bays and on the central section of the west elevation.

The regular rhythm of the fenestration reinforces the building's symmetry. Defining the bays of each elevation, the original window openings have limestone sills and contain non-historic aluminum double-



**View of Northeast Wing (Left) and Northwest Wing (Right), 2005
View looking Southeast**

hung sashes with one-over-one lights, arranged singly, in pairs, and in groups of three. In the center of the east (primary) elevation, a single full-panel glass door with sidelights and a transom serves as the main entrance. Serving as secondary entrances, the north and south elevations each feature a centrally located single three-quarter-panel glass door topped by a transom.

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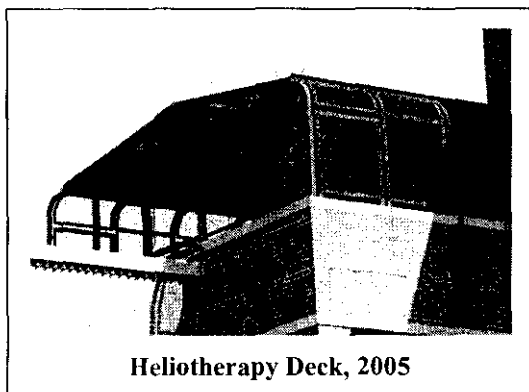
**NATIONAL REGISTER OF HISTORIC PLACES
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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

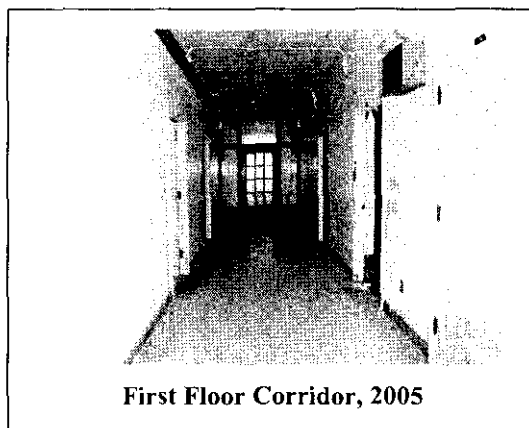
INTERIOR

The central block contained the infirmary's administrative and public spaces — offices, dining rooms, treatment rooms, and visitors' rooms — arranged along a double-loaded corridor. The flanking wings contained patients' rooms, nurses' stations, and bathrooms along double-loaded corridors. The first through third floors of the east (front) and west (rear) wings have nearly identical floor plans, with some variations occurring in the division of patient rooms at the ends of the wings. Internal staircases are adjacent to the main entrance in the central block and at the ends of each wing.



Heliotherapy Deck, 2005

In the east (front) wings, the floor plan for the fourth floor matches that of the lower floors. At the northwest and southwest corners of the central block roof, which has tall brick parapet walls, steel framing and wire enclose two "heliotherapy"² decks. A non-original steel frame gable roof structure covered with corrugated green fiberglass covers each of the decks. Quarry tile covers the deck floors.



First Floor Corridor, 2005

The Infirmary Building's interior materials and finishes are simple and utilitarian. The central block's corridors have terrazzo floors with glazed ceramic tile bases. Elsewhere, the floors are concrete, some covered with vinyl tile or carpet. Most walls are plaster, although glazed block covers the walls in the bathrooms, service areas, and the "day rooms" at the corners of the central block. The wood doors generally have metal frames and the windows have interior aluminum storms and wide metal sills. Enclosed glass vestibules at the ends of the first-story main corridor have wood door frames and wood doors containing wire glass glazing.

² Also known as sun therapy, exposure to sunlight helped to kill the bacteria that caused non-pulmonary tuberculosis.

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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

INTEGRITY

The character-defining features of the Infirmary Building remain intact. On the exterior, these features include the X-shaped plan, Kirkbride Plan massing, symmetrical façades, fireproof construction, and simple, rectilinear masonry façades that reflect its period of construction, institutional use, and public funding. Despite the removal and addition of partition walls, the building's interior retains a significant percentage of its historic arrangement of spaces and the majority of its original finish materials, which define its period of construction and historic integrity. Particularly notable are the main hallway spaces, the terrazzo floors in the main corridors, and the glazed masonry block walls in the day rooms at the corners of the central block. Overall, the Infirmary Building retains a high degree of integrity and clearly conveys its original design and function as an institutional medical building constructed using PWA funds.

The Infirmary Building retains its semicircular driveway, although areas on the sides and in the center of the original driveway are now paved. Groves of large trees and miscellaneous vegetation continue to adorn the lawn.

The larger hospital complex no longer retains sufficient integrity for listing as a historic district. The city demolished the original hospital building around 2000. In addition to the Infirmary Building, only a few peripheral buildings remain extant and these buildings currently have new tenants. The State of Missouri continues to own and operate the 1937 Clinic Building (to the north of the Infirmary Building) as the Missouri Habilitation Center.

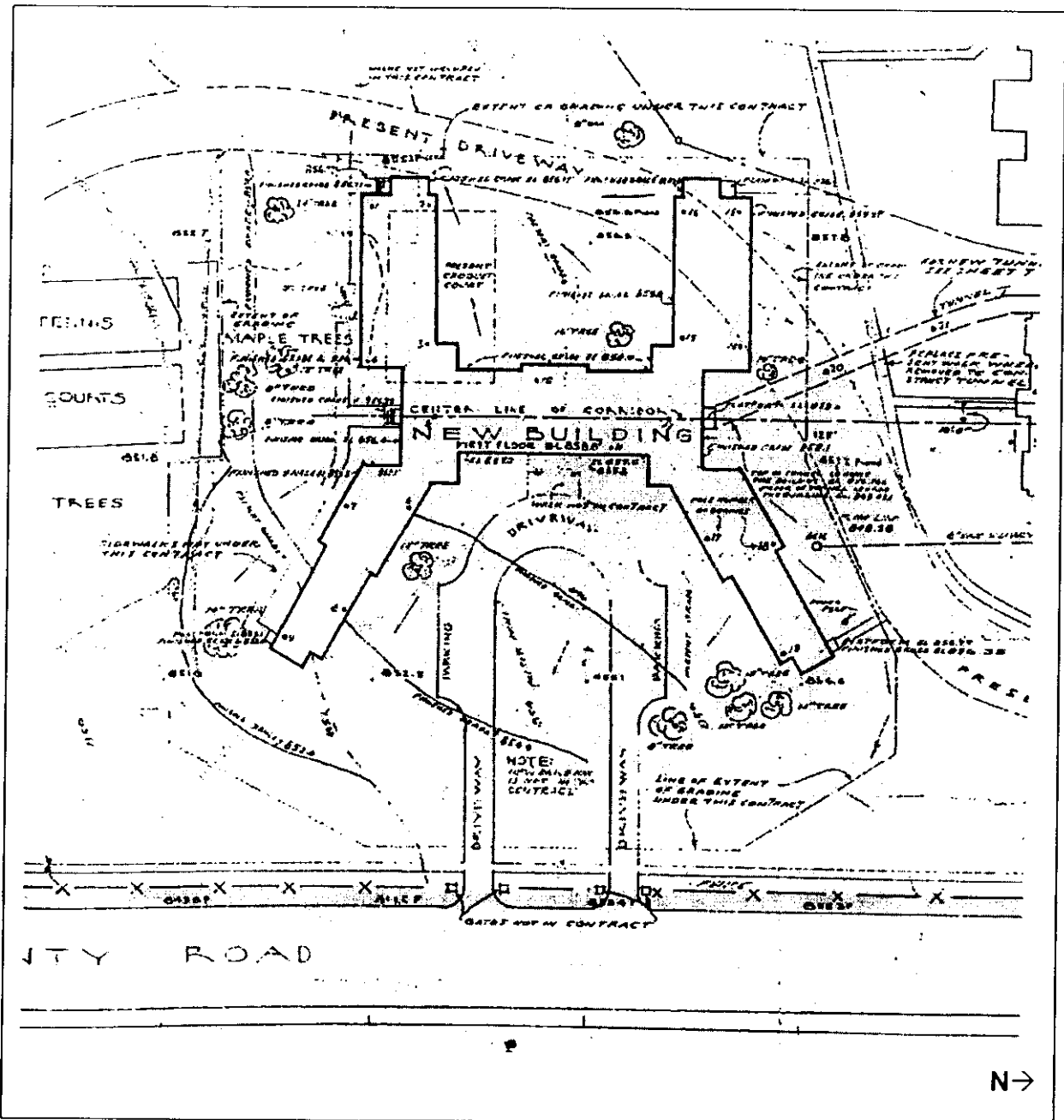
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Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri

