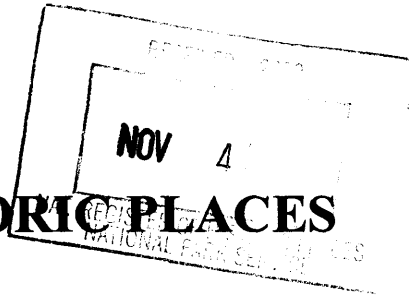


United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES REGISTRATION FORM



*Resub
02-11-02*

1. Name of Property

historic name: Lewis and Clark County Hospital Historic District
other name/site number: Cooney Convalescent Home, Miners Hospital, Poor Farm, Old Cooney Home

2. Location

street & number: 3404 Cooney Drive
city/town: Helena
state: Montana code: MT county: Lewis and Clark code: 049 zip code: 59602
not for publication: n/a
vicinity: n/a

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, 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.

M. L. F. Zaunler / State Historic Preservation Officer *10/31/2002*

Signature of certifying official/Title Date

Montana State Historic Preservation Office
State or Federal agency or bureau (See continuation sheet for additional comments.)

In my opinion, the property meets does not meet the National Register criteria.

Signature of commenting or other official Date

State or Federal agency and bureau

4. National Park Service Certification

- I hereby certify that this property is:
 entered in the National Register
 see continuation sheet
- determined eligible for the National Register
 see continuation sheet
- determined not eligible for the National Register
 see continuation sheet
- removed from the National Register
 see continuation sheet
- other (explain): _____

for Signature of the Keeper: *David J. Vician* Date of Action: *11/19/02*

5. Classification

Ownership of Property:	Private	Number of Resources within Property	
Category of Property:	District	Contributing	Noncontributing
Number of contributing resources previously listed in the National Register:	n/a	<u>4</u>	<u>3</u> buildings
Name of related multiple property listing:	n/a	<u>1</u>	<u>0</u> sites
		<u>0</u>	<u>0</u> structures
		<u>0</u>	<u>0</u> objects
		<u>5</u>	<u>3</u> Total

6. Function or Use

Historic Functions:	HEALTH CARE/ hospital HEALTH CARE/sanitarium	Current Functions:	COMMERCE/Business
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7. Description

Architectural Classification:
LATE 19TH AND EARLY 20TH CENTURY MOVEMENTS/
MODERN MOVEMENT/Late Art Deco/Early Moderne

Materials:
foundation: CONCRETE; STONE
walls: CONCRETE; BRICK
roof: ASPHALT/rolled, shingle
other: BRICK; METAL; STUCCO

Narrative Description

The Lewis and Clark County Hospital is located in the Prickly Pear (Helena) Valley of southwestern Montana. The broad inter-montane valley is crossed by a host of small perennial and intermittent streams that drain into the Missouri River at the northeast edge of the valley. The valley is bordered on the north by the Big Belt Mountains and on the south and west by the Elkhorn Mountains.

The building complex is sited at the terminus of Cooney Drive, to the north of Custer Avenue, a major east-west corridor that for the most part defines the northern limits of the city of Helena. A paved driveway extends from Cooney Drive, and continues past the hospital building, ending in a paved parking lot. Gravel parking areas are located on the north and west sides of the hospital building. A small housing development is located to the south, light industry buildings are located to the east and west, and historically, agricultural fields provided an open view to the Big Belt Mountains across the valley to the north.

A combination of mature trees and shrubs, as well as recent plantings, contributes to the landscaping. The building cluster consists of seven buildings, five of which contribute to the historic district. The main building, the hospital built in 1939, is located on the east side of the property, while the others are built in a linear pattern, north to south, across the west side of the property. The smaller buildings include, from south to north, the superintendents residence, a modern garage, the concrete block garage, the ambulance garage, and the detention hospital. Tall deciduous shrubs define the edges of the garden area, a contributing site within the district, located to the west of the residence.

Building Descriptions:

HOSPITAL: (contributing building)

Exterior: The Lewis and Clark County Hospital is a massive, T-shaped, two-story, poured concrete building with a daylight basement. The late Art Deco/Early Moderne design includes a flat roof, and a decorative band of colored concrete, inlaid with diamond shaped tiles, between the first and second story levels, as well as a formed, banded water table. The emphasis on these horizontal lines is broken at main entrance, where Deco-style two-story fluted pilasters bring the eye upward to the stepped parapet wall and decorative vertical banding above. Each window opening features a concrete sill. Panels beneath each of the first story windows contain a single, square inlaid tile. Unless otherwise noted, the windows in the building are six-over-six light, double-hung replacements similar to those historically associated with the building.

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The façade (south elevation) consists of five bays: a central entrance; with smaller protruding bays on either side that serve to partially enclose a raised patio area; and large wings, in line with the entry, on either side. The entrance consists of a modern, six-panel, one-light wood door with wood-framed sidelights and a ten-light transom. The door area is slightly recessed, and a decorative, inverted step panel fills the space between the first and second stories. A pair of five-over-five light, wood-frame, double-hung windows are centered above the entrance at the second story level. On either side of the entrance within the central bay, there are two windows at both the first and second story. The protruding bays each contain a modern, twelve-light wood door that provides entry from the patio. Above the doors, and at the first and second stories on each side of the bay, is a large picture window flanked by one-over-one wood-frame double-hung windows. The basement level contains a centered window on each exposed side. The long east and west wings of the façade each contain five evenly spaced windows at the basement, first, and second story levels. A two-story partially enclosed porch is located at the end of the east wing. The first story of the porch is accessed by a concrete handicapped access ramp at the south side. The ramp extends across the eastern 3/5 of the east wing.

