

1252

United States Department of 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 Wilmarth, Lewis C. and Caroline, House  
other names/site number Ashland General Hospital

2. Location

street & number	622 Chapple Avenue	N/A	not for publication
city or town	Ashland	N/A	vicinity
state Wisconsin	code WI	county Ashland	code 003
			zip code 54806

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this X 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 X meets \_ does not meet the National Register criteria. I recommend that this property be considered significant \_ nationally \_ statewide X locally. ( \_ See continuation sheet for additional comments.)

  
Signature of certifying official/Title

11/30/12  
Date

State Historic Preservation Officer - Wisconsin

State or Federal agency and bureau

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

Signature of commenting official/Title

Date

State or Federal agency and bureau

Wilmarth, Lewis C. and Caroline, House

Ashland

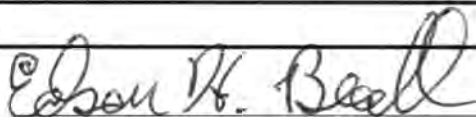
Wisconsin

Name of Property

County and State

**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.  
\_\_\_\_ See continuation sheet.  
\_\_\_\_ removed from the National  
Register.  
\_\_\_\_ other, (explain:)



1.29.13



Signature of the Keeper

Date of Action

**5. Classification****Ownership of Property**  
(check as many boxes as  
as apply)

☒ private  
\_\_\_\_ public-local  
\_\_\_\_ public-State  
\_\_\_\_ public-Federal

**Category of Property**  
(Check only one box)

☒ building(s)  
\_\_\_\_ district  
\_\_\_\_ structure  
\_\_\_\_ site  
\_\_\_\_ object

**Number of Resources within Property**  
(Do not include previously listed resources  
in the count)

contributing	noncontributing
1	0 buildings
0	0 sites
0	0 structures
0	0 objects
1	0 total

**Name of related multiple property listing:**(Enter "N/A" if property 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)

DOMESTIC: Single Dwelling

HEALTH CARE: Hospital

**Current Functions**

(Enter categories from instructions)

DOMESTIC: Multiple Dwelling

**7. Description****Architectural Classification**

(Enter categories from instructions)

Classical Revival

Colonial Revival

**Materials**

(Enter categories from instructions)

Foundation STONE: Sandstone

walls BRICK

roof ASPHALT

other STONE

**Narrative Description**

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

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**Continuation Sheet**

Section 7 Page 1

Wilmarth, Lewis C. and Caroline, House  
Ashland, Ashland County, Wisconsin

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Summary Paragraph

The Lewis C. and Caroline Wilmarth House is situated in a residential mixed-use neighborhood in Ashland, a city on the Chequamegon Bay of Lake Superior, where streets are laid out parallel to the shoreline, rather than by the compass logic of the Jeffersonian grid. The property entails approximately half a standard city block, with the building on the south portion and much of the north part of the grounds now paved for parking. There are a number of mature trees around the house and the balance of the undeveloped land is lawn. There are city sidewalks on the south and west sides running parallel to the thoroughfares. The house is also locally known as the Wilmarth Mansion, and for many years was the Ashland General Hospital. The building's location now marks the entry to the Chapple/Vaughn area of Ashland's most prestigious historic period homes.

The building's three separate construction periods read distinctly in the character of their red brick masses. The nearly square two-story 1885 house is prominently located on the corner of Chapple Avenue and Sixth Street. The 1918 rectangular addition lies to the east, has a half again larger footprint, stands an additional story taller and includes a connecting link. The 1957 addition branches off the northeast portion of the 1918 construction; it provides elevator and main entrance from the parking lot. Because of its location, it is not easily visible from either street view. Both later additions relate to the property's use as a hospital.

1885 Mansion Exterior

The Wilmarth house is raised four feet above grade on a foundation of tooled cut stone blocks capped by a cut sandstone water table. Most of the basement window openings have been infilled with glass blocks at an unknown date, some with ventilation. The construction is load-bearing masonry with a running bond red brick veneer with raked joints. The corners and bays are defined by cut sandstone quoins and the first and second stories are delineated by a corbel course of cut sandstone. The window apertures are giant sized, with cut sandstone sills and lintels, triangular pedimented on the first story and segmental arched on the second, and white painted wooden one over one double-hung sash and frame to which aluminum double-track storm windows were added at some unknown date. The roof edge and pediments are underscored by an entablature composed of a projecting architrave, broad frieze, cornice line modillions and dentils, and an undecorated sima. The tympanums are enfiladed with red brick. The roof of this nearly square building is comprised of twin low-sloped gables with east/west ridges joined by a center flat deck with hips. There is a large intersecting gable on the north and a smaller one to the south. The shingles are red asphalt three-tab, but would have been cedar shakes originally. The center portion is a recently installed adhered membrane. Originally there was a gutter integral to the roof, which was sheathed over at the time of the last roof replacement.

Southwest Façade: The main entrance to the house is on the southwest side, fronting and parallel to Chapple Avenue. This façade is composed of a set-back center bay, flanked by twin pedimented bays.

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The central recessed bay contains the front door, set within a larger surround. On the second floor is a pair of one over one double hung windows set below a large segmental arch pediment. The entry is through an open porch with a poured in place concrete base with a set of seven steps, three of which are engaged. The porch roof is flat with a simple flat frieze supported by twin sets of paired, fluted columns with capitals of the Corinthian order, set upon a single boxed plinth, which returns to the building in the form of a balustrade, ending with a single column. The paneled door is wide with a single rectangular light in the upper 60%, centered between fluted pilasters with a transom window above the door and within the surround. Above, there is a simple painted sign that reads "Wilmarth Mansion," presumably placed there when the building was used as a museum and replacing the cartouche that would have likely matched those on the northwest.

The two side sections are identical. Each has two evenly spaced windows per floor. Those of the first floor have triangular pediments; those on the second have segmented pediment. Here, as in all changes of projection around the house, the difference in wall plane is emphasized by quoins.