INFIRMARY BUILDING SITE PLAN
Carroll and Dean Architectural Drawing, June 1936



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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

STATEMENT OF SIGNIFICANCE

The Infirmary Building is significant under National Register Criterion A for the areas of HEALTH/MEDICINE and POLITICS/GOVERNMENT and under Criterion C for the area of ARCHITECTURE. The Kirkbride Plan hospital building, erected in 1937 is an excellent surviving example of an infirmary building designed to treat infirm and tubercular patients at a state mental hospital complex. Constructed with Public Works Administration (PWA) matching funds, the building's simple, Moderne style and utilitarian, hygienic interior finishes reflect the design of hospital facilities constructed during this era. The use of a modified Kirkbride plan has significant associations with the design of psychiatric facilities as an integral part of the treatment plan that occurred in the late nineteenth and early twentieth centuries. The arrangement of spaces and uses reflects the needs of a large state-run psychiatric hospital to address the care of a large number of infirm, long-term patients. Of particular note are the specialized facilities, including heliotherapy decks, devoted to the lengthy treatment of tubercular patients in the period before antibiotics. The period of significance for the Infirmary Building begins with its construction in 1937 and ends in 1955, the arbitrary fifty-year threshold established by the National Park Service as a reasonable date from which to evaluate the significance of resources for National Register eligibility.

ELABORATION

HISTORY AND DEVELOPMENT OF MISSOURI STATE HOSPITAL NUMBER 3

On March 3, 1885, the thirty-third Missouri State Assembly created Missouri State Hospital Number 3 to treat psychiatric patients.³ Originally, the selected location of the new psychiatric hospital was Springfield, but state legislators from southwest Missouri successfully amended the legislation to allow the consideration of any location in the region.⁴ Springfield, Carthage, and Nevada vied for the state hospital facility.

As a keen competitor for the new State Hospital Number 3, by February 1885, the City of Nevada assembled a tract of land, mostly through private donations, to offer to the state as the location for the hospital. A newspaper account stated that the site had a "lovely and commanding nature" and was on excellent and fertile land.⁵ A few months later, a group of local citizens established the Nevada Board of Trade to promote the area to businessmen and investors, as well as to the state decision-makers for the

³ State Hospital Number 1, established in 1847, was in Fulton; State Hospital Number 2, established in 1872, was in St. Joseph; and State Hospital Number 4, established in 1889, was in Farmington.

⁴ Nevada State Hospital and Habilitation Center, *The First One Hundred Years of Mental Health Services 1885-1985* (Nevada, MO: privately printed, 1985), 1; Genealogy Room, Nevada (Missouri) Public Library.

⁵ Nevada State Hospital and Habilitation Center, 6-7

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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

location of the asylum.⁶ Competition between Springfield and Nevada was fierce and in late summer 1885, the Governor-appointed Board of Commissioners chose Nevada as the site for the new State Lunatic Asylum.

When construction of State Hospital Number 3 began in 1856, the City of Nevada was a growing community. Laid out in 1855, the town incorporated in March 1869. After the Civil War, the county built a new courthouse and local commerce expanded. In 1870, the Missouri, Kansas and Texas Railroad became the first railroad line to serve Nevada. However, growth remained slow until around 1880 when the Lexington and Southern Nevada Railroad also established a line through the community.⁷ By 1887, Nevada had three daily newspapers and four weekly newspapers. Its three banks held combined deposits of over \$1.5 million and the assets of its savings and loan institution exceeded \$1 million. The town offered its residents public and private schools, eight churches, and numerous civic, social, and religious organizations. Water, gas, electricity, and telephone utilities were in place at this time.⁸

The town's natural resources were an asset in attracting the asylum. Located at the north end of the Ozark Mountains at an altitude of 1,100 feet, the town became known for its mineral water and pure air.⁹ In 1910, a source supported the state's choice of Nevada noting, "Recent statistics show that owing to the pure water, high altitude, dry atmosphere and the many natural resources of the surrounding country, the percent of cures of this hospital are greater than any similar institution in the world."¹⁰

Originally called Lunatic Asylum Number 3, the State Hospital's first building opened on October 17, 1889. The Second Empire style main building was the single largest public building in Missouri at the time of its construction. The asylum was physically self-sufficient from the beginning. Spread out across 520 acres, it had its own water supply, laundry facilities, power plant, and telephone systems, as well as gardens, a lake, greenhouses, a dairy, a hennery, and a hog farm, all of which aided in the production of food stuffs and provided occupational therapy for inmates. In addition to the main building, the complex contained numerous support buildings, structures, and outbuildings, including an ice plant, power plant, cannery, fire engine house, carpenter shop, barns, and silos. As the facility's capacity grew over the years, the construction of additions, new buildings, and structures occurred as necessary.

The asylum had a positive effect on Nevada's economy. Not only did the town gain recognition following the construction of the facility, it also benefited from a stable and growing source of employment for area residents.

⁶ Ibid., 8

⁷ Nevada Public Library, *Nevada, Missouri Souvenir: Past and Present Progress and Prosperity* (Nevada, MO: Freeman Publishing Company, 1910), 2; Genealogy Room, Nevada (Missouri) Public Library.

