

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 RUTHERFORD HEALTH DEPARTMENT

other names/site number NA

2. Location

street & number 303 North Church Street NA not for publication

city or town Murfreesboro NA vicinity

state Tennessee code TN county Rutherford code 149 zip code 37130

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.)

Herbert L. Hays 6/22/92  
Signature of certifying official/Title Date

Deputy State Historic Preservation Officer, Tennessee Historical  
State of Federal agency and bureau Commission

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:

- 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): \_\_\_\_\_

Signature of the Keeper

Delores Byers

**Entered in the  
National Register**

Date of Action

7/24/92

**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	1	buildings
		sites
		structures
		objects
1	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 Functions**

(Enter categories from instructions)

HEALTH CARE/clinic

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**Current Functions**

(Enter categories from instructions)

HEALTH CARE/medical office

GOVERNMENT/government office

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**7. Description**

**Architectural Classification**

(Enter categories from instructions)

COLONIAL REVIVAL

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**Materials**

(Enter categories from instructions)

foundation BRICK

walls BRICK

roof ASPHALT

other CONCRETE; WOOD; GLASS

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**Narrative Description**

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

See continuation sheets

**8. Statement of Significance**

**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: N/A

- 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.

**Areas of Significance**

(Enter categories from instructions)

HEALTH/MEDICINE

ARCHITECTURE

**Period of Significance**

1931-1942

**Significant Dates**

1931

**Significant Person**

(Complete if Criterion B is marked above)

N/A

**Cultural Affiliation**

N/A

**Architect/Builder**

Rogers, James Gamble

**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):**

N/A

- 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

Name of repository:

MTSU Center for Historic Preservation

10. Geographical Data

Acreage of Property approximately one acre

Murfreesboro 315SW

UTM References

(Place additional UTM references on a continuation sheet.)

1	116	555000	3967100
	Zone	Easting	Northing
2			

3			
	Zone	Easting	Northing
4			

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Carroll Van West, with notes and maps from Lyles Forbes

organization MTSU Center for Historic Preservation date February 20, 1992

street & number Box 80, MTSU telephone 615-898-2947

city or town Murfreesboro state TN zip code 37132

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

(Complete this item at the request of SHPO or FPO.)

name Sara Hood, Director, Rutherford Health Department

street & number 303 North Church St. telephone 615-898-7785

city or town Murfreesboro state TN zip code 37130

**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 Reductions Projects (1024-0018), Washington, DC 20503.

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### DESCRIPTION

Located at 303 North Church Street in Murfreesboro, Rutherford County, Tennessee, the Rutherford Health Department is a two and one-half story Flemish bond brick building, covered by asphalt shingle gable roofs. The building has a central block with one-story wings. This very symmetrical building, capped by a hexagonal wooden cupola, is a locally significant example of the Colonial Revival style of architecture, designed by James Gamble Rogers of the New York City firm of Pelton and Rogers. Built in 1931, the building has experienced very few alterations to the exterior while the interior has only recently been modernized with a central air/heat system. The interior, as well, retains most of its original features and room configurations. The Health Department once stood on a single city lot; however, in 1979 the county purchased lots adjacent to the Health Department and constructed a new county health clinic building in 1980. The two buildings share an enclosed walkway which extends from the north end of the Health Department to the new clinic. The new clinic, designed by Murfreesboro architect Morris Parker, now houses most of the modern clinic facilities. Due to its recent date of construction, it is a non-contributing building in the nomination of this property to the National Register.

From the east (front) facade, the Health Department displays a nine bay central section which is two and one-half stories high. The central section is flanked by northern and southern wings, which are four bays wide and one and one-half stories high. The central block section has a three-bay two story projecting pedimented portico supported by four, square columns. All of the windows are six over six light, double-hung windows. Most retain their original glass panes. Above the windows are concrete keystones and radiating brick voussoirs.

The front entrance is a centrally located single door with sidelights and an elliptical fanlight above the door and the sidelights. The fanlight has a radiating arch voussoir and a keystone. The tracery of the sidelights, the fanlight, and the elliptical window located in the center of the pediment is lead and the glass contains a high lead content. The pediment features dentil modillions, as does the cornice. The frieze contains the name Rutherford Health Department. Under the pediment are located the central three bays of the building which are spaced farther apart than the rest of the windows on the front. On the second story windows, under the portico, decorative metal grilles exist

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beneath each of the windows. On either side of the portico, are three bays of equally spaced windows. Below the windows of the wings, and on part of the central block, is a string course of soldier bricks. The roof of the portico is gabled and is perpendicular to the longitudinal gable roof of the building. At the center of the building is located a hexagonal shaped wooden cupola, which has been painted white, with a bell shaped tin roof, which is painted green. These are the original paint colors of the building.

The south facade features the south wing of the building and part of the south end of the central block. There are two large six over six light, double-hung windows on either side of a smaller four over four light, double-hung window. The windows contain most of their original glass. A string course exists below the windows. Above each window is a concrete keystone and radiating brick voussoirs. Above the central window is a circular ventilation outlet for the attic. Radiating bricks and four concrete keystones surround the ventilation outlet. Small cornice returns exist at each side of the building where the gable roof ends. On the south end of the central block of the building is a centrally located window, which contains original glass, above the roof ridge of the southern wing. The base of the window is above the cornice returns of the eastern and western facades. This window, which is round headed with a radiating arch brick voussoir and concrete keystones, is an adaptation of a twelfth-century Norman design. This influence is particularly evident in the six over six light, with arch shaped lights in the upper part of the window. Ascending the gable roof of the southern wing, where it meets the central block, is square tin flashing.

The west (rear) facade is almost identical to the east (front) facade, with this symmetry representing a major characteristic of Colonial Revival architecture. The similarities of the two facades are very pronounced. The central block has nine bays of six over six light windows, most of which contain their original glass. The northern and southern wings are four bays of six over six light windows, again mostly containing original glass. The string course of soldier bricks is present as well. Two major differences between the two facades are evident, one being the rear entrance which, like the front facade entry, is centrally located under the portico on the first floor, but it is of a different design. The second is the presence of an internally located chimney in the central block section. The corbeled single flue chimney is located above the last bay of windows, closest to the central block of the building on the north wing. The rear entrance is more of a

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Palladian-influenced design than what is found on the front. The fanlight is semi-circular and is above only the single door. The sidelights are wider than on the front, and are four over four light, double-hung windows that retain their original glass. The fanlight contains a lead decorative design which features an eagle and arrows, an allusion to symbols of the American Revolution. The pediment contains the same elliptical shaped window as on the front. The windows under the portico are in the same identical placement as on the east facade. One minor alteration is a small roof built over the basement window south of the portico. This was added in the 1970s to control run-off and drainage which was seeping through the window into the basement.

The north facade generally reflects the symmetry and architectural characteristics of the south facade. The circular airvent is located in the same area as on the south facade as are the cornice returns at the roofline of the first floor. The round head window on the second story is evident as well. The major difference is the 1979-80 addition of the enclosed walkway which connects the Health Department to the nearby modern clinic building. While the south facade features a small window, located between two larger windows on either side, on the north facade this and a portion of the original wall have been removed for an open entrance to the enclosed brick and glass walkway. Despite the addition of the walkway, the four flanking windows, featuring original glass, remain intact. One other slight deviation from the south facade, this time part of the original design, can be noted. At the lower end of the gabled roof is a second story window, with six over six lights of mostly original glass, with only a radiating brick voussoir and no concrete keystone as found on the south facade.

The interior configuration of the Health Department reflects a standardized design for small town southern health departments developed by the firm of Pelton and Rogers of New York City, who were commissioned by the Commonwealth Fund of New York to design most of its public projects. The first floor center lobby, entered by either the front or rear door, served as a reception area. Neatly detailed with paneled wooden wainscoting and a cast iron Colonial Revival gate, which divided the lobby in half, the lobby divided the first floor into two spaces: the south wing contained the clinic itself, with separate but equally outfitted spaces for whites and blacks, while the north wing contained offices for nurses, administrators, and the public health officer. The second floor featured a large public auditorium, designed for use for public meetings, health seminars, and teaching area nurses. It also contained a small library along with two smaller offices for

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sanitary officers and health officers in training. Attic space and basement space were designed for storage although the basement contained a tiny space as a janitor bathroom.

This original floor plan remains largely intact today, however, use of the different rooms has changed over time. General room appearance and materials, such as plaster walls, wooden baseboards, steam radiators, original sinks, and original oak doors have stayed the same as well. Terrazzo covered flooring, which is often used in hospital operating areas, is found in the lobby and the original clinic side of the building. The floors in the administrative offices on both the first and second stories are now covered in carpet, which was installed in the 1970s. In 1986, officials added a central heat and air system, which led to the installation of a dropped ceiling to hide the system throughout the hallways.