Northwest Façade: This elevation consists of a three bay, slightly projecting central portion defined by a pedimented portico with a single bay to each side. This tetraprostyle porticoed façade originally provided what can only be supposed to have been an unobstructed, panoramic view of Lake Superior from this elevated point five blocks away.<sup>1</sup> There is a ten-foot deep, two-story pedimented portico across the center bay. The portico floor was at some unknown date replaced by painted wood planks. Four colossal columns of the Corinthian order atop concrete plinths support the roof. There is presently no railing between these columns. It may be supposed that the original plinths and surrounding balustrade would have mirrored the wood construction of the entry porch on the Chapple side, but no evidence has yet been forthcoming.

The dominant central portion projects forward three feet. The first story windows and central door within the portico have transom windows with a cartouche above, the surrounding aedicule is composed of fluted pilasters, atop boxed plinths, surmounted by an entablature at the level of the surrounding stone stringcourse. Above each of the first floor openings is a second floor window set under a segmented pediment. Each of the flanking bays has a single centered window on each floor.

Northeast Façade: This side is the location of the adjoined link connection to the 1918 addition and is mostly obscured by the addition. This would have been the servants' entry. A paired set of doors was discovered in the house attic, which is presumed to be the one removed at the time of the 1918 expansion. The original fenestration pattern likely mirrored that of the Chapple façade, with a door at the center of the first floor elevation. At the time of the 1918 construction, the center window and door were replaced with fire-door access to the link and the two windows directly to the north were in-filled

<sup>1</sup> There is no evidence that the portico served as a form of porte cochere. There is no evidence of steps and the door from the portico enters directly into the music room, rather than a side hall.



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with brick. There is substantial water damage to the foundation and the stringcourse is missing to the south of the link, which awaits repair.

Southeast Façade: This elevation faces Sixth Street and is enlivened by a modest central, pedimented projection. The central portion has centered paired windows grouped under a single large pediment, the left and right sections each have two centered windows per floor. The upper window on the east was in-filled with brick at some unknown date. There is a gas and a water meter with piping attached to the foundation. There is significant discoloration and damage to the masonry on this side and some temporary caulking has been done to prevent further damage until repairs can be made.

1885 Mansion Interior

Most notably, the building has high-style finished woodwork, trim and doors, and applied-plaster cornice and ceiling relief, the details of which vary from room to room and floor to floor and are generally in near original condition. There is a moderate amount of cracking in the plaster walls and ceilings, and localized removals of flooring, cornice and ceiling materials from the installation of exposed plumbing and fire sprinkler piping in the past. At some unknown date, the building was retrofit with electric lighting, switches and outlets. Several modifications to the original electrical system are apparent, including sections of exposed conduit and boxes. No significant period lighting or plumbing fixtures remain. Most of the narrow plank wood flooring is covered with carpet and linoleum. Several sections of this floor have suffered water damage and severe buckling remains. Most of the major interior alterations and water damage have been contained within the service area, where the original architectural details were never more than moderate.

Basement: The building foundation system consists of thick, grouted quarry rock foundation walls resting on rock footings. Some of the original footings on the southwest appear to have been replaced with concrete. The walls are painted white and appear to be in good condition. The floor slab is dry with few cracks. There is a connection to the shared mechanical room, which extends to the south of the link and has a lower floor level with standing water.

Vestibule - 101: Entry begins in a 4'-6" deep by 12' wide vestibule, which served as a place of shelter while waiting for entry into the home. The interior wall is an impressive paneled screen containing a stilted arcade with glass inserts etched in a foliated pattern and matching clerestory. Only two of these glass panels have even minor damage. The paired doors have large waterglass panels and incised fans and flowers. These doors have moderate damage from the retrofit and removal of several locking systems.

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Living Hall – 102: The entrance hall is L-shaped with a wood-paneled dado and coffered ceiling. The wood alternates in color to highlight the raised panels. The central portion of the hall is 12' x 46', including the less public, northeast portion with the fire-door into the link, where originally there was a secondary access to the exterior. There is a 3' -6" x 8' bathroom at the north end that appears to be original construction, if not function. The southwest portion of the hall is 18' x 22' and includes the main fireplace and grand stair. The fireplace is a mostly intact, high craft assembly of paired columns; incised rosettes; applied beading, imbricate, fluttering ribbons and keystone; multiple entablatures complete with triglyphs, metope, and guttae; and a beveled-glass Baroque-style mirror above the mantel. The level of the craftsmanship displayed on the stairway, newel post and balustrade are equally high. There is an original, or at least very early, built-in cabinet and a closet beneath the stair. Another early cabinet in a design the mimics elements of the room is placed along the shared wall with the foyer.

Parlour – 103: This 15' x 18' room enters from the main hall and originally had a 6'-wide set of pocket doors allowing connecting with the larger drawing room. These doors and trim are no longer in place. The plaster cornice is an entablature of rinceau panels, zigzags and modillions.

Music Room - 104: Access from the main hall into the 22' x 20' room has been modified, probably reducing it by half to the current 3' width, and the original door(s) and casing are no longer in place. The fireplace has been completely removed and covered over. The plaster cornice is an entablature of rinceau panels with moons and cherubs, an egg-and-flower ovolo, corbels and crested modillions. There is an elaborate ceiling frame with inset quarter-circles at the corners, corner-rosettes and center medallion. Some of the baseboard is missing in this room as well as the casing on the door into the study.

Study - 105: The fireplace in this 12' x 18' room has been removed and covered over. Some of the original base is no longer in place and the doors to the hall and closet are not original. One of the three windows was in-filled and a built-in cabinet installed. An electric fan has been installed in the ceiling medallion.

Dining Room - 106: The original fireplace surround and hearth in this 16' x 23' room has been replaced with a non-conforming design. The cornice is a wood entablature and the ceiling is coffered. The wood-paneled dado and the door and window trims are of a higher style in this room.

Servants' Area: This is the area of very severe modification and water damage. Presently, a single-wall kitchen is installed in the butler's pantry and two bathrooms are located in the original kitchen space. The drop ceiling has collapsed and the floor is severely buckled. These are very utilitarian spaces with no remaining elements of the original design.