The east elevation consists of three bays: the south bay formed by the east wing, and two bays that are part of the original north extension. The south bay contains the two-story porch mentioned above. A modern, decorative, red concrete block planter is centered at ground level, replacing the original concrete stairs. Three large openings are evenly spaced across the first and second stories. The open porches shelter centered doors and flanking windows. The central bay (the southernmost bay of the north extension wing) features two stories. There are three evenly spaced windows at the basement level. At the first level, there is a large one-over-one double hung window flanked by single one-over-one double-hungs off center to the north. A modern, metal pedestrian door, accessed by concrete steps, is on the north side of the central bay. The second story contains three windows. The northernmost bay is one-story with a raised basement. Fenestration is limited to three windows to the south side and one to the north at the first story.

Like the east elevation, the west elevation consists of three bays: the south bay formed by the west wing, and two bays that are part of the original north extension. The south bay contains centered doors at each level, with a single window on either side. At the basement level metal, one-light double doors, are accessed via concrete steps. The windows are one-over-one double-hung. The first story door is metal with one light, accessed via a flight of metal stairs that extends from the south. Side lights and a three-light transom surround the door frame. The door at the second story level is approached via metal stairs that extend from the north. The door is modern, metal, and contains six-panels. The remainder of the door opening is infilled with plywood. The central bay of the west elevation contains three windows at the basement level, off-center to the south. The first story contains a large, centered window flanked by smaller, single windows. Single windows are also located on the north and south side. Fenestration at the second story includes a single window to the south, and two windows in the center of the elevation. On the northernmost bay, there are three windows off-center to the south. A flight of metal stairs leads to the roof of the bay, and serves as a fire escape.

The north elevation also consists of three bays: the centered, north extension and the east and west wings. The east two-thirds of the east bay contains five evenly spaced windows at each level. A small, modern, one-story entry is located on the west end. On the east and north sides, the entry features centered doors and four-over-four double-hung sidelights capped with large fan lights. The flat roof of the entry features short, stepped parapet walls. Above the entry and extending to the second story level is a large, original, wood-frame arched nine-light window. A single double-hung window is located on either side of the entry and arched window above. Fenestration on the central bay includes a centered door and single windows to the east and west on each level. The door at the first story is solid metal. At the second story, the door is one-light metal with five-light sidelights. The remainder of the door opening is infilled with plywood. The west bay mirrors the east bay, with five evenly-spaced windows at each level to the west, an entry and second-story arched window centered in the east third, with windows on either side. The east side entry consists of a metal door accessed by concrete steps.

Interior: Despite years of neglect, and recent renovation, the interior of the main hospital building retains a high degree of integrity. The floorplan of the building remains essentially unaltered since its construction in 1939. The central entrance leads to an octagonal foyer. A central elevator and hallway extend to the north, while arched openings lead to the centered hallways and patient rooms (now office space) along the east and west wings. Much of the woodwork and other architectural details remain, including chair rails,

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transoms and molding. The original high ceilings have been replaced with a dropped panel ceiling, with modern fluorescent lighting. The dropped ceiling covers modern heating and ventilation equipment.

SHED: (contributing building)

A small, rectangular, concrete, one-story shed is located within the ell formed by the west wing and the north extension. Green asphalt shingles cover the shallow gable roof. Fenestration is limited to a centered, two-light metal pedestrian door flanked by single, tall four-over-four light double-hung sidelights. The shed was constructed ca. 1939.

RESIDENCE: (contributing building)

Constructed c.1891, the superintendent's residence is the oldest building within the complex. Typical of many Helena residences, the one-story brick building was stuccoed following the 1935 earthquake. The footprint, roofline, and interior of the building remain unchanged from its 1890s design, but the exterior walls, foundation and chimney exhibit a thin layer of stucco applied to not only conceal any small cracks in the masonry, but also (according to advertisements of the day) to provide more strength in the event of future tremors. The rectangular building rests on a stuccoed concrete and rubblestone foundation. The hipped roof is nearly pyramidal on the east half of the building, but steps down and extends to the west. Green asphalt shingles cover the roof, which features a stuccoed chimney at the peak. The windows, unless otherwise indicated, are original, wood-frame, one-over-one light double-hung with metal storms. Concrete sills are featured at each window opening, except at the enclosed porch.

The east elevation (façade) features a partially enclosed porch at the north end, a large picture window just off-center to the north, and a single window at the south end. The concrete porch, enclosed on the north side, is accessed via four concrete steps, and shelters a single wooden pedestrian door. The north elevation contains a pair of windows within the porch enclosure wall at the east end, a large picture window off center to the east, a pair of smaller windows off-center to the west, and a single window at the west end. A single, two-light awning window is centered at the basement level. There is a single window at the east side of the south elevation. Below this window is a pair of windows within a concrete window well at the basement level. A concrete staircase centered in the south elevation leads to a wooden pedestrian door accessing the basement. A stuccoed exterior chimney is located immediately east of the stairs. The west elevation features a centered wooden door sheltered by a simple, small shed-roof porch addition. The porch is accessed via a short flight of wooden steps from the south. There is a single window on either side of the entrance.

MODERN GARAGE: (non-contributing building)

The non-contributing, rectangular, frame garage was constructed in the early 1990s, and is located immediately north of the residence. The building features a gabled roof covered with asphalt shingles. It rests on a concrete slab foundation. The façade (south elevation) contains two metal overhead garage doors on the east side, and a centered, metal pedestrian door on the west side. A single, narrow four-over-four light modern window is located immediately east of the pedestrian door. On the west elevation, fenestration is limited to a single, narrow, four-over-four light window. The north elevation contains two six-by-six sliding windows, one each to the east and west sides. The east elevation contains a single, centered, multi-light sliding window.