⁸ Nevada State Hospital and Habilitation Center, 2.

⁹ Nevada Public Library, 2.

¹⁰ Nevada Public Library, 3.

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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

During its first two years of operation, the hospital admitted 281 patients and had approximately 30 staff members.¹¹ As the hospital's population grew, so did the staff. By 1968, the hospital had approximately 950 employees and 1,500 patients.¹²

During the late 1930s, the Missouri State Hospital Number 3 facilities expanded with the construction of new buildings to address overcrowded conditions. Concurrent with the construction of the Infirmery Building for acute care patients, the state built a Clinic Building to the north of the Infirmery Building to house diagnostic intake facilities and dormitory and treatment space for non-acute/chronic care patients. Another new facility on the hospital grounds was an employee dormitory. These improvements marked the most significant physical growth of the institution in the twentieth century.

In 1973, the Missouri Division of Mental Health divided the institution into the Nevada State Hospital and the Nevada State School and Hospital. The Nevada State Hospital treated mentally ill patients, while the Nevada State School and Hospital became a treatment, training, and habilitation center for mentally retarded and developmentally disabled patients. The latter was renamed Nevada Habilitation Center in 1983. The Missouri State Hospital Number 3 closed in 1991, although the State of Missouri continues to operate the Nevada Habilitation Center in several buildings on the old hospital grounds. In 1995, Missouri Governor Mel Carnahan donated much of the state hospital grounds and buildings to the City of Nevada for use as a technology center. The city demolished the original Second Empire style main hospital building. A few of the buildings, including the 1937 Infirmery Building, remain extant.

Infirmery Building History

The construction of the Infirmery Building was part of the program initiated by the State of Missouri for the rehabilitation and extension of its eleemosynary and penal institutions. Funding came from a state bond issue matched by PWA grants amounting to approximately eight million dollars. A team of about 34 architectural firms worked on the eleemosynary program that included the four mental hospitals.¹³

Among the objectives for new construction at the state mental hospitals were to remodel or erect new facilities to house infirm and tubercular patients in fireproof buildings and to provide proper medical-surgical facilities.¹⁴ At the time, the Nevada hospital facilities were overcrowded and the annual reports of

¹¹ Nevada State Hospital and Nevada Habilitation Center, 18.

¹² Betty Sterett, *Scenes from the Past (of Nevada, Missouri), Revised Edition* (Nevada, MO: Vernon County Historical Society Bushwhacker Museum, 2002), 58; Genealogy Room, Nevada (Missouri) Public Library.

¹³ L. R. Bowen, "Planning for State Hospitals. First of Three Articles on Missouri's Four New Mental Hospitals" *The Modern Hospital* 52 no. 2 (1939): 61, 78; Dykes Library, University of Kansas Medical Center, Kansas City, Kansas.

¹⁴ Ibid.

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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

the state hospitals documented that the rate of growth of their residential population was increasing faster than that of the population of the state.¹⁵ None of the state hospitals had fireproof buildings for infirm patients, although the Fulton and Farmington facilities provided separate fireproof buildings for the tubercular inmates. The state's plan for use of the PWA funds called for new infirmary buildings at the St. Joseph and Nevada hospitals to be erected at a cost of about one thousand dollars per bed.¹⁶

At the main entrance to the Infirmary Building at State Hospital Number 3, a plaque dated 1937 identifies the building as Federal Emergency Administration of Public Works Project Number 5131-1. The architectural firm of Carroll and Dean designed the building loosely following the Kirkbride Plan. Dr. Thomas Story Kirkbride, a nineteenth century physician whose treatise on hospital design influenced the construction of hospitals for the mentally ill, incorporated the design of the asylum building as an important component in the treatment plan for the mentally ill. The Kirkbride mental hospital design typically incorporated what has been called a "bat wing" floorplan that featured a central administration block flanked by wings of tiered wards that provided each ward with natural light, ventilation, and views of the surrounding property.¹⁷

Carroll and Dean designed the infirmary building as an acute care facility. The architectural drawings for the "BUILDING for INFIRM and TUBERCULOUS PATIENTS STATE HOSPITAL No. 3 — NEVADA, MISSOURI" dated June 1936 depict a central block with wings radiating from each corner. The building faced east. The patient's wings on the east side were two beds deep and extended one story above those on the west side to provide for the housing of tubercular patients. Each wing contained patient wards and isolation rooms. With the exception of the central portion of the first floor, which also housed offices, each floor of the central block contained a serving room, dining room, visitors' room, and doctors' room and offices. Supporting the information shown on the architectural drawings, the March 1939 issue of *The Modern Hospital* described each floor of State Hospital Number 3's Infirmary Building as having a single "Serving Room" centered in the west side of the central block to provide meals for patients on that floor. Flanking each "Serving Room" was a north and south dining room where patients from the two north wards and the two south wards ate their meals. The kitchen was in a separate building and hospital staff delivered food to the Infirmary Building by way of an underground tunnel. The Infirmary Building's two elevators each had dual openings that opened to the central corridor for passengers and to the "Serving Room" for food delivery carts.

On the second and third floors, day rooms in the four corners of the central block separated the patient rooms and wards from the treatment rooms and other more public spaces. The fourth floor treated

¹⁵ Ibid., 61-62.

¹⁶ L. R. Bowen, "More Beds for Mental Patients," *The Modern Hospital* 52 no. 3 (1939) : 78; Dykes Library, University of Kansas Medical Center, Kansas City, Kansas.

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tuberculosis patients. It included 48 beds (3 percent of the State Hospital Number 3's capacity). In addition to the usual visitors' and doctors' rooms, the fourth floor central block included treatment rooms for pneumothorax operations for collapsed lungs, radiographic services (x-ray), lamp therapy, and occupational therapy. Heliotherapy occurred on the sun decks.¹⁸ All were typical treatments and palliative care programs for tuberculosis at the time. On the east wings, iron guards above the brick parapet walls enclosed the heliotherapy decks. The deck area extended over the sections in the lower stories occupied by the wider wards.

The Infirmery Building closed with the hospital in 1991. Most recently, the Infirmery Building operated as a haunted house. Deferred maintenance resulted in the building's infestation with pigeons and numerous roof leaks. Despite this, the building remains in good condition structurally.

The Infirmery Building reflects the evolution of medical and popular beliefs regarding treatment of the mentally ill (as well as acute diseases such as tuberculosis) at state institutions in the early twentieth century. It reflects the era of the early asylum or sanatoria with their healing pastoral landscapes and agricultural operations. It also serves as a lens to understand the shift in settings in the mid- and late twentieth centuries to the more antiseptic and clinical modern hospitals and treatment centers of today. To understand this evolution, it is necessary to understand the context of the treatment of the mentally ill, the infirm, and tubercular patients in the early twentieth century.