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Upper Hall - 201: The upper hall is L-shaped with dimensions similar to the hall below. It includes the fire-door into the link with the 1918 hospital addition, but would have been a double window. The staircase retains the same highly decorative design seen in the lower level stairhall; however, some of the newel post caps are missing and the finish on the balustrade has degraded. The baseboard, window and door trim and sash nearest the stairway retain their original finish, but the balance of the upstairs trim has been painted. The plaster cornice is mostly intact but is less grand than downstairs. The style of the wood trim is also less detailed and some of the head casings are missing or replaced with non-conforming pieces.

Chamber - 202: The wood trim in this 15' x 18' room has been painted white. The ceiling is covered with acoustical tiles on furring strips and the plaster crown, assuming it existed, is missing. The original door has been replaced with a flush door. There is evidence that a connection with the room to the east once existed, but the size and date of construction and in-fill are unknown.

Chamber - 203: The wood trim in this 22' x 20' room has been painted various colors as it was used as a circus exhibit space. The original door has been removed and the casing trim is not original. (The new opening appears to be larger than what would have originally been the case.) Some of the baseboard is missing and the door into the closet is not original.

Chamber - 204: The wood trim in this 12' x 18' room has been painted white. The original door has been replaced with a flush door and the door into the closet is not original. The door into the bathroom is not original. Most likely, access to this bathroom would have been from the hall, similar to the first floor. Some of the original baseboard is missing. One of the windows was in-filled and built-in shelving installed. The plaster crown, assuming it once existed, is missing.

Chamber - 205: The doors in this 16' x 23' room are not original and a closet has been added in the west corner. The plaster cornice is mostly intact and is similar to the quality of room 203. The wood trim in this room retains its original finish.

Back Stair Hall - 206: An acoustical tile ceiling has been installed that covers parts of the original plaster crown. Some of the door casings are not original or are incomplete. The trim has been painted white but the balustrade retains its original finish.

Servants' Chambers - 207: The original plan of these bedrooms is uncertain. The east corner has been converted into a bathroom and another has been added in the north corner. An acoustical ceiling has been added and a built-in cabinet. The original baseboard is not in place and the rest of the trim has been painted white.

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Attic: The roof support system is comprised of four clear-span trusses. The truss cords and compression webs consist of multiple-ply 2x10's and the tension webs are 1" diameter steel rods. The center deck of the roof is framed with 2x12 joists set on these trusses. The sloped portions are 2x6 framing. The attic has a plywood floor and un-insulated, exposed rafters. A system of knee-walls was added in 2010 to prevent further sagging of the original framing. There are no living spaces in the attic.

Hospital Exterior

1918 Addition: The addition is masonry construction with brick veneer and bears the cornerstone inscription "Ashland General Hospital, 1918." The mass is in the form of a three-story rectangle with a two-story extension on one end and a two-story link to the main house on the other. The exterior coordinates in that it is red brick with masonry quoins, window sill and lintel, and has a stringcourse between the first and second stories located at approximately the same elevation as that of the house. The basement walls are poured concrete and rise two feet higher above grade, providing a day-lit lower level originally used for surgery and other tasks. The building is three stories with two feet less between the floor plates. The roof is a simple hip design with a ridge height greater than the house. There is no stringcourse between the second and third floor and the windows are 12 inches shorter. The lintels are rectangular and extend proud of the frames on the first-story and flush with the frames, but flared, on the second and third, all with rectangular keystones. There is a simple wood frieze where the wall meets the soffit and the fascia is of a flat design. The window sashes were replaced with thermal pane single-hung vinyl units during the 1999 rehabilitation.

1918 Northwest Façade: Originally, the main point of emergency and service access to the hospital was in the form of a split-level entry in the center of this side, with larger windows and a stair tower above. The point of entry was altered by the 1957 addition of a sloping concrete sidewalk and retaining wall with metal canopy. This provided direct access to the below-grade level. Also at that time, a new elevator tower and four-story causeway to the older building was built and supplanted four of the original windows. Two windows to the east of the link were in-filled with brick in 1957. Two windows in the extension on the northeast were filled in 1999.

1918 Southwest Façade: This side engages the link in its center and originally had flanking first and second-floor windows typical of the building and shorter windows on the third level. The windows on the northwest side of the link were supplanted in 1999 when the hospital side of the link was expanded to the northwest and up to the third story.

1918 Southeast Façade: This is arguably the most well-known, visible and iconic side of the hospital complex. Thirteen equally-sized windows rhythmically march across each story, with two on each end spaced tighter, as are the three in the center. There is a large central pedimented dormer providing light to the attic through three windows. There was originally a secondary ground level access in the middle, with a canopy and short window above. All the center units were in-filled with brick at the time of the



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conversion to multi-family housing.

1918 Northeast Façade: This side has a two-story extension that was apparently altered several times at unknown dates and served as a sunroom. The extension has two paired windows per floor whose sills and lintels extend from pier to pier and are without keystones. These units are separated and framed by brick piers that rise to the roof overhang. On both sides of the sunroom, on the main part of the hospital wing, the first and second-floor windows were in-filled with brick, presumably at the time of the 1957 addition. The two windows on the third story are atypical, being comprised of a wide fixed unit with a narrow double-hung on each side with stone sills and flared lintels without keystones.

1918 Link

The 1918 link functions as fire egress for the house and stair tower and fire egress for the hospital.

1918 Link - Northwest Façade: This side is dominated by flush fire-egress doors and an external metal stair structure with stairways from third to second floor and first and second floors to ground level. The enclosed portion was expanded in 1999 outward to the northwest and upward to include the third story, supplanting any windows that may have been on this side.

1918 Link - Southeast Façade: The outward appearance of the link is similar to that of the extension on the opposite end of the hospital. There is a center pilaster and one engaged on each end, with recessed brick in-fill walls and side to side stone sills and lintels, without keystones. On the hospital side there is a three-window unit and on the house side there is presently a two-window unit as the third window was in-filled at some unknown date. The bulkhead of the basement fire egress rises out from this side and is one of several water intrusion issues awaiting final resolution.