CONCRETE GARAGE: (non-contributing building)

Immediately north and west of the modern garage is a concrete block garage. The building was constructed some time after 1950, and was recently connected to the ambulance garage (see separate building description), via a side-gabled addition on the north side. Despite this addition, the building still reads separately from the ambulance garage, and is counted here as an individual building. The rectangular building features a raised, poured concrete wall foundation and a gabled roof covered with green asphalt shingles. The roof features a wide overhang with boxed eaves, and a metal ventilation pipe on the west side of the north slope. The façade (east elevation) is faced with brick at the south and north sides, and the garage door bays have been infilled with stucco. A large arched window flanked by smaller, four-over-four double-hung modern windows fills the space on the south side that originally held an

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overhead garage door. A modern, metal, one-light pedestrian door provides access to the building from the north side of the façade. A modern, bracketed, shed roof shelters the door and window area, and extends across the east elevation of the concrete garage, as well as the modern addition on the north side, and the ambulance garage. Vertical siding resembling T-111 fills the gable end, which contains a small, louvered, centered metal vent. The south elevation is exposed concrete block with a single, modern six-by-six light sliding window cut into the east side. The concrete block north elevation contains two, evenly-spaced, modern six-by-six light sliding windows. Original vertical wood planks, stained green, fill the gable end. A small, metal louvered vent is located high in the gable end.

A modern, side-gabled addition fills the north elevation. The one-story, stuccoed addition is recessed, and features a centered metal, one-light door with large, fixed, one-light windows on either side. Green asphalt shingles cover the roof, which contains two metal ventilation pipes on its west slope. The west elevation is sheathed with unfinished plywood, and fenestration is limited to a pair of six-over-six light windows at the north side.

Because the façade of the concrete garage has been altered with modern brickwork, stucco, and siding, the building does not contribute to the district.

AMBULANCE GARAGE: (non-contributing building)

The brick, rectangular ambulance garage was constructed in 1900 on a raised, poured concrete wall foundation. The front-gabled roof is covered with asphalt shingles and features wide overhangs, knee brackets at the east gable end, and exposed rafter ends. The façade (east elevation) originally contained a large overhead garage door. The wood-framed bay is now infilled with stucco, and contains a ribbon of five fixed, multi-light windows. The centered window is slightly larger than those on either side, and the same is true for the middle windows and those on the ends, creating a stepped appearance. A modern shed roof extends across the elevation and connects with that of the modern addition to the south and the concrete garage. The gable end is stuccoed. The north elevation contains a centered, metal, one-light pedestrian door with one-light sidelights. The modern door is located where a window was originally. The west elevation has no fenestration. Decorative brickwork surrounds the original door frames, and is similar to that found on the detention hospital. Because the ambulance garage has been connected to the concrete garage via a modern addition on its south elevation, the original garage doors have been infilled, and the window opening at the north side has been converted to a door, the garage it does not retain integrity of design, workmanship, or association. It is therefore a non-contributing building within the historic district.

DETENTION HOSPITAL: (contributing building)

Constructed in 1901, the detention hospital is a rectangular brick building with a concrete wall foundation and raised basement. A band of decorative, vertical brickwork surrounds the building at the junction of the concrete basement wall and the brick of the main story. The hipped roof is covered with green asphalt shingles and features wide overhangs and boxed eaves. The south side of the façade (east elevation) contains an original elaborate wood door with twelve lights, a fanlight above, and a five-light sidelight to the north. The door opens to the main level, and is accessed via four concrete steps flanked by concrete knee walls. Raised brick panels are located on either side of the entrance, and feature decorative, diamond-shaped terra cotta tiles framed by bricks in a eight-pointed star pattern near the roofline. A three-light, three-panel wood door opens to the basement level on the north side of the south elevation.

The south elevation contains three bays of ribboned windows. The bays are recessed and each contains four windows with brick sills. Brick "pilasters" between the bays feature decorative brickwork in a cross pattern near the roofline. Although the windows are modern replacements, they are identical in style to the originals, featuring six small lights above one large light. A narrower bay at the east end contains two six-over-one light windows. The windows are fixed-frame. A narrow bay at the west end contains no fenestration. A single wood-frame window opening is located on the east side of the elevation at the basement level.

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The rear (west) elevation features a massive, centered, square concrete and brick exterior chimney. The chimney is capped and a narrow, metal ventilation pipe protrudes from the top. To the south of the chimney, at the basement level is a large wood-frame, one-over-one double-hung window. At the main level, there is a small one-over-one, wood-frame double-hung window immediately south of the chimney, and a narrow one-light, fixed, wood-frame window farther to the south side. The north side of the west elevation features an original concrete, hipped-roof enclosure that shelters the concrete stairs to the basement level. The original, one-light, one-panel door is flanked to the south by a one-light, one-panel sidelight.

The north elevation contains three window openings at the basement level. The opening at the east side has been infilled with concrete. The other two windows are evenly-spaced across the west half of the elevation. The easternmost of the two is wood-frame, twelve-over-one light, double-hung style. The westernmost is also wood frame and double-hung, and features twelve lights above two lights. A large metal coal hatch is located off-center to the east. There are four evenly-spaced, nine-over-nine light replacement windows across the main level of the north elevation.

GARDEN AREA: (contributing site)

West of the residence is a rectangular shaped garden area defined by tall deciduous shrubs. Remains of concrete walkways and a circular concrete fountain reveal the use of the area by residents of the hospital for recreation and exercise. Although the area has overgrown and the fountain is no longer functioning, it retains a high degree of feeling and association, and contributes to the significance of the district.

Integrity

The Lewis and Clark County Hospital retains a high degree of integrity. Although windows have been replaced throughout the district, the modern replacements are compatible in style with the originals, and do not detract from the historic appearance of the buildings. Indeed, with the exception of the concrete block garage, all of the buildings and the garden area appear as they did during the historic period. The district displays a high degree of integrity of location, setting, feeling, association, design, workmanship, and materials.