EVOLUTION OF PUBLIC INSTITUTIONALIZED HEALTH CARE FACILITIES

STATE PSYCHIATRIC CARE FACILITIES

The first legally mandated facilities for the institutionalized care of the ill were psychiatric care facilities. Throughout history, these facilities reflect the prevailing social and scientific attitudes of the time about mental health. The first "asylums" were established in Europe. London's Bethlem Royal Hospital accepted "lunatics" as early as 1403. Here, they treated patients more as prisoners or as novelties to be viewed by visitors who paid money.¹⁹ By 1700, the term "patients" began to replace "lunatics" as the public began to change their views relating to mental illness and to equate it to disease. In 1793, French physician and psychiatrist Phillipe Pinel introduced a more humane treatment to the mentally ill, removing chains and restraints that bound the "patients" and treating them through individual talk therapy, physical exercise, hygiene, and purposeful work.

¹⁷ KirkbrideBuildings.com, "Kirkbride Buildings: History," available at www.kirkbridebuildings.com/history/buildings.html; Internet; accessed 23 December 2004.

¹⁸ Exposure to sunlight helped to kill the bacteria that caused non-pulmonary tuberculosis.

¹⁹ *Wikipedia-The Free Encyclopedia*, "Psychiatric Hospital" [article online]; available at http://en.wikipedia.org/wiki/Psychiatric_hospital; Internet; accessed 21 January 2005.

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Early treatment of the mentally ill in America was no better than in Europe. Restraints and abuse were common and patients were isolated from the general population in prison-like settings. Coinciding with Pinel's work in Europe, the establishment of the first humane "insane asylum" in America occurred in 1796.²⁰ Construction of a few more asylums occurred in the early 1800s. As social reformers in America worked to revolutionize mental health care, the construction of numerous asylums occurred by the mid-1800s.

Dorothea Dix and Thomas Story Kirkbride both had an enormous impact on the mental health field during the mid-nineteenth century. Dix was a Massachusetts social reformer who dedicated her life to improving the treatment of the mentally ill after observing the conditions they were subject to and the treatment they received in a jail. Kirkbride was a physician and the superintendent for the Philadelphia Hospital of the Insane during the mid- and late nineteenth century. He developed what became known as the Kirkbride Plan where the design and construction of the asylum building played an integral role in the treatment. Kirkbride supported an asylum system of treatment, which promoted the humane and moral treatment of sick patients rather than locking them away in prisons and poor houses.

The Kirkbride Plan

Kirkbride promoted a set of detailed principles that influenced the construction and operation of many American asylums built during this period in which the actual asylum buildings and their surroundings were an important component of his concept of treatment. In what became known as the Kirkbride Plan, the asylum was a place for structured activity to promote improvement, a place removed from the suspected causes of mental illness, and a place for certain types of medical therapy.

Dr. Kirkbride recommended a treatment facility with a central administration block flanked by two wings of tiered wards — one for male patients and one for female patients. This also facilitated the segregation of residents by symptoms of illness. More "excited" patients occupied the far end of a wing and the more well-behaved patients were closer to the central block. It also allowed for a hierarchy of floors, with the more volatile patients on the lower floors and then further subdivided in the wings according to the severity of their disability. The tiered design of the wings maximized the patients' exposure to fresh air, natural light, and views of the asylum grounds from all sides of each ward.²¹

²⁰ Philip Cushman, *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (Reading, MA: Addison-Wesley Publishing Company, 1995), 99.

²¹ KirkbrideBuildings.com, "Kirkbride Buildings: History" [article online]; available at www.kirkbridebuildings.com/history/buildings.html; Internet; accessed 23 December 2004.

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Treatment programs for the mentally ill at this time placed considerable emphasis on providing an environment away from the pollutants and hectic energy of urban centers. Extensive landscaped grounds served to calm patients' minds with their ordered beauty, and farmland made the asylum more self-sufficient by providing readily available food and other farm products at a minimal cost to the state and also provided structured activities to focus mental faculties and to improve physical fitness.

The asylum architectural styles reflected textbook examples of popular treatments at the time of their construction. By the turn of the twentieth century, formal revival styles featured elaborate landscape designs. Postcards depicting picturesque asylums were common. The Kirkbride Plan continued to be utilized in a variety of forms up to the 1950s. However, as psychoanalysis, drug therapy, and other treatments emerged in the early to mid-twentieth century, the Kirkbride Plan became progressively obsolete.

Growth of State Mental Asylums

Improved treatment options and idyllic settings made treatment in asylums more acceptable and their populations grew rapidly in the late nineteenth century. In 1808, the average asylum contained approximately 110 beds. By the 1840s, asylums housed from 300 to as many as 1,000 beds.²² An asylum in Milledgeville, Georgia eventually housed 8,000 beds.²³ State-sponsored hospitals sprang up across the United States to meet the growing demand for psychiatric care and quickly became overcrowded. This adversely affected the care these asylums could provide and as populations became unmanageable, patient treatment reverted to less humane methods. The low ratio of doctors to patients made proactive treatment difficult.

The number of patients in mental institutions increased during each census after 1904 and by 1939, these patients filled one-half of all hospital beds in the United States. Between 1926 and 1927, the United States population grew by 10.6 percent and the number patients in state mental hospitals increased by 43.5 percent.²⁴ Many hospitals added new buildings and facilities as their populations grew. Hospital campuses often sprawled over several hundred acres and contained numerous buildings, including dormitory facilities, clinics, infirmaries, administration buildings, power plants, kitchens, recreational facilities and auxiliary farming and horticultural buildings.

In the 1930s, to help alleviate the overcrowding in hospitals, government-sponsored New Deal relief programs such as the PWA and the Works Progress Administration (WPA) helped fund numerous new

²² Cushman, 100.

²³ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, Inc., 1997), 44.

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buildings and renovation projects at psychiatric hospitals across the country.²⁵ Despite larger and improved treatment facilities, the recovery and discharge rates remained low.²⁶

Treatment methods in psychiatric hospitals remained largely unchanged until the advent of electroshock and insulin shock therapies and the lobotomy surgical technique in the mid-1940s.²⁷ Overpopulation, however, remained a problem, and short-staffed hospitals could not effectively administer therapy to all patients. By 1950, exposés on the deplorable conditions in mental institutions improved public awareness and initiated an anti-psychiatry movement.²⁸ Deinstitutionalization by discharging patients back into the community or group homes became an established goal of treatment beginning in the 1950s with the advent of drug therapy, in particular the use of thorazine, chlorpromazine, and reserpine.

Deinstitutionalization escalated in the 1960s. The reduction of the mental patient population in the United States' county and state institutions was dramatic. From 1955 to 1970, the number of patients in state hospitals decreased from a total of 559,000 to 338,000. By 1988, the number decreased to 107,000, representing an 80 percent reduction in the institutional population.²⁹ By 1994, only 35 percent of mental patients admitted to psychiatric care facilities became inpatients in state or county mental hospitals.³⁰

Psychiatric Treatment in the Missouri State Hospital System

In 1847, the State of Missouri authorized construction of an "asylum for the insane" in Fulton, Missouri. The hospital became known as State Lunatic Asylum Number 1. When it opened in 1851, it became the first state institution west of the Mississippi River to provide care for the mentally ill.³¹ It had a capacity of 130 patients. With the onset of the Civil War, financial support for the asylum stopped and it closed. The hospital reopened in 1863. As the hospital's population increased, there was an obvious need for more state facilities.