1957 Addition

The 1957 addition was built to the north of the 1918 hospital, where the topography drops and the grade is two to four feet lower. The construction is red brick veneer in a common bond pattern with a header row every sixth course. The addition is a series of unadorned, flat roof brick boxes with a light frame, steel and glass four-story connection to the 1918 building. The larger, two-story section was originally patient space and the four-story portion housed the elevator shaft and lobbies.

1957 Addition - Southwest Façade: This side has a poured-in-place concrete retaining wall and a steel canopied entrance walkway, enabling direct entry to the lowest level of the hospital. The entry door stands in the center of a glazed wall the width of the walkway. There is a pair of three-wide double-hung windows in the masonry section on the second story and a single casement window on the first level. The connecting causeway is a series of glass and steel panels separated by slender steel mullions.

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1957 Addition - Northwest Façade: In the elevator tower, for each floor, there is a three-wide window unit with a center awning window surmounted by a similar sized fixed unit with narrow fixed units on both sides. In the patients' block, the ground floor had three double-hung units but a sliding glass door supplanted the east one in 1999. There is a single double-hung unit in the second floor.

1957 Addition - Northeast Façade: This side originally had a pair of three-wide double-hung windows in the masonry section on the second story, but one was replaced in 1999 by a sliding glass door and an elevated wood deck and stair were added. There is a short, three-wide double-hung window on the first floor.

1957 Addition - Southeast Façade: This side faces the 1918 hospital, contains no windows and remains as built.

Hospital Interior

The original 1918 hospital was built to "accommodate more than 50 beds." Reception and administration continued to be located in the original house. The ground level consisted of the emergency area, surgery and support spaces. The upper three floors were in the style of double-loaded corridors branching off from a central nurses' station. The patient rooms were a mix of singles, doubles and six-bed wards. There was a two-story solarium on the east end which also served as a visitor space. The central corridors had a series of murals painted by local artist Lucia Hokanson that were lost shortly after MMC Rehabilitation took possession in 1974. The hospital wing and its addition have been converted to apartments. While the corridors remain double-loaded in the main portion of the hospital, no other elements of the hospital plan remain.

Integrity

The original Wilmarth house retains a very high degree of integrity on both the interior and the exterior. While there have been some modifications, the original plan remains intact in the main portions of the house. And, while some elements of the interior have been lost, the house retains its original elaborate staircase and woodwork of the staircase vestibule, the original entry doors with their etched glass are extant, as is a great deal of the original woodwork and plasterwork. With the exception of the loss of several original windows to infill, most of the home's exterior features continue to reflect its date of construction.

The original hospital wing used elements of the home's exterior design and the resulting addition is a fine early twentieth century example of Georgian Revival institutional design. The majority of the decorative features, including sills and window heads, water table and quoins remain. Several windows have been filled in or altered, but the openings are still clearly identifiable. The exterior retains sufficient integrity to be considered a contributing element in the overall design.

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The 1957 addition, while built within the historic period, is a non-contributing addition. It differs in its design and is highly utilitarian in use and appearance. Because of its placement at a lower level of the site and off the parking lot, the visual impact of this addition is reduced. It is not easily visible from either street elevation.

The site has been altered with the conversion of much of the yard to a parking lot. This occurred during the period the building served as a hospital. However, the building still stands in its original location at the top of a rise above the city of Ashland and continues to command a view of the downtown. The house stands at an important intersection and serves as the entrance to one of Ashland's historic residential districts.

The house and the exterior of the original hospital addition retain a high degree of integrity to the period of significance: 1885-1918.

**8. Statement of Significance****Applicable National Register Criteria**

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

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

**Criteria Considerations**

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

Property is:

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

**Areas of Significance**

(Enter categories from instructions)

ARCHITECTURE

**Period of Significance**

1885-1918

**Significant Dates**

1885

1918

**Significant Person**

(Complete if Criterion B is marked)

N/A

**Cultural Affiliation**

N/A

**Architect/Builder**

Unknown

**Narrative Statement of Significance**

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



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Summary Paragraph

The Wilmarth House is eligible for the National Register at the local level under Criterion C as Ashland's most significant historic example of the Georgian Revival and Neoclassical styles of Architecture. The period of significance begins in 1885 with the construction of the house and extends to 1918 when the sympathetic hospital wing was constructed.

House

As Virginia and Lee McAlester point out in *A Field Guide to American Houses*, some residences "do not fit neatly" into a single architectural classification. Such combinations of styles became more common after around 1840 when pattern books, such as A. J. Downing's *Cottage Residences*, presented a variety of fashionable choices. While the source of the design of Lewis Cass Wilmarth's house is uncertain, two factors are known. First, his early life was spent in the middle colonies which were pervaded by Georgian style brick residences. Second, this was an era when the nation's identity and aspirations found public expression in classically styled government buildings with their established reference to the legitimacy of Greek democracy and Roman rule of law. Similar to Colonel Lapham the nouveau riche protagonist in the contemporaneous *The Rise of Silas Lapham*, Lewis Cass Wilmarth's architectural convictions were likely the result of "ideas he had formed from the inspection of many buildings which he had seen going up." According to his obituary he was responsible for the designs of five business blocks he owned.<sup>2</sup>

The Wilmarth House is a particularly American home, based on the owners' own sensibilities and unrestricted by reliance on the traditional architectural conventions of unified design and precedent. The exterior is a democratic concurrence of two styles, one long established and the other yet to gain prominence, both associated with proclaiming the resident's economic and social status. As William Morgan points out in the *Abrams Guide*, "One of the rich ironies in which American architecture abounds is that, in reaching deeper and more seriously into the classical past for inspiration, our houses became more particularly American. We used the past as a starting point and did not let history weigh upon us too heavily." Under Criterion C, it meets the National Registry's criteria for significance as embodying the distinctive characteristics of both these architectural types and as a true American expression of that period of time which has been described as the Gilded Age.