8. Statement of Significance

Applicable National Register Criteria: A, C

Areas of Significance: HEALTH/MEDICINE
SOCIAL HISTORY
ARCHITECTURE

Criteria Considerations (Exceptions):

Period(s) of Significance: 1891-1952

Significant Person(s): N/A

Significant Dates: 1891, 1901, 1935

Cultural Affiliation: N/A

Architect/Builder: C.S. Haire, Architect

Narrative Statement of Significance

The Lewis and Clark County Hospital Historic District is eligible for listing in the National Register of Historic Places at the local level under Criterion A, for its associations with the treatment and care for the poor of the county and the development of a county public health facility. Since its creation in 1891 on the property of the county poor farm until its transition into a convalescent home in 1961, the Lewis and Clark County Hospital served the needs of the poor by providing housing to those unable to support themselves, such as the blind or orphaned, and by providing healthcare to those who could not afford a private hospital. This dedication to the disadvantaged in the community is reflected in the quality workmanship and pleasant, inviting design of the buildings and landscaping. Indeed, the five contributing buildings within the district display architectural details representative of their period of construction. They are eligible for listing under Criterion C for their association with late nineteenth and early twentieth century design, and in the case of the main hospital building, the late Deco/early Moderne style. The district gains significance for its association with premiere Montana architect C.S. Haire, who drew the plans for the wings of the 1885 hospital and the detention hospital. The Lewis and Clark County Hospital Historic District is also significant for its association with the Helena earthquake of 1935, when the original hospital was destroyed and the superintendent's residence was retrofitted (stuccoed) to prevent damage in the future.

Historic Context:

The following section is taken from James W. Jenks' Masters of Arts Thesis. "Down on the Farm: The Gallatin County Poor Farm, 1883 and Beyond," submitted to the Department of History, Montana State University, Bozeman, Fall, 2000.

In 1885, the *Bozeman Avant-Courier* described Gallatin County poor farm inmate Patrick Clark, alleged to be 105 years old, as the "Oldest Man in the Mountains."¹ The newspaper recounted how Clark, born in Ireland, had immigrated to the United States in 1849 with his sixteen-year old bride. Though his nameless bride died in 1851, she bore him a son, who, the newspaper reported, was an inmate in Warm Springs State Hospital. With his wage earning years long passed, no family to support him, and no national or statewide relief system to provide assistance, Patrick Clark had few choices for survival.

Immigrants like Patrick Clark provided the labor that helped fuel the massive American economic expansion that took place during the nineteenth century, yet the human wave that crashed over the American east coast also increased the problem of poverty. Between 1820 and 1890, over 14 million immigrants arrived on American shores. While immigrants arrived with high hopes for a new life in the United States, this fervor did little to alleviate the penniless state of many new arrivals.

Further, the U.S. economy was subject to massive fluctuations in the nineteenth century, especially in the decades following the Civil War. In a young, capitalistic economy governed by a laissez-faire philosophy, nineteenth century economic disruptions brought on by low wages, increased mechanization and standardization (which decimated the artisan class), the seasonal nature of agricultural or construction-based labor, and no safety net in the event of unemployment all contributed to the creation of poverty among the laboring class. Old age was an added element of poverty, that whether a recent immigrant, unemployed artisan, or seasonal laborer, everyday problems of survival in nineteenth century America intensified with age. As historian William Trattner summarized, "With no

¹ "Oldest Man in the Mountains," *Bozeman Avant-Courier*, 18 June 1885, p. 3.

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savings, no pension, no social security, or if they lacked children able or willing to care for them, old people often found themselves completely destitute."²

As the nineteenth century progressed, many observers began to view private charity and outdoor relief (relief provided directly to the needy, to be used as the needy saw fit) as encouraging idleness and incapable of dealing with the depth of poverty. These observers viewed traditional poor relief policies as creating the conditions that made it possible for many to live modestly without hard labor. So, by the mid-nineteenth century, with pauperism rising at an astounding rate, a public institution, the poorhouse, a staple of eastern communities for decades, was becoming a fixture nationwide.

The dilemma most localities faced began with defining who the poor were, and how to prevent the genuinely desperate from starving without creating a class of people who chose to live off local aid rather than work. In many localities, two classes of paupers were assumed to exist. The first group, as one nineteenth century report related, "was the impotent poor, who are wholly incapable of work though old age, infancy, sickness or corporeal debility."³ Orphaned children were certainly poor, so children began to be associated with the "impotent" poor of the era rather than as a separate class.

The second class was made up of "the able poor, who are capable of work of some nature or another."⁴ The needy of this group were generally viewed as unworthy of aid, and were generally viewed as alcoholics with little societal value. Most localities agreed that the elderly and impotent deserved help—hopefully common human compassion dictated this—though the form of such aid was not clear.

Poor farms needed to be self-sufficient, or localities might be bankrupted by the demand for poverty relief. As the nineteenth century progressed, many agriculturally rich areas, Lewis and Clark County among them, created poor farms and attempted to install a work requirement for all inmates while ending outdoor relief for the able-bodied poor. The poor farm filled the requirements that the definitions of the poor had created—a sanctuary for the infirm and elderly as well as a place where the able-bodied could earn a living. As social historian Michael B. Katz has related, "Within the almshouses, work--especially farm labor--would be mandatory for all inmates neither too sick nor too feeble."⁵

Throughout much American history, too, is the concept of poverty as a product of the weak and shiftless, a danger to the economic, if not the moral foundation of the nation. As historian Gary Nash has observed, "Poverty has not been a popular word in this country. It is offensive to the notion of a people of plenty, an insult to the bounteous natural resources of North America, a puzzlement to those who believe in the untrammelled equality of opportunity that provided a chance for everyone to succeed, and an embarrassment to those who trumpet American classlessness and exceptionalism."⁶

Montana settlers like Peter Koch, who, at least in their own view, built the American West, subscribed to and helped create the ideal of the "rugged individualist." Koch, as a successful banker and immigrant from Denmark, summed up the feelings of accomplishment by many early local residents when he wrote "I hear the tread of pioneers, of nations yet to be; the first low wash of waves where soon shall role a human sea. They crossed the prairie as of old the Pilgrims crossed the sea. To make the West as they the East, the homestead of the free."⁷ The idea of the West, built by the labor of industrious men became the stuff of the American national epic, with men like Koch as the new pilgrims.