Starting with the north wing, first floor, an original hallway flows from the lobby, dividing the north wing in half. To the east of the hallway are an original closet for coats and the original staircase to the second floor. Next comes a two-room office originally slated for a dentist office in the architect's plans but it has always been used for administrative offices. Then there are matching men's and women's restrooms, which still contain original fixtures. The clinic laboratory, which retains its original cabinets, although the sink dates to the 1960s, is no longer used as a lab and serves as overflow storage for the office of the public health officer, which is the last remaining original room on this half of the north wing. The west wall on this office originally contained a doorway which led into a private toilet and shower for the health officer. When county officials decided to connect the older Health Department building to the new clinic in 1979, this private bathroom was removed and the handicapped accessible walkway added. The hallway door which once led into this room now serves as the exit door from the original building. On the west side of the north wing's first floor hallway are a coat closet and a staircase to the second floor, identical to the spaces on the east side of the hallway. Next comes a large (25' 2" x 15' 8") office space for nurses which now contains movable partitions dividing the space in half. Administrative staff occupy this space. The next two rooms are also for administrative purposes; originally they were offices for the Chief Nurse (8' 4.5" x 12' 8") and the Assistant Health Officer (at 13' 4" x 12' 8" the same size as the Public Health Officer's space across the hallway). Modern lighting fixtures have been added to these rooms as well as a central heat and air system. The rooms, however, retain their original steam radiators.



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The original clinic occupied the south wing of the first floor. These spaces now serve as offices for environmental health activities. Despite the change in use, however, the rooms retain a very high degree of integrity in fixtures and appearances as the environmental staff has merely moved desks and filing cabinets into the old clinic space. This area retains original doors, cabinet space, and sinks. The east and west sections of this wing were mirror images of each other, with the east side reserved for whites and the west side for blacks. The first rooms south of the lobby were the waiting rooms, large (13' 4.75" x 15' 8") and unadorned. In keeping with the Commonwealth Foundation's tradition of working for southern reform without directly challenging segregation, as well as strictly adhering to the Plessy v. Ferguson (1896) "separate but equal" doctrine, this area contained restrooms for whites and blacks that were separate but equal in size and facilities. These rooms contain their original fixtures although only the east rooms are still used as restrooms. The west side restrooms are now used for storage. Then came matching examination rooms with small dressing cubicles dividing these rooms from the clinic rooms at the end of the hallway. Both clinic rooms retain their original cabinets for the storage of medical equipment. They shared a small medical instrument room where medicines and other items were stored. This room is used for storage today.

On the south side of the second floor hallway and staircase, a large (40' 8" x 27' 6") auditorium dominates the second floor. It retains the original stage, chair rail, and pine flooring. About one-third of the audience space, however, was partitioned off circa 1945 to create office space for dental services. This area is now used as a staff kitchen. To the west of the stage lies the original library which has an extremely high degree of integrity with its original bookcases and light fixtures. Behind the stage is an unfinished storage area for chairs and other material. On the north side of the second floor hallway and staircase are two offices: to the west, the original sanitary officers' room (now office space for nutritionists), and to the east the original health officers in training rooms, now used by environmental staff. The attic space to the north of these two rooms was converted to storage space, being partially finished with imitation pine wallboards, in the mid-1970s.

The basement is of unfinished concrete and contains a general storage room, a records storage room, a small toilet for the janitor, a coal storage room (no longer used), and a boiler room, which now contains the modern cooling/heating system.

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## SIGNIFICANCE STATEMENT

The Rutherford Health Department, 303 North Church Street, Murfreesboro, Tennessee, is eligible for the National Register of Historic Places under criteria A and C. It is eligible under criterion A for its national and statewide significance in the history and development of health care and public medicine. The facility was the first building specifically designed and operated as a public health department in any rural county in the nation. The Rutherford Health Department soon assumed a significant role in the promotion of rural public health programs and the training of health care professionals from across the country and from foreign nations as well. The property is further associated with the significant role of national foundations in funding and encouraging improvements in American health care during the early twentieth century. In 1922, the Commonwealth Fund, a private foundation based in New York City, embarked on a crusade to improve public health care. The Fund's Rutherford County program began in 1924 when the foundation selected the county as one of the four child health demonstration units in the nation. The success of the demonstration unit led to the Fund selecting Murfreesboro for its first public health facility in the nation. In Tennessee, identified Commonwealth Fund projects include the public health department building in Gallatin, built in 1945-46, and the Holston Valley Community Hospital (1935) in Kingsport. The Fund's initiatives in Rutherford County predate both of these institutions and that fact underscores the initial significant leadership of the Rutherford Health Department in the field of public health and medicine in the South in general and in Tennessee in particular.

The Rutherford Health Department is also eligible under criterion C as a locally significant example of Colonial Revival architecture and of the work of James Gamble Rogers, the chief designer for the significant New York City architecture firm of Pelton and Rogers which specialized in Colonial and Classical Revival architecture. The firm developed standardized designs for many Commonwealth Fund projects and invariably chose a Colonial or Classical Revival theme. Indeed, the Rockefeller Family Archives in Tarrytown, New York, which houses the Commonwealth Fund Papers, also features a Colonial Revival design by James Gamble Rogers. And, of course, the Rockefeller family is famous for its promotion of the 1930s Colonial Revival through its funding and activism for the restoration of Williamsburg, Virginia. The Rutherford Health Department was designed and constructed (1930-31) at the height of this popularity of colonial architecture which is found in the many

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public projects associated with the Rockefeller philanthropic agencies.

The southern public health movement is a largely twentieth century phenomenon and is closely associated with the progressive reform movement which reshaped several southern public institutions during the first three decades of the twentieth century. Public health reform is also closely aligned to the impact of foundations on American medicine in general and southern medical practice in particular during this period.

Southern reformers were concerned about the perceived deterioration of rural life. They especially blamed poor rural conditions in education and health for the many ills then inflicting southern life. To address these twin evils, progressives devised new institutions, such as reinvigorated public health programs, to help correct the problems. In public health, southern reformers worked with northern progressives representing two of the county's largest philanthropic foundations, the Rockefeller Foundation and the Commonwealth Fund. From 1910 through the 1930s, charitable foundations spent some \$300 million dollars on medicine programs in the United States. According to historian E. Richard Brown's Rockefeller Medicine Men (1979), "foundations were the major external influence on American medicine" during these years. (p. 8) The Rutherford Health Center is an outstanding example of how powerful national foundations worked with state and local governments and private individuals to reshape basic community institutions.

Tennessee established the South's first state public health agency in 1877, but few other states followed its lead. By 1910, only six of twelve southern states had public health agencies that predated the turn of the century. These state offices, moreover, had little power or money. Eight state agencies, including Tennessee, largely existed in name only. They could offer advice or make proposals but lacked the legal authority to carry out any recommendations. They were designed as relief-bringing agencies for natural disasters or epidemics and were similar to "public Red Cross" agencies.

The situation was even worse at the county level. Most counties lacked a county health officer. If one existed, their work was usually confined to taking care of prisoners at the county jail or people housed at the county poor farm. The position was poorly paid so most county officers continued in private practice and few devoted their full energies to public health needs.

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This sad state of affairs began to change in 1910, when the Rockefeller Foundation established the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease. The Sanitary Commission, headed by Tennessee native and former Peabody Normal School administrator Wickliffe Rose, wanted to stop the southern health problems caused by the hookworm parasite and pellagra. The project lasted five years, not long enough to eradicate the hookworm but ample time to build a foundation for future public health projects in the rural South. Historian John Ettlign, in his The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South (1981), concluded:

Perhaps the Commission's most important legacy in the South was the network of state and local public health agencies it left in its wake. In 1910 [Wickliffe] Rose had found the state public health systems understaffed, legally powerless, and without adequate funds. Public opinion regarding the social role of these agencies was also undeveloped. During the Commission's five-year sojourn in the South, all this changed. People developed an unanticipated interest and relative sophistication in matters pertaining to hookworm infection and public health in general. On the state level, this new attitude was reflected in the 81 percent increase in state appropriations for health work between 1910 and 1914. (pp. 220-21)

The Sanitary Commission ceased its activities during the winter of 1914/15 and for the rest of the decade, the South experienced no new initiatives in public health programs. In 1918, Mrs. Stephen V. Harkness, the wife of one of Rockefeller's original partners in the Standard Oil Company, and her son Edward S. Harkness established the Commonwealth Fund. After three years of organization and planning, the Commonwealth Fund introduced in mid-1921 several innovative programs for the promotion of medicine and public health and several projects aimed to pick up where the Sanitary Commission had stopped in 1914.