In 1872, the State Legislature approved funds to build another asylum in northwest Missouri. State Lunatic Asylum Number 2 opened in St. Joseph in 1874. Its original capacity was 275 patients, and it

²⁴ L. R. Bowen, "Planning for State Hospitals: First of Three Articles on Missouri's Four New Mental Hospitals," 62.

²⁵ Shorter, 191.

²⁶ L. R. Bowen, "Planning for State Hospitals: First of Three Articles on Missouri's Four New Mental Hospitals," 63.

²⁷ *Wikipedia: The Free Encyclopedia*, "Psychiatric Hospital" [article online]; available at http://en.wikipedia.org/wiki/Psychiatric_hospital; Internet; accessed 21 January 2005.

²⁸ Shorter, 278.

²⁹ *Ibid.*, 280.

³⁰ *Ibid.*, 281.

³¹ Missouri Department of Mental Health, "History of the Division of Mental Diseases" [article online]; available at www.dmh.missouri.gov/history.htm; Internet; accessed 23 December 2004.

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became overcrowded almost immediately after opening. Fire destroyed the building in 1879 and the state built a Kirkbride Plan facility in 1880. In response to the overcrowded conditions at the Fulton and St. Joseph hospitals, the state constructed a Kirkbride Plan hospital to house up to 800 mentally ill patients in Nevada in 1887.

A fourth state facility for the mentally ill, built in Farmington in 1903, was one of the first such institutions in the United States designed with a cottage plan, which utilized several smaller buildings that housed separate wards, administration offices, and other facilities. The cottage plan contrasted sharply from the Kirkbride Plan, which housed all functions in a single building.

In 1899, the Missouri State Legislature changed the name of the insane asylums to "State Hospitals for the Treatment of Mental and Nervous Diseases." The hospitals became known as State Hospital Number 1 (Fulton); State Hospital Number 2 (St. Joseph); State Hospital Number 3 (Nevada); and State Hospital Number 4 (Farmington).

Reflecting the national trend, overcrowding was a chronic problem in Missouri's public mental institutions. As the hospital's populations increased, the state funded new additions and support facilities, but they were not enough to alleviate the swelling hospital populations. In 1935, State Hospital Number 2 in St. Joseph had a patient capacity of 1,800 and a patient count of 2,506. In 1936, State Hospital Number 1 in Fulton had a patient capacity of 1,400, and a patient population of 2,010. That same year, State Hospital Number 3 in Nevada, which had a patient capacity of 1,144, had about 1,700 patients. In contrast, State Hospital Number 4 in Farmington had a patient capacity of 1,320, but its patient count was only 649. Building projects initiated in the late 1930s undertaken with PWA funding matched by funds from a state bond issue helped alleviate the overcrowding.

Tuberculosis Treatment in the Missouri State Hospital System

Each of these state hospitals had acute care facilities for the infirm and for tubercular patients who required a high level of medical treatment or palliative nursing care. Tuberculosis, as an infectious disease in an institutional setting, was an important area of treatment. By the mid-nineteenth century, the medical community recognized the contagious aspect of the disease tuberculosis and developed a system of treatment that focused on isolating the infected patient in an effort to stop the spread of the disease. By the late nineteenth century, doctors began embracing a therapy based on rest and quiet for tubercular patients and established the first tuberculosis sanitariums. Until the development of drugs and antibiotics for tuberculosis treatment in the 1940s, patients "recuperated" in the sanitarium for months or years at a time.

The early sanitariums were private enterprises and did not impact large numbers of tuberculosis sufferers. By the turn of the century, states as well as corporate and labor groups opened tuberculosis sanitariums.

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For the most part, these early facilities simply isolated patients from the rest of society and provided a sanitary environment with support staff and palliative treatment, but they could not effectively treat the disease.

At this time, however, tuberculosis began to be viewed as a controllable social disease. In addition to medical treatments to treat symptoms and assist the immune system, common therapy included teaching the patient how tuberculosis was transmitted and how to minimize chances of infecting others or being re-infected. If the patient's infectious habits could be curbed, the entire community benefited. This philosophy encouraged the development of more publicly funded sanatoriums.

Prior to 1910, most tuberculosis sanatoriums followed the cottage plan, which consisted of multiple buildings containing separate wards and administrative offices. This plan offered isolation, but also reflected the limited medical treatment available at this time. By 1930, as newer medical intervention became part of the normal course of treatment, the design of tuberculosis sanatoriums reflected an institutional approach to medical treatment similar to that of general hospitals. This promoted the construction of larger facilities with more efficient floor plans and specialized facilities that allowed more patients to be treated and reduced the cost of treatment.³² Most of these hospitals loosely followed the Kirkbride Plan due to its maximization of fresh air and natural light, as well as the convenience provided by having a central administrative core with the group dining and meeting facilities necessary in the long-term care of patients. While the Kirkbride Plan for psychiatric care fell out of favor as new treatments developed during the twentieth century, it continued to influence hospital design well into the twentieth century. Many facilities constructed during World War II featured the Kirkbride Plan's design of central blocks flanked by linear, multi-story wings.

At this time, general hospitals also provided special wards for tuberculosis treatment. Therapy included the various physical treatments such as heliotherapy and pneumothorax treatment, which involved the collapse of the lung³³ assisted by the use of the fluoroscope,³⁴ as well as occupational and recreation therapy. The architectural drawings for the Infirmery Building at State Hospital Number 3 depict special rooms on the fourth floor ("lamp room," "pneumo room," "occupational therapy," and "heliotherapy") that demonstrate the building's facilities for treating tuberculosis.

A 1914 Sanborn Fire Insurance Company map showing the State Hospital in Farmington depicts a separate one-story tuberculosis building with Kirkbride Plan wings, while a 1914 Sanborn Fire Insurance Company map showing the State Hospital in Nevada depicts two separate tuberculosis cottages on the

³² "Planning Techniques No. 11: Tuberculosis Sanatoria" *Architectural Forum*, March 1939, 175; Linda Hall Library. Kansas City, Missouri.

³³ As a treatment for tuberculosis, the induction of an abnormal presence of air into the middle region of the body, resulting in the collapse of the lung.

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property. As noted earlier, the infirmery buildings erected in Nevada and St. Joseph included separate floors for the treatment of the mentally ill with tuberculosis. Sanborn Fire Insurance Company maps for 1946 show that neither of the cottages at the State Hospital in Nevada continued to serve a tubercular function. The tubercular patients occupied the top floor of the Infirmery Buildings at both the Nevada and St. Joseph hospitals. The location of the ward offered isolation from other patients as well as direct access to the heliotherapy decks on the roofs of the rear wings and to specialized treatment rooms.