² Walter L. Trattner, *From Poor Law to Welfare State: A History of Social Welfare in America*. (New York: Free Press, 1989), 47.

³ Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare In America*. (New York: Basic Books, 1986), 18.

⁴ Katz, p. 19.

⁵ Katz, p. 20.

⁶ Gary Nash, "Poverty and Politics In Early American History," in Billy G. Smith, ed., *Down and Out in Early America*, forthcoming.

⁷ Peter Koch, "Historical Sketch of Bozeman, Gallatin Valley and Bozeman Pass," *R.L. Polk and Co.'s Bozeman City Directory, 1892-93*, p. 71.

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Counties throughout Montana, like many other localities in America, saw a solution to the issues and costs of poverty relief in the creation of a poor farm. However, by the time the county built a poor farm, the institution had begun to disappear in the East as an element of poor relief. Eastern communities discovered what Montana communities would eventually experience—poor farms increased financial burdens rather than reducing costs. For counties and townships all over the West, the sheer numbers of the needy and the associated costs of poor relief simply became too great for localities to effectively handle. By the late-nineteenth and early-twentieth centuries, frequent national economic depressions and financial panics increased poverty exponentially, and illustrated the need for a national or state system of poverty relief.

The Transformation of the Lewis and Clark County Poor Farm

As early as 1866, a group of Helena citizens had contributed to the establishment and upkeep of a public hospital, devoted to “provide aid and hospital services to ‘sick and helpless miners.’” That hospital was soon replaced by a tax-supported county hospital in a vacant building on Hill Street in Helena. They moved again a few years later to a larger building, but by 1869, the institution was caring for 169 patients, and the need for a larger place was evident.⁸

Like many other localities throughout Montana, the Lewis and Clark County Commissioners established a poor farm in hopes of creating a place to not only care for the infirm poor, but also create a self-sufficient institution that would encourage the able-bodied poor to work. Lewis and Clark County was one of the first to do so in the territory. In the Spring of 1871, the Commissioners purchased “the old Carpenter Ranch,” a one hundred sixty acre parcel north of the city of Helena at a cost of \$1500 dollars. By June, several buildings had been erected and 12 acres of vegetables and wheat were under cultivation: “The grounds are very fine, and with care and attention, can be made one of the most attractive places adjacent to the Metropolis.” One of the first buildings constructed there was the hospital, with a capacity of 22 beds. Patients with mental disabilities were housed in a separate building, known as the “insane hospital.” Observers described the building as “not by any means an imposing edifice, but it is a very good building, thick walls, strong doors, and we should think it would be as difficult to escape as from our County jail.”⁹ The building complex also included a barn, located north of the hospital building. Other localities in the territory followed suit, and in 1876, the Legislature formalized the practice by authorizing counties to purchase 160 acres for poor farms.¹⁰

Changing attitudes towards the able-bodied poor become more evident through the 1880s. In 1881, the Montana Supreme Court defined those eligible for care at the poor farms as “those who were unable to care for themselves because of infirmity. The court said counties were not obliged to pay for the poor simply because they were poor. ‘If so, the state would readily become a popular place of residence for the healthy, able-bodied lazy beggars of the world.’”¹¹ As a result, county poor farms began a transformation into county hospitals.

In Lewis and Clark County, the hospital facilities were expanded again in 1885, when a new hospital was built on the grounds. Known interchangeably as the “county poor house” and “hospital,” it was designed by local architect M. Bakker and built by the local firm of Burke and Newbury. The clean and inviting brick, stone, and frame building cost \$7,080.00 to build.¹² Records from the Lewis and Clark County Poor Farm through the 1880s indicate that many of the “inmates” were foreign-born, and almost exclusively male. Each was admitted by the supervising doctor, and by far most were in need of medical attention. Only a few orphaned children

⁸ Sandy Tobin, “Odyssey of a Caring Institution: The Cooney Convalescent Home and Hospital,” *Valleys of the Prickly Pear*, p. 243.

⁹ *Helena Daily Herald*, June 8, 1871, p. 3.

¹⁰ Lorna Thackeray, “History on your Doorstep: Before welfare, county housed and fed the indigent,” *Billings Gazette*, September 2, 1996, p. 10A.

¹¹ *Ibid.*

¹² Contract between the City of Helena and Burke and Newbury, principals, September 12, 1885, Clerk and Records Office, City-County Building, Helena, MT.

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are listed in the rolls, and the two or three women admitted each month were nearly always there to give birth, staying only a few days.¹³

By the 1890s, the number of patients continued to increase. Additional funding was acquired when the 1891 State Legislature authorized a poll tax of \$2 for all males between the ages of 21 and 60 for "support of the poor." A report of the County inspector in 1891 indicates that though a large garden was still maintained at the poor farm, under the responsibility of the caretaker and his family. It is clear, that a separate residence to accommodate the on-site caretaker and his family was constructed at least by 1891. Rather than being sold as crops, the vegetables harvested in the garden were used to feed the residents of the hospital.¹⁴ Dr. G.H. Barbour arrived in 1892, and administered the facility through its next phase of construction.

In 1899, the hospital was again expanded. The County hired premiere local architect C.S. Haire to design addition wings to the 1885 structure. Within two years, a boiler plant/detention hospital, also designed by Haire, was constructed west of the main hospital building. A frame building was also constructed at the rear of the hospital. Known as the "Pest House," it was used to quarantine patients and sometimes used as a county jail.

The architectural design of the ambulance garage – with its brickwork and wide overhanging eaves - indicates that it may have constructed around the same time as the detention hospital. However, the knee brackets, exposed rafter ends, and gable roof display qualities more closely associated with Craftsman style. It was certainly constructed by 1920, as it was used from the 1920s through the 1940s for the county ambulance and hearse. Also on the property was a county cemetery, located north and west of the building complex. Though the markers have long since been removed, and its exact location is unknown, records indicate that at least 350 people were buried there between 1880 and the late 1920s.