New General Director Barry C. Smith demonstrated a strong interest in improving public health. He had carefully observed the earlier efforts of New York state health commissioner Herman Biggs to establish a statewide network of rural county health centers in the years immediately after World War I. Biggs' proposed centers would have included a hospital, outpatient clinic, a laboratory and public health center. The medical community of New York was aghast and strongly opposed Biggs' plan. It failed twice before its approval in 1923 as a greatly watered-down measure which merely provided state aid for public health facilities.

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Despite the problems encountered by the health center idea in New York, Commonwealth Fund director Smith still believed that Biggs' plan for an unified hospital-clinic-public health program could work. In 1922-23, the Commonwealth Fund began to explore the possibilities of creating a model rural public health project.

Rutherford County, Tennessee, was very interested in becoming one of the initial pilot communities. From 1830 to the turn of the century, the history of health care and medicine in Murfreesboro and Rutherford County focused on attempts to upgrade the medical profession and service as well as attempts to suppress "quackery" from unqualified practitioners. In 1831 Fredric Becton wrote an essay on "The Medical Topography of Rutherford County," which discussed the importance of climate and locality on the incidence and course of diseases. Dr. John W. Richardson, in 1833, urged legislators to approve a bill ending medical practice by non-professionals. His attempt failed. Not until 1889 would the state legislature establish the State Board of Medical Examiners, of which Dr. James B. Murfree of Murfreesboro was the first president.

The Rutherford County Medical Society received its charter from the reorganized Tennessee Medical Society (now Association) in 1902. But the beginnings of professional medicine in Rutherford County brought about little immediate change. Two decades later, apart from private practices in the county, no other medical help existed except for the Red Cross, which had limited resources and staff. Most county residents could not afford the prices of private physicians and they received little or no medical care. The county had no hospitals and no laboratory facilities. Indeed, by the early 1920s, the county had only a Red Cross nurse, Maude Ferguson, four registered nurses, three practical nurses and sixteen non-professional midwives practicing in the county. No efforts existed in controlling venereal disease. Rutherford County suffered from a very high tuberculosis death rate, an exceedingly high typhoid fever death rate, and a moderate infant mortality rate. With the water supply needing filtration and the general lack of proper toilet facilities in either city homes or rural farms, the county also experienced an unusually high incidence of pellagra and hookworm.

Despite the bleak picture of the early 1920s, Rutherford County had already taken several steps toward improving its public health programs. An important catalyst for change had occurred in 1911, when the state legislature established Middle Tennessee Normal School in Murfreesboro. Jeannette King, a physical education teacher there, developed a program of physical exams for elementary school children. These exams documented the poor health of many

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Rutherford County children. During World War I, Simeon B. Christy, Jr., a local businessman, helped to establish a Murfreesboro Red Cross chapter and became its director. In 1918 the local Red Cross chapter hired a public health nurse, Maude Ferguson, who expanded the Normal School examination program to the county elementary schools in 1920. That same year the state legislature passed an act which allowed communities to establish county health departments with full-time staff. Rutherford County, however, moved slowly in developing its own countywide program. The county court only appropriated \$700 for the health officer's salary and expenses; most of his work concentrated on treating patients at the county poor farm and jail. The county also established a Board of Health, but this office carried out no organized projects. The City of Murfreesboro also hired a part-time health officer, at the salary of \$300 a year, who mostly treated the sick at the city jail. In 1923, the county's total public health budget, for the Red Cross, school programs, and the health officers, was a mere \$3,519.

By this time, Christy, Ferguson, and King had become aware of the Commonwealth Fund's forthcoming project to improve rural public health. They jumped at the chance of providing new funding and expertise for the county's health programs. Christy, as director of the Red Cross in Murfreesboro, submitted a detailed report to the Commonwealth Fund, describing prior community efforts in public health, noting strong local support for the program, and requesting that Rutherford County be named one of the four national demonstration units.

The Commonwealth Fund had definite goals in mind for its Child Health Demonstration Project. The Fund wanted to improve the pilot community's general sanitary conditions, its health education programs, and prenatal care. It wanted to select a rural county south of the Mason-Dixon line but east of the Mississippi River, one with a population of less than 30,000 but containing no town greater than 5,000 people. The Fund further desired that the county demonstrate a prior commitment to public health and have established a county health office even if the program was rudimentary. General Director Smith believed that the Fund should be in the position of providing assistance to an on-going program, not dictate what type of program a rural community should initiate.

Once the Fund received the Rutherford County application, it began a careful investigation of the county's problems and potential as a demonstration project. According to documents in the Commonwealth Fund Papers at the Rockefeller Archives, the Fund already had focused on Tennessee as a probable project location

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because of its "statewide interest in, and complete commitment to, the demonstration and what it would mean to Tennessee." Governor Austin Peay, Dr. C. B. Crittenden, the State Commissioner of Health, the Tennessee Medical Association, and officials from Peabody College, Vanderbilt University, Fisk University, and Meharry Medical College had assured the Fund of their complete support and cooperation. Wickliffe Rose, the former director of the Rockefeller Sanitary Commission, also guided the Fund toward selecting his home state, noting that the State Department of Health had always readily cooperated with his work.

Four Tennessee counties--Henry, Sumner, Obion, and Rutherford--submitted applications and Fund staffers quickly chose Rutherford as the only "feasible" choice because of its proximity to Nashville and the medical schools located there, the presence of the Middle Tennessee Normal School, the on-going public health program of the Red Cross, and the strong local support from the county and city governments, the school system, and the medical community. The Fund was particularly pleased with the county's program of providing medical inspections and health education to children at county schools even though the schools were places, as one Fund observer put it, where "child training is made subsidiary to cotton training." The Fund hoped that the schools could serve "as a reasonable entering wedge through which to function directly for school children or indirectly as a means of intimately and rapidly being in contact with many parents throughout the county."

On June 10, 1923, Dr. S. J. Crumbine of the Commonwealth Fund, along with state health department officials, attended a public meeting in Murfreesboro to explain the child demonstration project as part of his inspection visit to the county. His address was met with strong support and pledges of cooperation from every important local group. Community leaders immediately created a Public Health Association. As Crumbine later reported to the Fund, Rutherford County had the potential of becoming an excellent child health demonstration project: "The enthusiasm shown . . . was sincere and yet well tempered, in that they seemed to have a rather clear conception of what such a demonstration would mean to their community."

Six weeks after his Murfreesboro visit, Crumbine evaluated all of the Fund's southern finalists in a memo to Bertha Tomlinson of the Commonwealth Fund. If the Fund wanted to emphasize that the poor public health of blacks was also a problem for whites, since in many white households a black maid "prepares and cooks their food, washes their dishes and their clothes, cares for and in many cases actually rears their children," he recommended the selection of

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either Chester County, South Carolina, or Halifax County, Virginia. However, if the Fund wished to address the acute health problems of Appalachian communities, Crumbine recommended the selection of Madison County, Kentucky. On the other hand, if the Fund wanted to select a "typical southern community" where "all of these problems are present--although in a moderate degree. . . then Rutherford County, Tennessee, should have first consideration."

In 1924, after much investigation, Rutherford County was chosen to receive one of the four demonstration units. Along with Rutherford, the Commonwealth Fund selected two small cities (Fargo, North Dakota, and Athens, Georgia) and another rural community (Marion County, Oregon) for the public health projects. As historian Waldemar A. Nielsen noted in The Big Corporations (1972), his study of major American foundations, "these demonstration projects, particularly the one in Rutherford County, dramatized the great need for better pediatric and maternal care in rural areas and for better facilities and standards of patient care in all community hospitals." (p. 256)

To head its Rutherford program, the Fund selected Dr. Harry S. Mustard, who was then working in Kingwood, West Virginia, as the project director. The county was fortunate to receive the services of Dr. Mustard, who would use his experiences in Murfreesboro to build a national reputation in the public health field, later serving as the Director of the School of Public Health at Columbia University, the most important training program for public health professionals in the country. He also wrote several basic textbooks in the field of public health. Dr. Mustard served as Rutherford County health officer for the next five years. The demonstration unit clinic and office were housed in a two story building on North Spring Street. The exterior shell of this building remains extant but its interior has been changed several times for different commercial uses.

"As originally conceived," according to the Commonwealth Fund's own 1938 history of its Rutherford County efforts, "the demonstration program begun in 1924 was primarily concerned with the health of children." (p. 63) The Fund employed a pediatrician, Dr. Waring, who traveled around the county conducting "Well Baby Clinics" while examining children and providing medical care. The inspection and education programs in the school system were expanded and improved. Immunization was begun for small pox, diphtheria, and typhoid fever. The county passed regulations setting basic standards of purity for milk being delivered in the community.