Georgian Revival Style: The 2001 City of Ashland *Historical and Architectural Resources Survey* designates the Wilmarth Mansion as "a very early Wisconsin example of the resurgent Colonial Revival Style" and lists it as the sole example of that style in Ashland. Gerald Foster, in his book *American Houses*, identifies the Georgian style as the fashion associated roughly with the time of Kings George I, II and III (1714-75) of England. "Georgian style became universally popular in the Colonies as a sign of gentility" and represented "a new sophistication and a connection to the English

<sup>2</sup> "L.C. Wilmarth Dead," *Ashland Daily Press*, 18 February 1907.

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Wilmarth, Lewis C. and Caroline, House  
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class society.” The entry façade of the Wilmarth house clearly embodies the distinctive characteristics of the Georgian style, as also seen in its revival phase: a paneled front door, usually centered and capped by an elaborate entablature supported by decorative pilasters; cornice usually emphasized by decorative moldings, most commonly with tooth-like dentil; windows with double-hung sashes aligned horizontally and vertically in symmetrical rows, usually five ranked on front façade. Typical masonry elaborations included a belt course, quoins, and pedimented windows.<sup>3</sup> Similar decorative elements are employed on the hospital addition, which reflects the application of the style to an institutional building.

It must be noted that unlike those of its archetypes, the windows of the Wilmarth House are composed of very large panes, displaying the best of what was available at its time of construction, rather than the limited size glass-making technology of the earlier Georgian period. Despite this variance, the Wilmarth Mansion and hospital addition exterior exemplify the main characteristics of the Georgian Revival style.

It is primarily on the northwest façade of the Mansion, where these Georgian traits meld with another distinctive design tone, one that predated its national acceptance for use on American residences by a decade.

Neoclassical Style: Virginia and Lee McAlester identify the Neoclassical as pertaining to the period from 1895 to 1940 and explain that the style did not gain national prominence until after it was the theme of the 1893 Chicago World’s Columbian Exposition. These are two-story houses, raised high above a masonry basement, with a prominent entry porch, extending the full height, but less than the full width, with roof supported by classical columns, typically with Ionic or Corinthian capitals, and having symmetrically balanced rectangular windows and center door. “Neoclassical houses usually have a boxed eave with a moderate overhang, frequently with dentils or modillions beneath; a wide frieze band is occasionally found beneath the cornice.”<sup>4</sup> This style of home often used secondary details associated with the later Renaissance Classical movements, including pedimented windows and doors, dentils and quoins. All these attributes, save a very crucial one, are present on the northwest facade of the Wilmarth house. The atypical aspect is that the main point of entry from the street is not located within the defining Neoclassical portico. Here Georgian propriety and the architect’s neighborly concern, to not put forward what would in 1885 have been considered an extremely avant-garde street façade, held sway. Because the form and details otherwise so well exemplify the Neoclassical style, the Wilmarth Mansion meets the National Registry criteria for significance.

<sup>3</sup> Virginia and Lee McAlester, *A Field Guide to American Houses* (New York: Alfred A. Knopf, Inc., 2002), 142.

<sup>4</sup> *Ibid.*, 344.

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Wilmarth, Lewis C. and Caroline, House  
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The 1983 City of Ashland *Historical and Architectural Resources Survey* identified the Wilmarth house as having sufficient individual architectural significance and integrity to be individually eligible for the National Registry. The 2001 City of Ashland *Historical and Architectural Resources Survey* lists no residential examples of the Neoclassical style. Based on these studies, it can be concluded that the Wilmarth Mansion stands as the most significant residential example combining both the Georgian Revival and Neoclassical architecture in Ashland today.

The Gilded Age: The Wilmarth Mansion was built in 1885. This was the Gilded Age of rapid economic and population growth during the post-Civil War and post-Reconstruction eras of the late 19<sup>th</sup> century, peopled “by newly rich entrepreneurs who were in search of legitimacy.”<sup>5</sup> It was the time of Thomas U. Walter’s impressive extension of the nation’s capitol building and inflated replacement of the dome, when there was a renewed American self-confidence and belief that we were heir to the cultural traditions of Greece and Rome. Sometimes referred to as the “American Renaissance,” it has been described by Richard Guy Wilson as the age when the architect sought to provide “a setting of leisured elegance bearing the patina of class and taste for people who were frequently one generation removed from overalls and shovel.”<sup>6</sup>

Lewis Cass Wilmarth’s family is known to have immigrated to the American colonies in the mid-17<sup>th</sup> century<sup>7</sup>, and although his successful rise to the heights of Ashland social and economic prominence was not from such extreme modest beginnings, it would still have to be characterized as dramatic. He was a renaissance man, real estate developer, and financier who acted on the desire to pattern his house in a fashion he considered would announce his status. His brash self-confidence reflected the intoxicating atmosphere of an age when those around you are also exceeding prior bounds. The editors of the *Architectural Record* point out that “by its very nature, the house is a cultural artifact, revealing much about its time and place and telling stories about its occupants and the people who designed it.”<sup>8</sup> In this regard, the Wilmarth house meets the National Registry criteria for having significance as embodying the distinctive characteristics and spirit of this period.

Victorian Style Interior: Inside its reserved and symmetrical exteriors, the 1885 Wilmarth house contains the exuberant details and asymmetric plan normally ascribed to high-style Victorian homes of the day. As Steven Parissien stated in his book, *Interiors – The Home Since 1700*, “domestic interiors have always been a way of demonstrating the social position and aspiration of the inhabitants...as signs of the occupant’s character...and the perceived need to demonstrate an appreciation of novelty

<sup>5</sup> William Morgan, *The Abrams Guide to American House Styles* (New York: Harry N. Abrams, Inc., 2004), 226.

<sup>6</sup> Richard Guy Wilson, *The American Renaissance 1876-1917* (New York: The Brookings Museum, 1979), 5.

<sup>7</sup> Eric Wheeler, *Wilmarth Mansion Historic Structure Report* (La Crosse: River Architects, Inc., 2002), 10. Available at Impact Seven, Inc. office in Almena, WI.

<sup>8</sup>The Editors, “Domestic Seduction,” *Architectural Record* (New York, McGraw Hill Companies), April 2011.