NEW DEAL FUNDING AND THE MISSOURI STATE HOSPITAL SYSTEM

In its ongoing efforts to alleviate the economic crisis of the Great Depression, in June 1933 Congress passed the National Industrial Recovery Act (NIRA). The NIRA created the PWA, which became one of the largest sources of public improvement funding during the national economic recovery. Projects funded by the PWA included schools, municipal water and sewage systems, courthouses, post offices, hospitals, housing, and roads. Through this program, the federal government paid for 100 percent of federal construction projects, and provided state and local agencies with grants for 30 percent of project costs and loans for any remaining balance. The amount of grants increased to 45 percent of project costs in 1935. Public Works Administration funding for hospitals was prolific. By 1935, the PWA had distributed \$37 million in loans and grants to states, cities, and other local agencies for hospital and institutional buildings alone.³⁵ In 1939, *The Modern Hospital* stated, "Expansion and modernization are either in the work or contemplated in the mental disease hospitals of almost every state in the Union."³⁶

A Missouri constitutional amendment approved in 1934 provided \$10 million in bonds supplemented by \$4 million in federal grants for building projects at the state's penal and eleemosynary institutions. The building program in Missouri was among the twenty largest projects in the United States "initiated to wage battle against the [economic] depression."³⁷ To disburse federal funds, the State Building Commission selected a technical staff that reported to a bipartisan advisory board.³⁸ By the end of 1940, the state spent a total of \$7,618,095 in bonds and federal PWA money on new buildings and equipment for the state hospital system.

³⁴ An x-ray machine that combines an x-ray source and a fluorescent screen to enable direct observation.

³⁵ Seth L. Schnitman, "Trends in Hospital Construction" *Architectural Record*, June 1935, 412; Miller Nichols Library, University of Missouri-Kansas City.

³⁶ L. R. Bowen, "More Beds for Mental Patients," 77.

³⁷ W. Ed Jameson, letter to unknown recipient, 27 October 1936, Missouri Association for Social Welfare, Papers, 1908-1971 (C3475), Folder 4927, Western Historical Manuscript Collection-Columbia, Ellis Library, University of Missouri, Columbia, Missouri.

³⁸ L. R. Bowen, "Planning for State Hospitals: First of Three Articles on Missouri's Four New Mental Hospitals," 61.

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The PWA building projects helped advance Missouri's position as a leader in psychiatric and tuberculosis treatment nationwide.³⁹ The state undertook an ambitious building project to alleviate overcrowding and to improve outdated buildings at the four state psychiatric hospitals. The program had five objectives: (1) to relieve overcrowding; (2) to provide proper reception facilities for new patients; (3) at a minimum, to house the infirm and tubercular in fireproof buildings; (4) to provide proper medical surgical facilities; and (5) to provide facilities for the treatment of the chronically disturbed.⁴⁰

In addition to building new infirmaries to provide long-term and acute medical care (including tuberculosis) for inmates at penal institutions, the State Building Commission appropriated funds to each of the state's four mental hospitals for new large psychiatric treatment clinics to diagnosis and provide immediate psychiatric treatment to incoming patients and to separate them from the chronically mentally ill.

An October 27, 1936 letter from W. Ed Jameson, President of the Board of Managers of the State Eleemosynary Institution, to an unknown recipient describes these new PWA buildings as "not ornate nor monumental, but . . . built with the idea in mind to be of the most practical use to the institution."⁴¹

Infirmiry buildings constructed at all four state psychiatric hospitals are strikingly similar.⁴² All are of reinforced concrete, with brick walls and have a rectilinear, Moderne style. They also have similar X- or Y-shaped floor plans that feature a central block with wings radiating from the block's corners. The Nevada and St. Joseph infirmiry buildings were nearly identical in plan.⁴³

The construction of new facilities through the PWA funding significantly relieved overcrowding at the state hospitals for the mentally ill in Missouri. At the time of their construction, Missouri had approximately nine thousand mental patients and nearly one thousand tubercular patients⁴⁴ in its state

³⁹ W. Ed Jameson, letter to Miss Helen A. Brown, Washington University, 26 November 1938, Missouri Association for Social Welfare, Papers, 1908-1971 (C3475), Folder 4931, Western Historical Manuscript Collection-Columbia, Ellis Library, University of Missouri, Columbia, Missouri.

⁴⁰ L. R. Bowen, "Planning for State Hospitals: First of Three Articles on Missouri's Four New Mental Hospitals," 61.

⁴¹ W. Ed Jameson, letter to unknown recipient 27 October 1936.

⁴² L. R. Bowen, "Planning for State Hospitals: First of Three Articles on Missouri's Four New Mental Hospitals," 61.

⁴³ L. R. Bowen, "More Beds for Mental Patients," 79.

⁴⁴ This figure includes patients from the general population in state funded tuberculosis hospitals as well as mental patients with tuberculosis in the four state hospitals for the mentally ill, which together amounted to several hundred based on bed capacity in the new facilities.

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institutions.⁴⁵ In November 1938, thirty-two new buildings at the four state hospitals increased bed capacity by four thousand.

ARCHITECTS

J. Maurice Carroll and Chester Dean operated the Kansas City architecture firm Carroll and Dean from 1921 to 1948. Their body of work focused on educational and institutional projects. A sampling of their designs in Kansas City, Missouri includes an addition at St. Mary's Hospital; additions at Visitation School; St. Pius X High School; a classroom building at St. Agnes Academy; and the gymnasium at De LaSalle Academy.

Born in Kansas City in 1897, J. Maurice Carroll received his architecture degree from the University of Notre Dame in 1919. After his partnership with Chester Dean ended in 1948, he moved to St. Louis, Missouri where he practiced as Maurice Carroll Architects from 1948 until his retirement in 1965. He moved to the Chicago area after his retirement and then to Delray Beach, Florida in the early 1970s after the death of his first wife, Teresa Crowe Carroll. Carroll's obituary states that he designed more than 160 institutional buildings, including structures at Rockhurst College in Kansas City, Missouri; St. Mary College in Leavenworth, Kansas; and St. Peter's Catholic Church and St. Vincent's Catholic Church in Kansas City, Missouri.⁴⁶ Carroll was a corporate member of the American Institute of Architects and a former officer of its Kansas City chapter. He was vice president of the University of Notre Dame's national alumni board in the early 1960s and was a charter member of the St. Mary College president's council. He was also an honorary counselor at the college. He served as the Western Missouri District Director of the Federal Housing Administration from 1934 to 1936. Carroll passed away on December 31, 1991 at his home in Delray, Florida.

Little information about Chester Dean is available. He was a partner with the firm of White, Underhill and Dean prior to joining Maurice Carroll in 1921.