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But within the first year of operation, Dr. Mustard encountered two problems: a degree of community apathy and the lack of proper laboratory facilities. The project's 1926 annual report observed:

The native whites present the greatest problem. Poor for generations, they have gradually come to accept conditions as they find them, and they do not desire any change. An inherited pride, plus a large quota of suspicion regarding anything new or untried, help to build up a fairly thick wall of resistance.

But as the demonstration unit continued to gain support with its school inspection programs, it found more and more fathers and mothers open to new ideas about sanitation and health care. The project assisted in the creation of fifteen neighborhood health committees, which were usually connected to the local PTA organization. The unit aggressively addressed the city's and county's problem with general sanitation (the city water supply was especially poor). As the Commonwealth Fund's history concludes,

while using the citizens' interest in child health as the motivating force, those responsible for local work never lost sight of the fact that environmental sanitation (including a clean and safe milk supply), the control of communicable diseases of childhood, and the education of the public in all matters relating to the art of healthy living were the essential functions of a well-conducted community health service. (p. 63)

To solve the laboratory problem, Dr. Mustard turned to the Commonwealth Fund. In a June 10, 1924 memo, he discussed state and local funding sources for lab work, but admitted that these agencies probably would not provide more money anytime soon. "I am convinced," Mustard concluded, "that we must have a local laboratory service." Later that month, Fund general director Barry Smith visited Murfreesboro to inspect the new health project. Mustard raised the need for modern lab facilities as well as a means to treat patients with long-term illness. Smith told Mustard to pursue the possibility of a local hospital to support the project's public health work. Mustard quickly gained the support of Simeon Christy of the Red Cross, the city government, and the medical community. Throughout the fall of 1924 and the winter and spring of 1925, the Fund sent observers to Rutherford County to check on the project's development. Most submitted memos which emphasized the need for a modern lab and hospital facilities. One professional reported that "the medical work is handicapped by lack

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of facilities. Dr. Gulbrandsen, during one of the preschool conferences held in a rural negro school, was obliged to let pass two cases of somewhat well advanced tuberculosis and several cases of serious tonsil and adenoid difficulties. She advised the mothers as well as she could, but beyond that had no solution to offer" due to the county's lack of long-term care facilities.

By the summer of 1925, the Commonwealth Fund decided to completely fund the construction of the Rutherford Hospital at a cost of \$161,620. Chartered as private corporation, directed by a representative lay board, Rutherford Hospital opened in May 1927. The hospital is in the Colonial Revival style, designed by James Gamble Rogers. The east (front) facade of this building remains intact today, but modern additions have been made to both the south and west facades and the interior has been modernized. The hospital project was a first for the Commonwealth Fund. Its development, organization, and design served as a model for the Fund's Rural Hospital Division, created in 1926, which built hospitals in fifteen needy communities throughout the country.

The demonstration program ended in January 1929 and Dr. Mustard submitted a full report lauding its success to the Commonwealth Fund. According to local medical historian Dr. Robert Ransom, "striking results were evident, [as] the death rate among mothers and infants was considerably lowered." Moreover, "the city and county were prompted to appropriate funds for the maintenance of a permanent Rutherford County Health Department." (p. 205) With the assistance of the Commonwealth Fund, the county's health care program had evolved into more than a sound local project; it was now assuming a position of statewide importance. In 1929, the nursing school at Vanderbilt University established a working relationship with the Health Department providing student nurses for fieldwork and clinic activities. Student nurses spent a ten week summer internship at the clinic learning practical knowledge of the public health field. Students from the Vanderbilt Medical School as well as the Meharry Medical School (a segregated black college) in Nashville also came to Murfreesboro for public health training. The next year, the State Department of Health began to use Rutherford County personnel as trainers in its Field Technical Unit helping other counties create viable public health programs. In 1930 a report from the American Public Health Association showed that the Rutherford County Health Department received the highest score of any rural county in the nation.

Commonwealth Fund general director Barry Smith had to be pleased with the great success of the Rutherford demonstration project. The community now had a thriving public health program and a

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hospital with modern laboratory facilities. But it lacked a permanent public health center--a key component of the earlier New York State health plan that Smith had admired. In 1930 the Commonwealth Fund's Division of Rural Hospitals appropriated \$75,000 for a modern public health facility to be built in Murfreesboro. The Fund further provided all of the funding to outfit the building with equipment and furniture. The building was an outright gift to the people of Rutherford County since local authorities had demonstrated sufficient interest in public health programs to guarantee the property's future maintenance and development. A local Board of Directors administered the building's operations and supervised the new health department's activities; Simeon Christy became chairman of the board. At the building's dedication ceremonies on October 5, 1931, Barry C. Smith, General Director of the Commonwealth Fund, praised the city and county for the leaps it had made in public health awareness and service since 1924. He predicted that the new Rutherford Health Department Building would become a training center for public health professionals throughout Tennessee and the South in general. Indeed by 1935, the Health Department would train well over 400 health officers, nurses, and medical students from throughout the nation and several foreign countries.

Clearly the Rutherford Health Department possessed a leadership role in the public health movement. As a matter of fact, the building's actual design spoke to the reform nature of its work. A large second floor auditorium was used for public health education meetings. Staff also used it to conduct training sessions for medical professionals and students. Its matching and equally equipped facilities for whites and blacks documented the Fund's commitment to offering care without any restrictions as to the race, color, or class of the patient.

More local health programs followed Rutherford's lead after new federal and state laws supporting public health were approved in 1935. Title VI of the 1935 Social Security Act provided federal grants to state and county public health programs. To take advantage of the new federal monies, the state legislature quickly approved a re-organization of the county health system. The new law created county boards of health and allowed for the establishment of a county physician in addition to the public health officer. Dr. S. B. Smith of Murfreesboro became the first county physician. In the preface to W. F. Walker's 1935 report on the Rutherford public health program, Dr. E. L. Bishop, the State Commissioner of Public Health, observed: "it is well nigh impossible to appraise the influence of Rutherford County's public health history upon health developments in the state of Tennessee.

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Really substantial advance in the public health organization of Tennessee began in 1925" when the demonstration unit began its work in Murfreesboro. Smith explained further that the Rutherford Health Department

has demonstrated that Tennessee counties can and will pay for efficient public health protection organized upon a reasonably adequate scale and . . . has stimulated to better efforts not only other communities but also the individuals responsible for public health administration. It has provided facilities [in the second floor auditorium] for training personnel for a large number of public health organizations in other sections of Tennessee. In its service new principles in the application of knowledge to the conservation of vital resources have been evolved. From its staff, public health workers advanced to positions of broader responsibility in the state organization so that these principles proved practical in one area might be given state-wide application.

Few, if any, rural health departments can equal this fourfold contribution to general progress. Not one is giving better service to the people and in no rural community is there greater public appreciation of public health service. (pp. xi-xii)

Throughout the 1930s, the Rutherford Health Department exerted a positive influence on the public health of the community. By 1939, for example, the county scored 773 points out of a possible 1,000 on the public health program ratings of the American Public Health Association. In 1924, when the child demonstration project began, the county's rating only reached 90 points. The Commonwealth Fund also provided fellowships so more than a dozen Rutherford doctors could receive post-graduate training at the nation's best medical schools. After World War II, the health department expanded its service into dental hygiene, creating an office out of part of the second floor auditorium. By this time, the department had ended its earlier reliance on the Commonwealth Fund for continued financial and professional support. After Congressional approval of the Hill-Burton Act in 1946, which provided federal assistance for the construction of local hospitals and health centers, the Commonwealth Fund discontinued its divisions of public health and rural hospitals. Rutherford County received its last monies in 1947. A chapter in the partnership between private foundations and the development of the American health system was closed.

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The Rutherford Health Department building remained the centerpiece of the county's efforts in public health until 1980 when the department opened a modern clinic facility on the adjacent city lot. At that time, the original health department building became an administrative center as well as home to the county's growing programs in environmental services.