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and innovation." The interior of Wilmarth's home reveals a keen awareness of the wide selection of manufactured plaster and wood embellishments available at that time and the Victorian fashions of reluctance toward restraint in their use and enthusiastic inclusion of elements of diverse styles. Functionally, the interior plan was a duality of Georgian symmetry and the most popular residential style of the age, the Queen Anne. As John Maass points out in *The Victorian House*, while "the exterior of the Queen Anne house sometimes bordered on the bizarre, the interior provided solid comfort. A distinctive feature of the style was a large English type of hall, with fireplace and open staircase, which served as a living room." Formal entry at the Wilmarth house began in a large living-hall with impressive fireplace and stairway. From this hall you entered either a spacious drawing/music room with access to the portico, a smaller reception space or an intimate study. Also opening off the hall was the dining room, which had a discrete connection to the servants' area, with secondary exterior access. These public areas have very high-style finished wood trim and doors and applied-plaster cornice entablature and ceiling relief, the details of which vary from room to room. The fireplace in the stair hall is a particularly self-assured assemblage of the enticing variety of custom parts and diverse styles that modern mechanization had tempted the Victorian consumer with. Because the interior so well embodies the distinctive characteristics and spirit of this period, the Wilmarth Mansion meets the National Register criteria for having significance under Criterion C.

Integrity: The 1885 Wilmarth house, which has functioned as something other than a private home for nearly three-fourths of its 126 years, retains its identity as a Gilded Age residence with a melding of the distinctive characteristics of both Georgian Revival and Neoclassical precedents and the interior sensibilities so typical of the Victorian period.

Though joined to a larger hospital complex since 1918, the home remains generally unchanged in the aspects of location, design, materials, feeling, association and workmanship. With its refined, historic façade and exuberant Victorian interior plan and detail, the building evokes feelings of that bygone era of the Gilded Age and the American Renaissance. The house meets the National Register criteria for significance and integrity under Criterion C and is eligible for listing.

Ashland

At the time of the initial construction of the Wilmarth house, Ashland was a city with Lake Superior on one side and 200 miles of virgin forest on the other. As a prominent citizen of the time, Dr. J. M. Dobb explained, "There were no roads in 1889...the only way in or out of the city was by foot, boat or train."<sup>9</sup> Ashland's growth began with the completion in 1877 of the Wisconsin Central Railway connection to the major markets of Milwaukee and Chicago. The location already possessed the inherent advantages of one of the most protected bays in the western Great Lakes, proximity to abundant natural resources and a gentle slope away from the bay, which provided ample space for

<sup>9</sup> Dr. J. M. Dobb, "Ashland, Then and Now", *Wisconsin Magazine of History*, Vol. 28, No. 2 (Dec. 1944): 192.



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cost-effective development. Sensing the potential, three other railroads soon extended service and Ashland became regarded as the rail center of the northern Midwest. Fueled by an expanding national hunger for lumber, iron ore and brownstone, Ashland boomed as a major inland port and rail hub. Other economic sectors enjoyed spillover benefits from this growth and Ashland's population grew from several hundred in 1874 to 9,956 by the 1890 Census<sup>10</sup>. Some 15,000 tourists visited Ashland in 1877, the year the Wisconsin Central Railway opened its luxurious Chequamegon Bay Hotel. This was a time before the causes of poor health were well understood and the town was valued for its cool, health-giving air, along with the scenic lakeshore. It is little wonder that the city's 1888 Directory confidently described itself as the "Phenomenal City."<sup>11</sup>

Lewis Cass Wilmarth

Ashland's remarkable growth and the associated potential for profit proved an effective enticement for ambitious men of commerce, eager to play a part and reap the benefits. Such a man was Lewis Cass Wilmarth, who left his successful real estate career in Topeka, Kansas to move to Ashland around this time.<sup>12</sup> Wilmarth went on to become an important figure in Ashland's history. In addition to his own house, Wilmarth is associated with several commercial blocks he owned in the nearby downtown area. His obituary noted:

He was the owner of five of the largest business blocks in Ashland, which he built from plans drawn by himself. Wilmarth blocks numbers one, two, three, four and five are monuments to his enterprise. He was also the owner of the Fifield block, and of several other business blocks, which together with property owned by him in various parts of the city, made him one of the heaviest individual tax payers in northern Wisconsin.<sup>13</sup>

Born in Rhode Island in 1833, Wilmarth attended, but did not graduate from, Oberlin College of Ohio, which "offered formal instruction and coursework in the classics, sciences, the fine arts, and music, among other disciplines" and where "students were expected to contribute by helping to build and sustain the community."<sup>14</sup> Prior to 1864, he married Caroline Whiting of Maine. The couple settled in Kansas, where four daughters were born. It is believed that Lewis Wilmarth assisted in the platting and development of Topeka and Doniphan.<sup>15</sup>

After moving to Ashland, Wilmarth applied his considerable energy and skills to real estate and later to banking. Wilmarth was a member of the city council and served as mayor in 1890-91, considered

<sup>10</sup> Ibid, 196.

<sup>11</sup> Eric Wheeler, *Wilmarth Mansion Historic Structure Report* (La Crosse: River Architects, Inc., 2002), 10. Available at Impact Seven, Inc. office in Almena, WI.

<sup>12</sup> Ibid, 11.

<sup>13</sup> "L.C. Wilmarth Dead," *Ashland Daily Press*, 18 February 1907, page 1.

<sup>14</sup> *Oberlin, Early History*, <http://new.oberlin.edu/about/history.dot> (June 2011).

<sup>15</sup> Eric Wheeler, 11.