⁴⁵ W. Ed Jameson, letter to unknown recipient, 12 October 1938, Missouri Association for Social Welfare, Papers, 1908-1971 (C3475), Folder 4930, Western Historical Manuscript Collection-Columbia, Ellis Library, University of Missouri, Columbia, Missouri.

⁴⁶ "J. Maurice Carroll," Obituary, *Kansas City (MO) Star*, 1 January 1991, Western Historical Manuscript Collection, University of Missouri-Kansas City.

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Vernon County, Missouri**

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National Park Service

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**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

GEOGRAPHIC DATA

VERBAL BOUNDARY DESCRIPTION

Commencing at the northwest corner of section 33, township 36 north, range 31 west, in the city of Nevada, Vernon County, Missouri; thence along the west line of said section 33 south 02 degrees 21 minutes 57 seconds west 1543.07 feet; thence leaving said west line of section 33, south 88 degrees 12 minutes 27 seconds east, 858.35 feet; thence north 62 degrees 56 minutes 21 seconds east, 65.34 feet; thence south 88 degrees 15 minutes 22 seconds east, 56.19 feet; thence south 01 degrees 48 minutes 14 seconds west, 123.72 feet to the point of beginning, thence south 01 degrees 48 minutes 14 seconds west, 90.00 feet; thence south 87 degrees 22 minutes 29 seconds east, 50.06 feet; thence north 63 degrees 19 minutes 27 seconds east, 77.17 feet; thence south 87 degrees 54 minutes 57 seconds east, 185.80 feet to the west right-of-way line of Ash Street (A.K.A. Highway "W"); thence along said west right-of-way line south 02 degrees 38 minutes 57 seconds west, 322.00 feet; thence leaving said west right-of-way line north 87 degrees 21 minutes 03 seconds west, 150.96 feet; thence north 57 degrees 32 minutes 59 seconds west, 83.01 feet; thence north 87 degrees 06 minutes 25 seconds west, 251.15 feet; thence north 40 degrees 35 minutes 42 seconds west, 31.16 feet; thence north 21 degrees 01 minutes 35 seconds east, 200.65 feet; thence north 01 degrees 46 minutes 03 seconds east, 64.98 feet; thence south 88 degrees 25 minutes 40 seconds east, 36.35 feet; thence north 02 degrees 17 minutes 05 seconds east, 49.83 feet; thence south 88 degrees 13 minutes 37 seconds east, 92.75 feet to the point of beginning all lying in the northwest quarter of section 33 township 36 north, range 31 west. Bearings based on grid north of the Missouri coordinate system of 1983, west zone. Subject to any part lying in the public roadway. Also subject to any easements, reservations, and restrictions affecting subject land.

BOUNDARY JUSTIFICATION

This nomination represents the parcel of land, described above, that currently includes the Infirmary Building, its front driveway, and the adjacent grassy lawn. This nomination excludes the larger hospital grounds, which have lost integrity due to the demolition of the original hospital building and other changes to the built environment and cultural landscape.

United States Department of the Interior
National Park Service

**NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET**

Section Photographic Documentation Page 26

**Infirmery Building, Missouri State Hospital Number 3
Vernon County, Missouri**

PHOTOGRAPH LOG

Photographer: Brad Finch
F-stop Photography
Kansas City, Missouri

Date of Photographs: January 2005

Location of Negatives: Ash Place Historic Developers, L.P.
1526 Grand Boulevard
Kansas City, Missouri

Photograph Number	Description	Camera View
1.	East (primary) elevation	West
2.	East (primary) elevation	Northwest
3.	From left to right: northwest (rear) wing, southwest (rear) wing, and southeast (front) wing	Northeast
4.	South elevation entrance	North
5.	West (rear) elevation	East
6.	From left to right: northeast (front) wing, northwest (rear) wing, and southwest (rear) wing	Southeast
7.	North elevation entrance	Southwest
8.	East (primary) elevation, transition from the central block to the northeast (front) wing	Northwest
9.	Typical window	North
10.	Primary (east) entrance, exterior view	Northwest
11.	Primary (east) entrance and vestibule, interior view	East
12.	Plaque at the primary (east) entrance	North
13.	North elevation entrance	Southeast
14.	Typical main corridor	North
15.	Partition and door at the north end of the main corridor, first floor	Southwest
16.	Typical "dayroom," junction of the main corridor and the southeast (front) wing	Northwest
17.	Typical sleeping room, southwest (rear) wing	Northeast
18.	Heliotherapy deck, exterior view	Northeast
19.	Heliotherapy deck, interior view	Southwest
20.	Heliotherapy deck, interior view	Southeast