The Rutherford Health Department also has local significance under criterion C for its Colonial Revival architecture and the building's association with the important New York City architect James Gamble Rogers, the chief designer of the Pelton and Rogers architectural firm. The building is the finest largely unaltered example of the Colonial Revival in a Murfreesboro public building. James Gamble Rogers also designed the earlier Rutherford Hospital in a colonial design but, due to many modern additions and a modern renovation of the interior, the hospital no longer possesses its architectural integrity. The Health Department's Colonial Revival style embodies many of the properties of early American Georgian architecture: the central block plan with wings, the symmetry of the east and west facades, the bell-shaped roof of the cupola along with the cupola itself, and the choice of Flemish bond brickwork. The fanlights above the entrance ways are also typical of Late Georgian buildings. Throughout the building, the workmanship is of high quality. Ralph Stephens of Murfreesboro served as the architects' on-site superintendent; Bell Brothers and Company of Nashville was the general contractor. W. W. Rion & Son of Murfreesboro carried out the property's landscaping, which featured, of course, a row of boxwoods from the front door to the sidewalk.

The Health Department is the only Murfreesboro design that can be attributed to James Gamble Rogers (1867-1947). Rogers began his architectural training in the independent Paris atelier of Paul Blondel. Blondel's students worked in the classical tradition and included such noted American architects as Ernest Flagg (the Lincoln Memorial) and Donn Barber (the Southern Railway Terminal in Chattanooga). Under Blondel's direction, Rogers gained a love for the classical tradition, and met his most important partner, Herbert D. Hale. During his early career, Rogers became a favorite for Harkness family philanthropic enterprises after his firm of Hale and Rogers had designed the Italian Renaissance town villa of Edward Harkness in New York City in 1905. The family later chose Rogers as the architect for the Collegiate Gothic Harkness Commons (1917-21) at Yale University. The best Rogers designs, associated either with the firm of Hale and Rogers or Pelton and Rogers, stand in New York City and include the Yale Club and the Butler Library at Columbia University. But Rogers also

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made his mark on Tennessee architecture, especially in Memphis where Rogers and various partners are credited with three important early twentieth century buildings: the Shelby County Courthouse (Hale and Rogers, 1906-9), the old First National Bank Building (Rogers and Woods, 1909), and the former Brooks Memorial Art Galley (Rogers alone, 1916). After Mrs. Stephen Harkness endowed the Commonwealth Fund in 1918, the new philanthropic agency made its headquarters in the Rogers-designed Harkness family home. The Fund chose the firm of Pelton and Rogers to design the great majority of the clinics and hospitals funded by its Division of Rural Hospitals. Rogers' Colonial Revival design for the Rutherford Health Department is an excellent example of the style at the height of its popularity in the early 1930s.

The Rutherford Health Department is the first building in the nation to be built specifically for a rural community's public health program. Throughout the 1930s and 1940s it was the state's showplace in rural public health as it served as a training ground for an entire generation of southern public health officers, doctors, and nurses. The building also physically documents important aspects of early twentieth century reform in American medicine, particularly the partnership between large private foundations and state and local agencies to improve the health and life expectancy of rural Southerners. It is also a very significant physical document, and clearly the most important southern example, of the efforts of the Commonwealth Fund, a private philanthropic foundation, to improve the daily lives of rural Americans. The Fund appointed one of its most gifted employees, Dr. Harry Mustard, to head the initial Murfreesboro demonstration unit. It provided all of the funds for the building, as well as offering much public support as evidenced in its general director dedicating the facility in 1931. Moreover, the Commonwealth Fund published three different books on its Rutherford County program, books which brought the Rutherford project to the attention of health professionals throughout the country. Finally the Fund continued to support the Rutherford Health Department as a model public health program until it discontinued its public health programs--due to their successes--in the late 1940s. With its historical and architectural integrity intact, this building today remains a remarkable artifact of an important period in the history of American public health and medicine.

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### Verbal Boundary Description

The property is on the two adjacent city lots at 303 and 315 North Church Street in Murfreesboro, as defined in the attached tax map 091-K-Group G.

### Boundary Justification

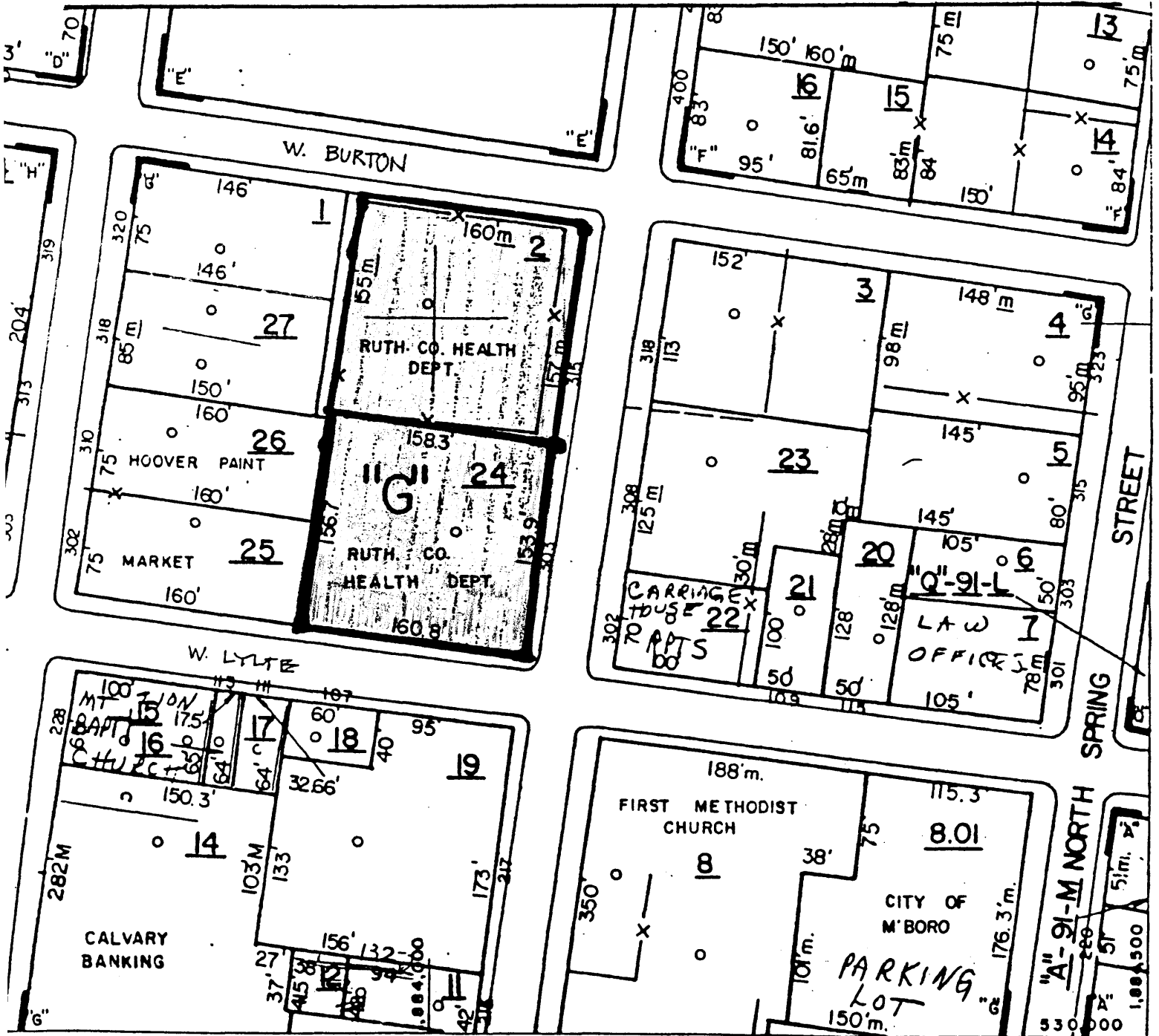
The boundaries of the two adjacent city lots at 303 and 315 North Church Street are the current boundaries of all property associated with the Rutherford County Health Department.

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Rutherford County, TN



1" = 100'  
MURFREESBORO  
Rutherford Co. Tenn.