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among the best of the boom years in Ashland. He was a member of the school board and was honored as the namesake of the Wilmarth School, built in 1895. He lived in the house until his death in 1907 and was recognized as one of Ashland's leading citizens. His widow, Caroline, resided there until her death in 1909, at which time ownership passed to their eldest daughter Annie and her husband Harold B. Warner, who occupied the home for the next eight years.<sup>16</sup>

Hospital

In 1917, the Warners transferred the house and grounds to an organization which "came into being through the efforts of a large group of public spirited citizens of Ashland, who under the leadership of Dr. J. M. Dobb, long a civic leader as well as an eminent physician, undertook a dramatic 10-day campaign in January 1917 to raise money needed to build Ashland General Hospital."<sup>17</sup> Use as both ward and administrative center began immediately, as did construction of a large, three-story addition. The 50-bed hospital addition was completed late in 1918 and opened to the public in January of 1919. Notably, this was the time of "one of the most devastating epidemics in human history," the influenza pandemic of 1918-19, when there were an estimated 20,000,000 cases in the United States, with approximately 850,000 deaths.<sup>18</sup>

Between 1917 and 1972, the Wilmarth building housed some of the best civic and humanitarian aspirations of the Ashland community. From its beginning, the Ashland General Hospital was founded and funded by local people concerned for their neighbors and anxious to assure the health needs of their fellow citizens were attended.<sup>19</sup> The Ashland community's ongoing commitment was reflected in a series of changes and improvements, including the name and ownership in 1957 to Trinity Lutheran, but the dedication to service continued.<sup>20</sup> Through it all, the building's orderly façade reflected a heartening assurance of community support for those in medical need. This was a period in medical history when the image of the hospital was transforming from a place to come to die into that of a lifesaving institution. For many, this building will forever be remembered as the location of some of life's monumental events: births, operations, life extending assistance and deaths. The former Ashland General Hospital is the only extant historic medical building in Ashland.

Usage is no longer medical but the building's facade has little changed since the 1972 cessation of use as a hospital. The interior was redeveloped into one, two and three-bedroom apartments in the 1999 conversion to multi-family housing. Recognizing that this is a building virtually defined by its

<sup>16</sup> Eric Wheeler, 12.

<sup>17</sup> "Trinity Hospital Dates Back to Jan., 1917," *Ashland Daily Press*, c. 1957. Original copy at the Ashland Historical Society lacks a publication date and page numbers.

<sup>18</sup> *The Pandemic of Influenza in 1918-1910*, <http://www.history.navy.mil/library/online/influenza%20pan.htm> (June 2011).

<sup>19</sup> "Trinity Hospital Dates Back to Jan., 1917," *Ashland Daily Press*, c. 1957. Original copy at the Ashland Historical Society lacks a publication date and page numbers.

<sup>20</sup> Ibid.

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exterior, the rehabilitation only slightly altered the façade. The façade and massing present an intact and highly visible reminder of the long history of medical service and personal histories that make the building irrevocably associated with Ashland. Because the location, design, setting, materials and workmanship are so little changed from that of the Ashland General Hospital, the property retains integrity in the area of architecture.

The hospital was also the location of the Ashland General Hospital Training School for Nurses. From the first class in 1920 to its discontinuance in 1938, 111 women were graduated, the "majority of whom were successfully passed by the State Board and became Registered Nurses."<sup>21</sup>

Ashland General Hospital Association operated both buildings until 1946, when finances made it advisable to transfer ownership to The Minnesota Conference of the Augustana Lutheran Church and the name was changed to Trinity Lutheran Hospital. The newly reorganized hospital proclaimed itself as "a general hospital caring for men, women and children regardless of race, creed, or color."<sup>22</sup> In 1957 a third addition was made on the north side of the 1918 portion, adding an elevator and additional patient rooms. When the operations of Trinity Hospital were consolidated into the newly constructed Memorial Medical Center in 1972, the buildings were transferred to MMC Rehabilitation, Inc. and use as a general hospital ceased.

Recent History

MMC Rehabilitation, Inc. used the buildings as a rehabilitation and detoxification treatment center from about 1974 through 1988, when it was purchased by local developer Edward J. Kay. For a time, he occupied the Mansion as his residence, utilized a portion of the complex for office rental space and sold the entirety to the Ashland Historical Society in 1993. The Mansion portion was then rehabilitated for use as the Society's office, archive and museum display space. In early 1997, the property was purchased by Impact Seven, Inc. a Wisconsin non-profit community development corporation. Impact Seven preserved the historic exterior of the 1918 and 1957 sections and completely rehabilitated the interiors of the hospital addition in 1999 for use as multi-family housing, which continues today. The Historical Society went on to occupy the Mansion portion, as lessee, for the next several years. After their departure, and lacking a suitable tenant or developed use, the house has remained vacant for most of the last decade. Significant maintenance was performed, but substantial interior damage was suffered. Recent extensive restoration and roof repair was undertaken on the house exterior.

Summary Paragraph

<sup>21</sup> Amy Sollie, *Ashland General Hospital 1917-1967*. Original monograph available at Ashland Historical Society lacks page numbers and publication date.

<sup>22</sup> "Trinity Hospital Dates Back to Jan., 1917."

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While the 1885 home has undergone some 90 years of non-residential use as hospital, administrative and museum space, the architectural significance has survived with integrity and the house remains an excellent example of high end American residential architecture. While the interior of the hospital wing has been altered, the exterior retains good integrity and is representative of the institutional Georgian Revival style of the early twentieth century.



Wilmarth, Lewis C. and Caroline, House  
Name of Property

Ashland Wisconsin  
County and State

## 9. Major Bibliographic References

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

### Previous Documentation on File (National Park Service):

- 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:

## 10. Geographical Data

Acreage of Property 1.9 ACRES

UTM References (Place additional UTM references on a continuation sheet.)

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2 \_\_\_\_\_  
Zone Easting Northing

3 \_\_\_\_\_  
Zone Easting Northing

4 \_\_\_\_\_  
Zone Easting Northing

☐ 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 JAMES M. LANDRETH  
organization IMPACT SEVEN, INC.  
street & number 147 LAKE ALMENA DRIVE  
city or town ALMENA

state WI

Date 6/13/2011  
Telephone (715)357-3334  
zip code 54805

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"Achievements in Public Health, 1900-1999: Control of Infectious Diseases", *MMWR* (July 30, 1999): 621-629.