Dr. Cooney, for whom the complex was eventually renamed, began his administration in the early 1920s. Superintendent Dick Tobin arrived in 1922, along with his wife, Blanch, who served as matron. Though still known as the County Poor Farm, Cooney and the Tobins worked to change the name to the Lewis and Clark County Hospital, and thereby remove some of the stigma associated with the property. During this period, patients at the hospital ranged from near 100 during the winter months to 75, two-thirds of which were men, during the rest of the year.¹⁵

In addition to serving as building caretaker, scrub nurse, and ambulance driver, Tobin operated the farm, which still numbered 160 acres, and raised vegetables for the patients' use and hay to feed the few cattle that ran there. Although patients who were able were encouraged to help with the farm work, it was no longer a primary function of the facility. Indeed, the Tobin family was involved in nearly every aspect of the Hospital's functions, from landscaping to laundry to visiting with the patients and providing entertainment. Their workload increased sharply after the stock market crash of 1929, when the facility was filled to capacity. In 1930, a polio epidemic further strained the already tight budget.¹⁶

Then, on October 18, 1935, an earthquake struck the Helena area. The tremors destroyed the hospital building, the pest house, and the barn. Miraculously, only one patient was injured by broken glass. The hospital residents were moved to the county fairgrounds, then to St. Peter's Hospital until a new building could be erected. The detention hospital was also slightly damaged, as was the residence. As was common practice in Helena after 1935, the residence was stuccoed to hide minor damage and help protect it in the event of future quakes. The detention hospital was repaired, and work began to raise the money and design a new, modern hospital building.

Construction began in 1937 in the same location as the 1885 hospital. This time it was constructed of concrete, for its earthquake resistant qualities. The sleek building was completed in 1939, and contained a surgery room, maternity room, and a north wing to

¹³ County Poor Farm Ledger Books, 1883-1921, Unprocessed Collections, Montana Historical Society, Helena, MT.

¹⁴ Ibid.

¹⁵ Tobin, p. 244.

¹⁶ Tobin, p. 245.

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replace the Pest House. The late Deco/early Moderne design building cost \$140,000 to build. A concrete block garage was built south of the ambulance garage, sometime after 1939.

The Lewis and Clark County Hospital continued its mission through the 1950s, under the supervision of Dr. Cooney and superintendents Leo Rhein (until 1957) and Kenneth Burns (until 1973). During the 1950s, the hospital became more dedicated to the care of the elderly. Its function as a county hospital continued, as did the farming activities at the property, but in 1961, the complex was rededicated as the Cooney Convalescent Home. Residents were moved from the property in 1984, to a modern rest home near St. Peter's Hospital. The beautiful, historic buildings at the Cooney remained vacant through the mid-1990s. Although plans for continued uses, including a teen center, were considered, they never materialized. The buildings were neglected, with most of the windows broken out and graffiti covering the interior. The current owners, David and Freide Arneson, purchased the building complex in the late 1990s, and initiated restoration in 1999. The main hospital building and the detention hospital, sensitively restored, now serves as office space to numerous Helena businesses. The ambulance garage and concrete garage were connected with an addition and now serve as a restaurant. The residence retains its original function.

Architectural Significance

The building complex of the Lewis and Clark County Hospital is eligible for listing in the National Register of Historic Places under Criterion C. Its buildings are each reflective of design trends popular during their construction era. Indeed, the design of the buildings accurately reflects the popular trends in architecture across the period of significance. The residence is not only a good example of a modest, functional dwelling typically built during the 1890s, but its stucco overlay is a reference to the need to stabilize buildings after the 1935 earthquake.

The detention hospital features the wide overhangs, boxed eaves, hipped roof, and ribboned windows associated with the Prairie Movement of the early 1900s. Although not commonly built until after 1905, the Prairie design was already significant trend in architecture circles by the late 1890s. The building's architect, C.S. Haire, as one of the premiere architects in the state, was clearly aware of this newest innovation in building design.

Though modern alterations render the building non-contributing within the district, the utilitarian ambulance garage displays the careful decorative brickwork, gabled roof, exposed rafter ends, knee brackets indicative the Arts and Crafts movement and the Craftsman architectural style. The Craftsman style of architecture continued to be popular through the 1930s, but by the 1920s and through the 1930s, the Art Deco Style became very popular, especially for public buildings.

The main hospital building on the property is an excellent example of late Deco, early Moderne style. Elements of the Moderne style include massive, blocky buildings with minimal decoration, including buttresses, rounded corners, strong horizontal massing, multiple horizontal banding in rows or lines. Characteristics of Art Deco included vertical elements of geometric ornamentation, tall and narrow casement windows, strong vertical stone buttresses projecting upward, and gabled and/or set back walls.¹⁷ The Lewis and Clark County Hospital displays more of a Moderne design – concrete construction with its horizontal massing emphasized by decorative bands, yet it contains elements of the earlier Art Deco design in its detailing – a recessed central bay, vertical emphasis at the entry, and reverse step panels and terra cotta tiles under the windows.

C.S. Haire

The historic district gains significance for its association with premier Montana architect C.S. Haire. Haire was born in Hamilton County, Ohio in 1857. After graduation from the high school in Cincinnati in 1876, he worked as a teacher for three years while studying architecture. In 1886, he was employed as a draftsman in the construction department of the Union Pacific Railroad in Pocatello, Idaho. The next year, he moved to Butte, Montana in a similar position with the Great Northern Railroad. In 1888, he

¹⁷ Everett, pp. 37-39.

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established an association with the realty firm of Wallace and Thornburg. Withdrawing from this firm some time later, Haire devoted himself exclusively to the practice of architecture, moved to Helena in 1893, and worked as the state superintendent of buildings. In that capacity, he oversaw the construction of numerous state institutions.