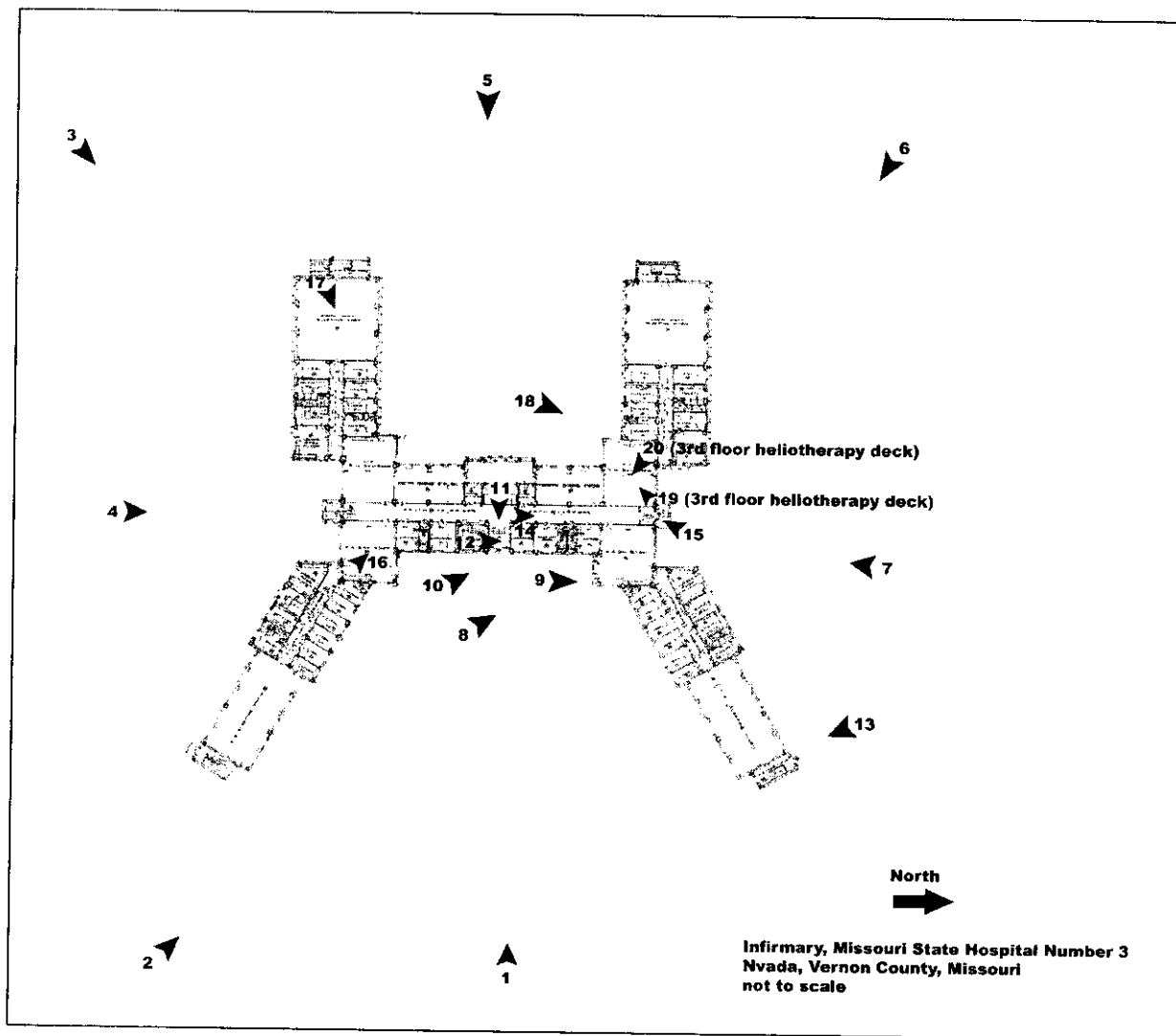
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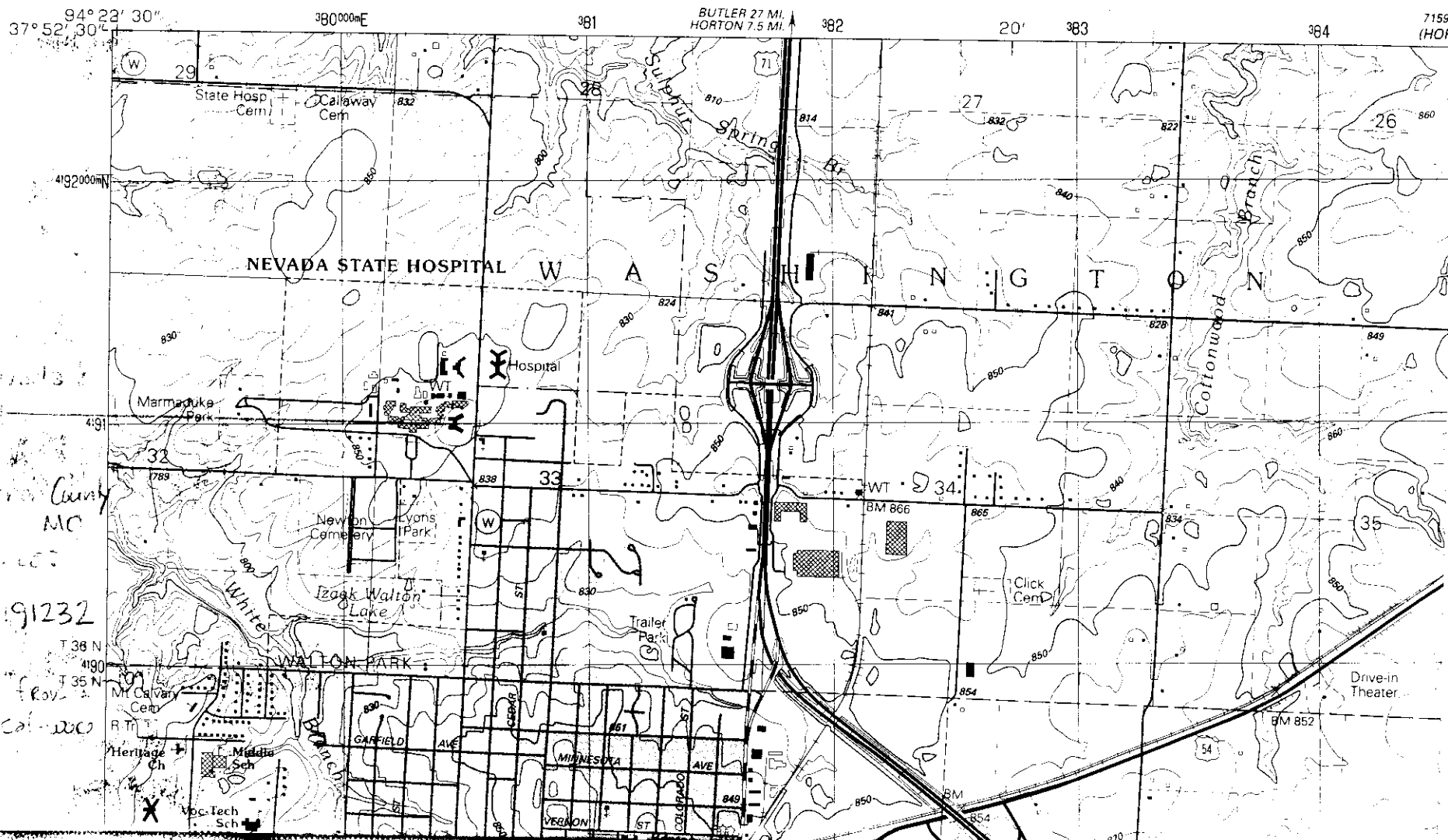
Section Photographic Documentation Page 27

**Infirmary Building, Missouri State Hospital Number 3
Vernon County, Missouri**

**INFIRMARY BUILDING AT MISSOURI STATE HOSPITAL NUMBER 3
PHOTOGRAPH LOCATION MAP**



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



Alameda, Nevada
State No. 3
Nevada, Verdon County
MO
TAM Reference
5/380425/491232
2nd Area 4.1 from
Nevada Col. 200
10/1/11





















EXIT

7-1



1937

BUILDING COMMISSION

FRANK H. BROWN, CHAIRMAN
VIRGIL J. CHAMBERLAIN

ROY McINTOSH
TREASURER

ROBERT W. WINN
TREASURER

RICHARD E. NACY
TREASURER
1932-1936

HARVEY R. SMITH
TREASURER

LOYD W. KING
TREASURER

CHARLES E. LEE
TREASURER
1930-1932

BI-PARTISAN ADVISORY BOARD

SAM E. TRIMBLE, CHAIRMAN

CLAUDE B. RICKETTS, VICE CHAIRMAN

HOWARD COOK, SECRETARY

FRED NAETER, MEMBER

ALEXANDER E. BITTIS, MEMBER

JOHN D. McNEELY, MEMBER

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LEONARD M. FACAN
TREASURER

W. C. SEVIER
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CHARLES E. LEE
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Anyone with ♥ condition
pregnant, ect. need to

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