SIONS -  
14

MIDDLE GRAND DIVISION

MAP No  
91K-GROUP G

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RUTHERFORD HEALTH DEPARTMENT  
Murfreesboro, Rutherford County, Tennessee

Photographs by: Carroll Van West  
MTSU Center for Historic Preservation  
Box 80, MTSU  
Murfreesboro, TN 37132

Date: December 1991

Negatives: Tennessee Historical Commission  
Nashville, TN

East facade, facing west  
#1 of 26

East facade portico (main entrance), facing west  
#2 of 26

South and west facades, facing northeast  
#3 of 26

West facade portico (rear entrance), facing northeast  
#4 of 26

South facade, facing north  
#5 of 26

North facade, facing southwest  
#6 of 26

Enclosed walkway, facing south into Health Department  
#7 of 26

Assistant health officer's office, facing northeast  
#8 of 26

Health officer's office, facing northeast  
#9 of 26

Laboratory, facing southeast  
#10 of 26

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Nurse's offices, facing east  
#11 of 26

Administrative clerk's office, facing east  
#12 of 26

Lobby, facing east (main entrance)  
#13 of 26

Lobby, facing west (rear entrance)  
#14 of 26

Clinic wing, first floor, facing south  
#15 of 26

Clinic restroom, female (white), facing east  
#16 of 26

Medical exam room (black), facing southwest  
#17 of 26

Medical exam room (black), facing south  
#18 of 26

Medical clinic exam room (white), facing southwest  
#19 of 26

Library, second floor, facing south  
#20 of 26

Auditorium, second floor, facing southwest  
#21 of 26

Auditorium room, second floor, facing north  
#22 of 26

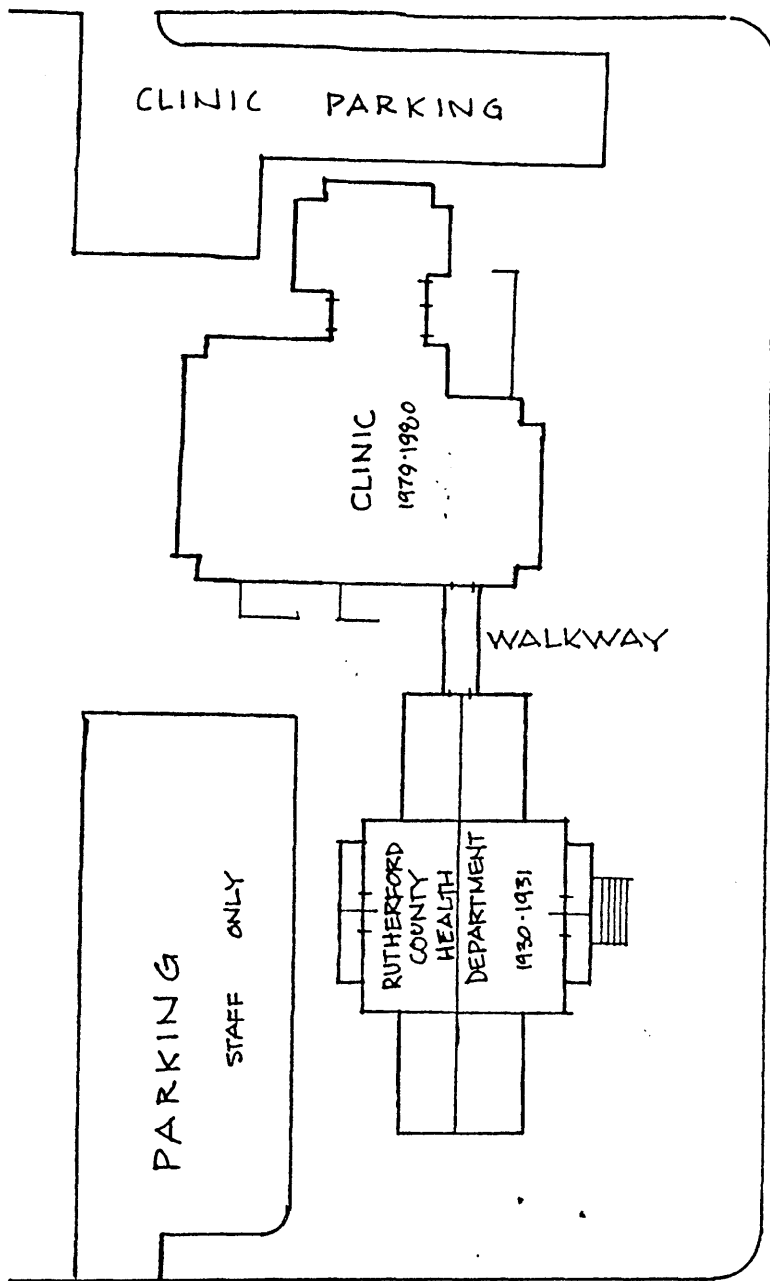
Health officer training room, second floor, facing south  
#23 of 26

Sanitary commission office, second floor, facing northwest  
#24 of 26

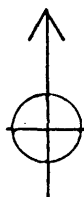
Staircase, looking to first floor from second, facing east  
#25 of 26