In January 1906, Haire formed a partnership with John G. Link of Billings. Link and Haire became the most prolific architectural firm in the State of Montana for a number of decades, with offices in Helena, Billings, Missoula, Butte, and Lewistown. In these offices, many of the younger architects of Montana received their training. Together, Link and Haire designed many courthouses, schools, hospitals, commercial buildings, and residences.

Summary

The Lewis and Clark County Hospital Historic District is eligible for listing in the National Register of Historic Places at the local level under Criterion A, for its associations with the treatment and care for the poor of the county and the development of a county public health facility. Since its creation in 1891 as the county poor farm until its transition into a convalescent home during the mid-1960s, the Lewis and Clark County Hospital served the needs of the poor by providing housing to those unable to support themselves, such as the blind or orphaned, and by providing healthcare to those who could not afford a private hospital. This dedication to the disadvantaged in the community is reflected in the quality workmanship and pleasant, inviting design of the buildings and landscaping. Indeed, the five contributing buildings within the district display architectural details representative of their period of construction. They are eligible for listing under Criterion C for their association with late nineteenth and early twentieth century design, and in the case of the main hospital building the late Deco/early Moderne style. The district gains significance for its association with premiere Montana architect C.S. Haire, who drew the plans for the wings of the 1885 hospital and the detention hospital. The Lewis and Clark County Hospital Historic District is also significant for its association with the Helena earthquake of 1935, when the original hospital was destroyed and the superintendent's residence was retrofitted (stuccoed) to prevent damage in the future.

9. Major Bibliographic References

(see continuation sheet)

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 # _____

Primary Location of Additional Data:

State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Specify Repository: _____

10. Geographical Data

Acreage of Property: 3.75

UTM References:	Zone	Easting	Northing
	12	420639	5163490

Legal Location (Township, Range & Section(s)): NE ¼ NW ¼ SW ¼ Section 18, T10N, R3 West

Verbal Boundary Description

Tract A in Government Lot 3, Section 18, T10N, R3W.

Boundary Justification

The boundary is drawn along legal boundaries lines, and encompasses the building complex and landscaped areas historically associated with the Lewis and Clark County Hospital.

11. Form Prepared By

name/title: Kate Hampton, Historian
organization: . MT SHPO date: February 2002
street & number: 1410 8th Ave telephone: (406)444-7715
city or town: Helena state: MT zip code: 59620-1202

Property Owner

name/title: David and Elfriede Arneson
street & number: 3406 Cooney Drive telephone: (406) 449-4195
city or town: Helena state: MT zip code: 59602

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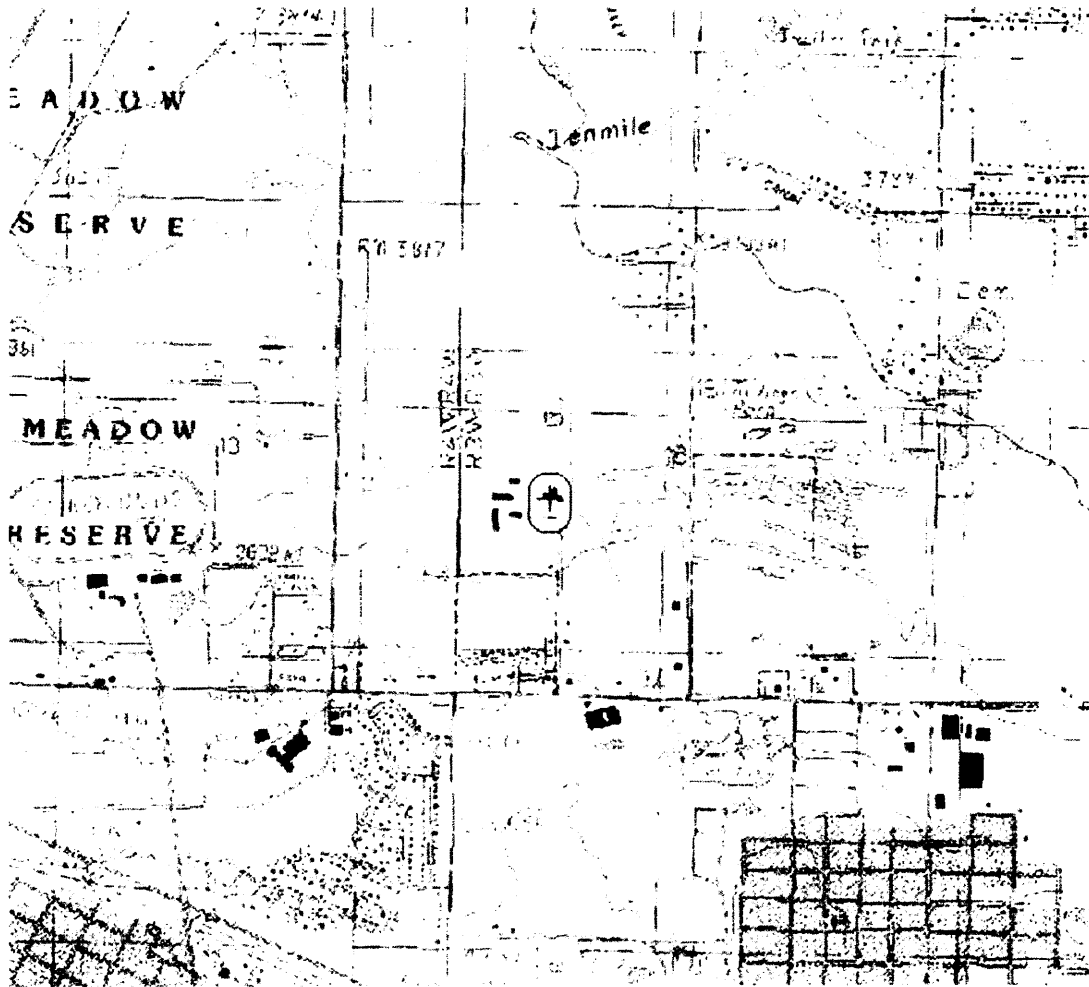
Thackeray, Lorna. "History on your Doorstep: Before welfare, county housed and fed the indigent," *Billings Gazette*, September 2, 1996.

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Helena Quadrangle Detail

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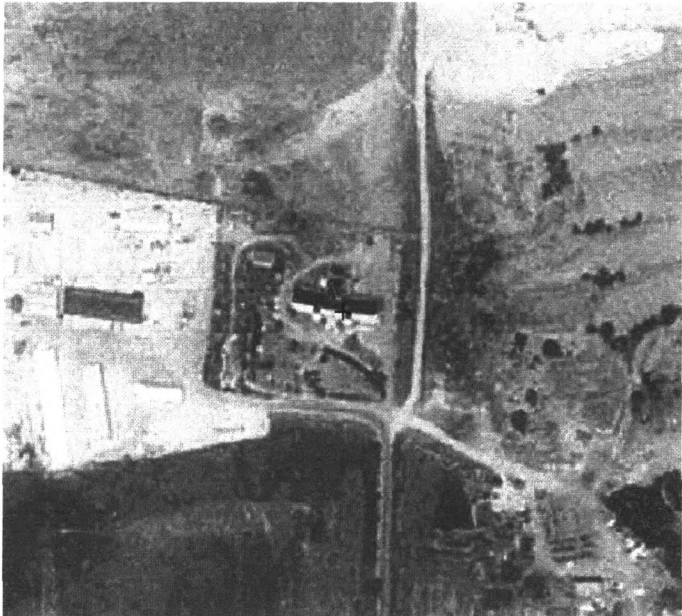


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Orthophotoquad detail

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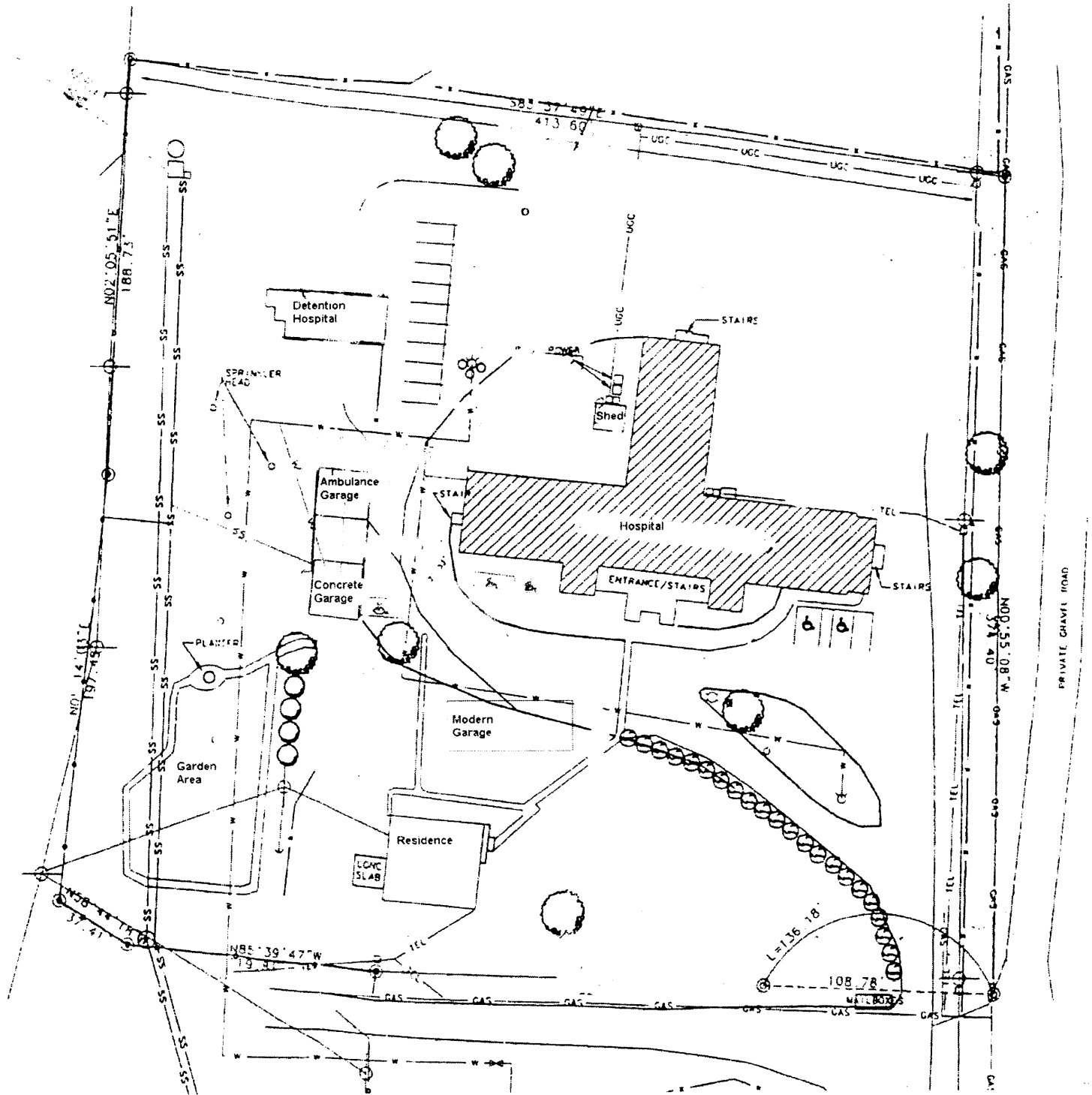


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Concrete Garage, east elevation (non-contributing)



Concrete Garage, south and west elevations (non-contributing)

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Modern Garage, south elevation (non-contributing)