Basement boiler room, facing southwest  
#26 of 26

W. BURTON



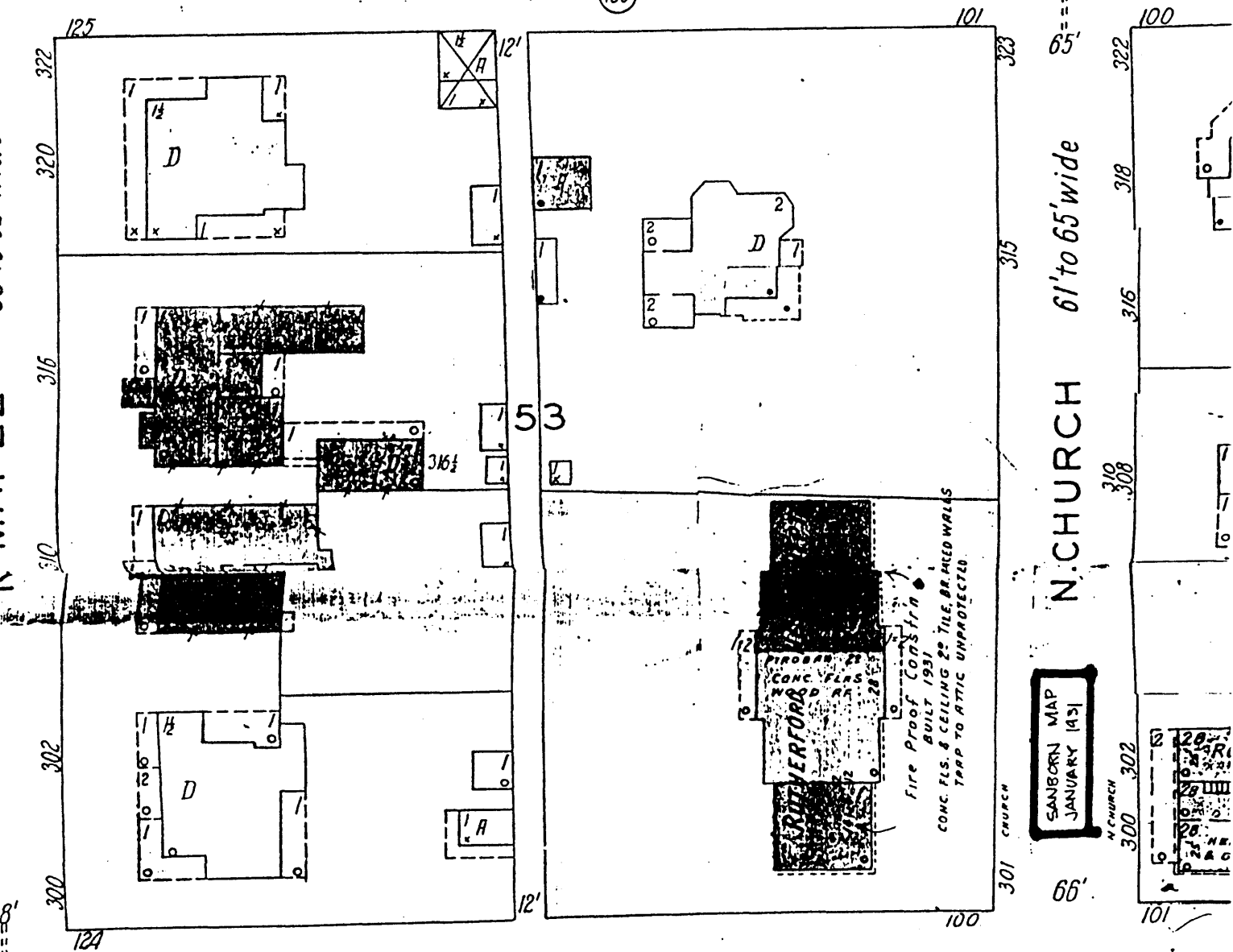
W. LYTLE



T.H.  
103

D.H.  
100

W. BURTON

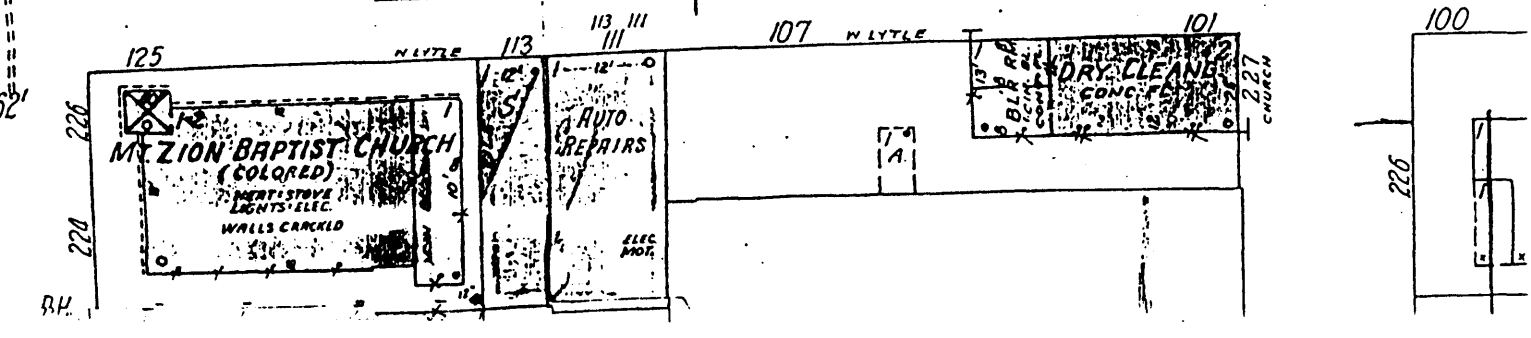


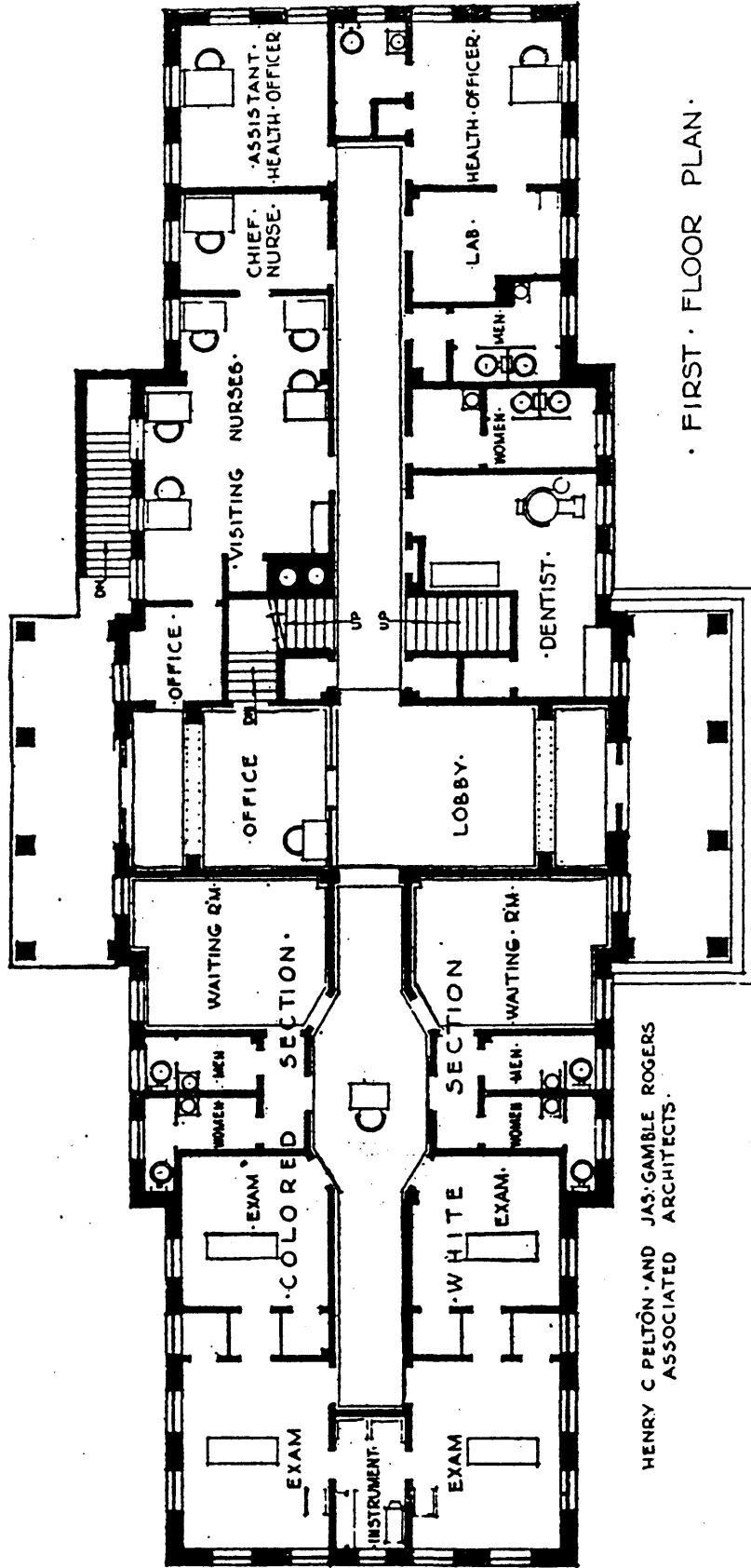
W. LYTLE

58'  
62'

SANDORN MAP  
JANUARY 1931

98

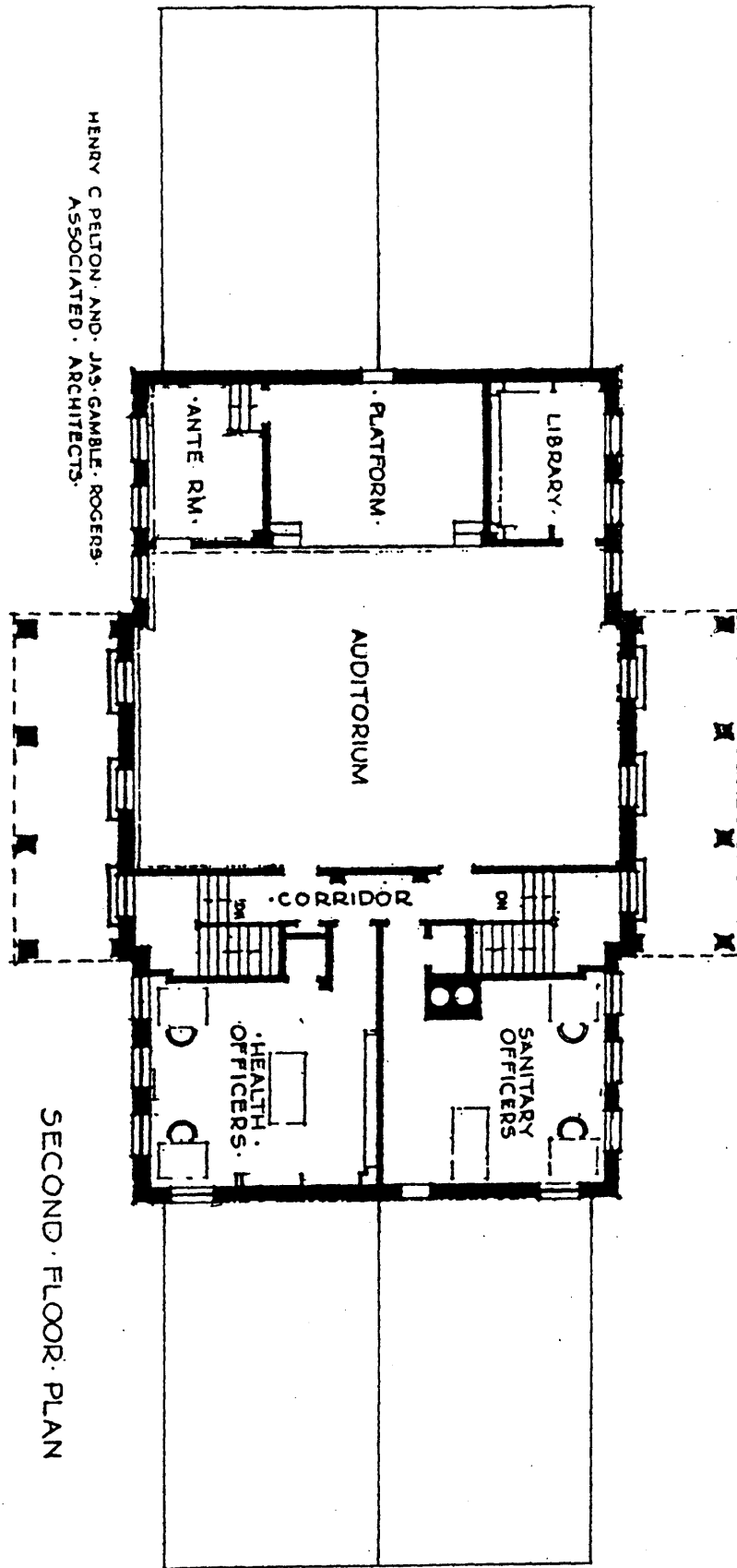




HENRY C PELTON AND JAS. GAMBLE ROGERS  
ASSOCIATED ARCHITECTS.

• FIRST FLOOR PLAN •

• RUTHERFORD COUNTY • HEALTH • CENTER •  
MURFREESBORO • TENNESSEE



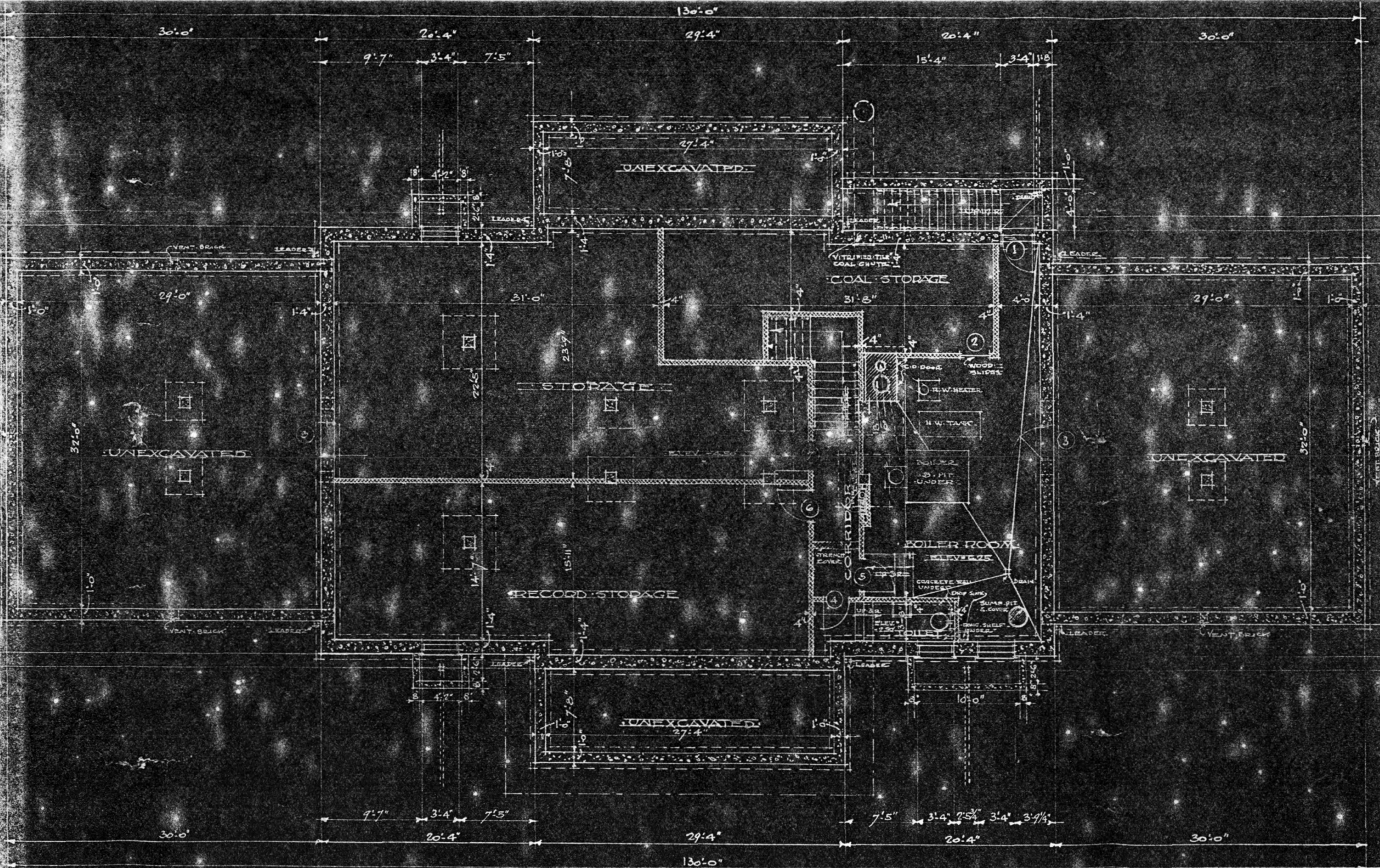
HENRY C PELTON AND JAS GAMBLE ROGERS  
 ASSOCIATED ARCHITECTS

RUTHERFORD COUNTY HEALTH CENTER  
 MURFREESBORO TENNESSEE

SECOND FLOOR PLAN



Original blueprints, basement: Rutherford Health Department

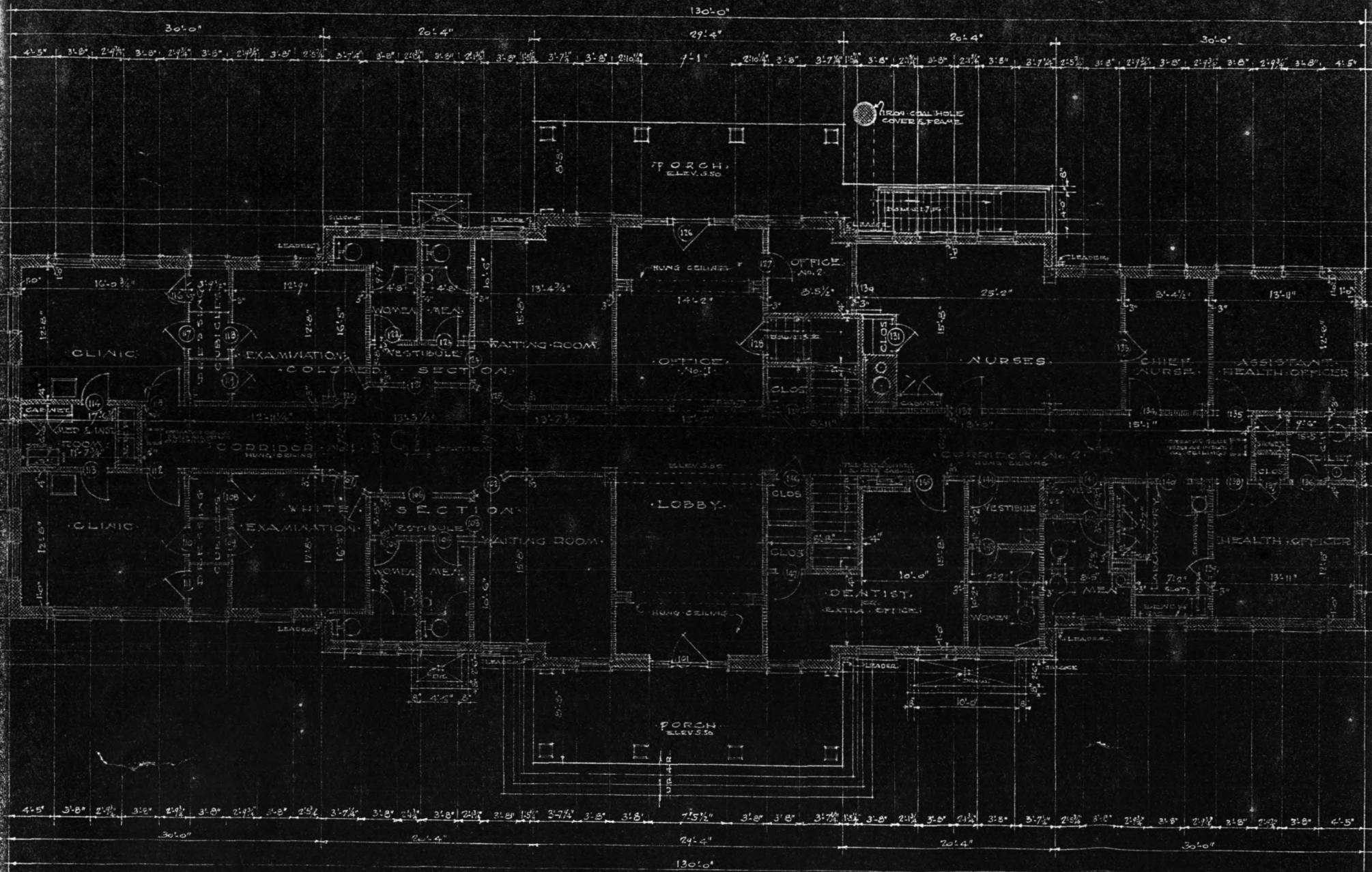


ELTON  
ROGERS

HEALTH CENTER

BASE

Original blueprints: first floor, Rutherford Health Center



Original blueprints: second floor, Rutherford Health Department