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"Trinity Hospital Dates Back to Jan., 1917," *Ashland Daily Press*, c. 1957. Original copy at the Ashland Historical Society lacks a publication date and page numbers.

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**Verbal Boundary Description:**

A parcel of land located in the E ½ of the NE ¼ of the NE 1/4 , Section 5, T47N, R4W, known as Wilmarth Unplatted Division, City of Ashland, Ashland County, Wisconsin. The boundary corresponds with the legal parcel.

**Boundary Justification:**

The nominated property consists of the entire lot that has been historically associated with the property.



Wilmarth, Lewis C. and Caroline, House

Ashland

Wisconsin

Name of Property

County and State

### 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/title

organization

street & number

city or town

state

date

telephone

zip code

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

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

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**Common to all photographs:**

**Name of Photographer: James M. Landreth**

**Date of Photograph: July 27, 2011**

**Location of Disc with Original Image Files: Impact Seven, Almena, WI**

- 1 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0001  
Southwest Façade, Camera facing northeast.
- 2 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0002  
Northwest Façade, Camera facing east.
- 3 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0003  
Mansion Northwest Portico Façade, Camera facing southeast.
- 4 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0004  
Northeast Façade, Camera facing south.
- 5 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0005  
Southeast Façade, Camera facing west.
- 6 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0006  
Mansion Entry Screen, Camera facing southwest.
- 7 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0007  
Mansion Entry Fireplace, Camera facing northeast.
- 8 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0008  
Mansion Staircase, Camera facing southeast.
- 9 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0009  
Mansion Stair Landing Window, Camera facing east.
- 10 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0010  
Mansion Window Room 103, Camera facing southwest.
- 11 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0011  
Mansion Door Room 103, Camera facing southeast.

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- 12 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0012  
Mansion Ceiling Room 103, Camera facing north.
- 13 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0013  
Mansion Ceiling Room 104, Camera facing south.
- 14 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0014  
Mansion Door Room 106, Camera facing northwest.
- 15 of 15. WI\_Ashland County\_Wilmarth Mansion & General Hospital\_0015  
Hospital Interior, Camera facing southeast.

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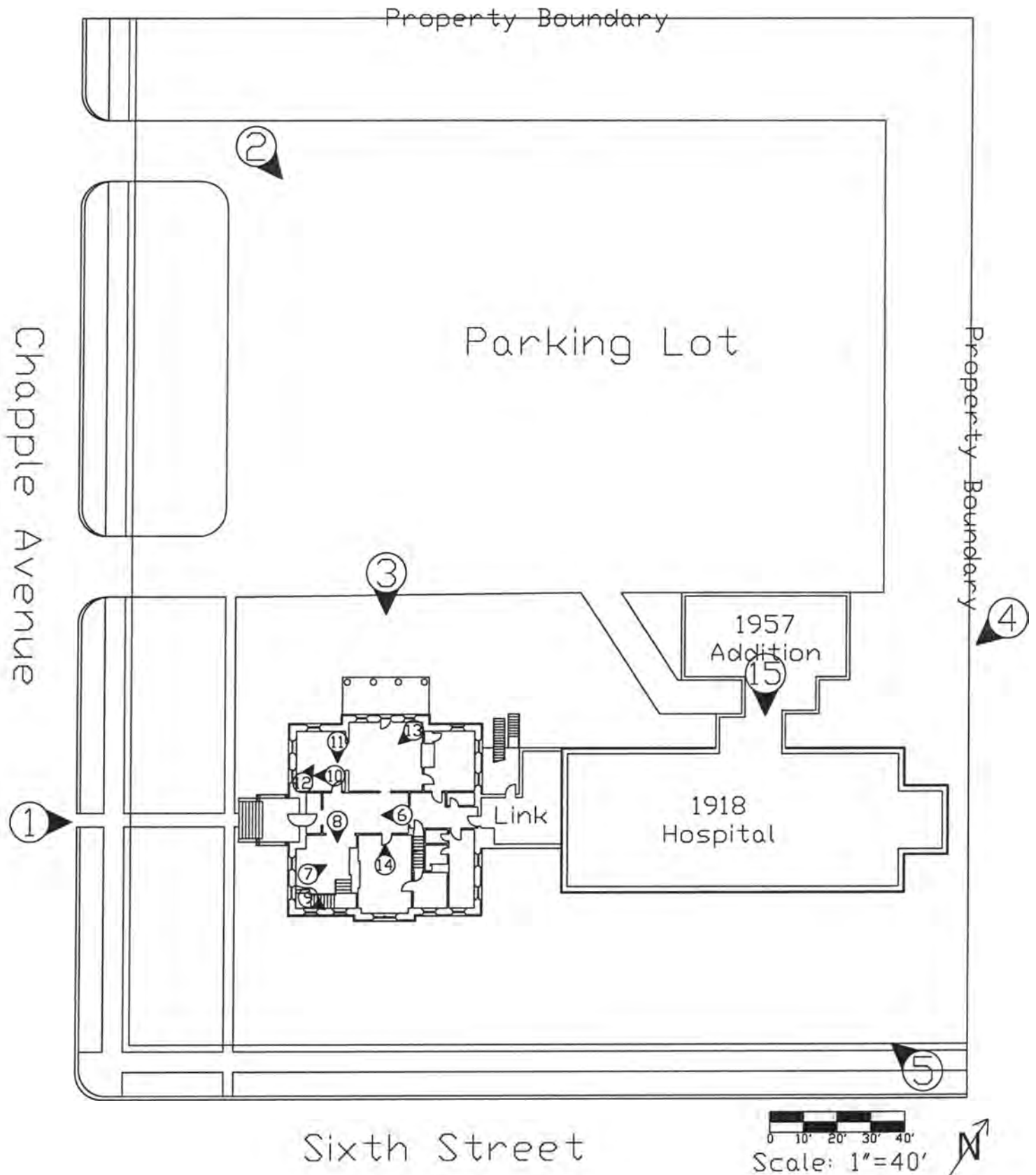
Wilmarth, Lewis C., House  
Ashland, Ashland County, Wisconsin

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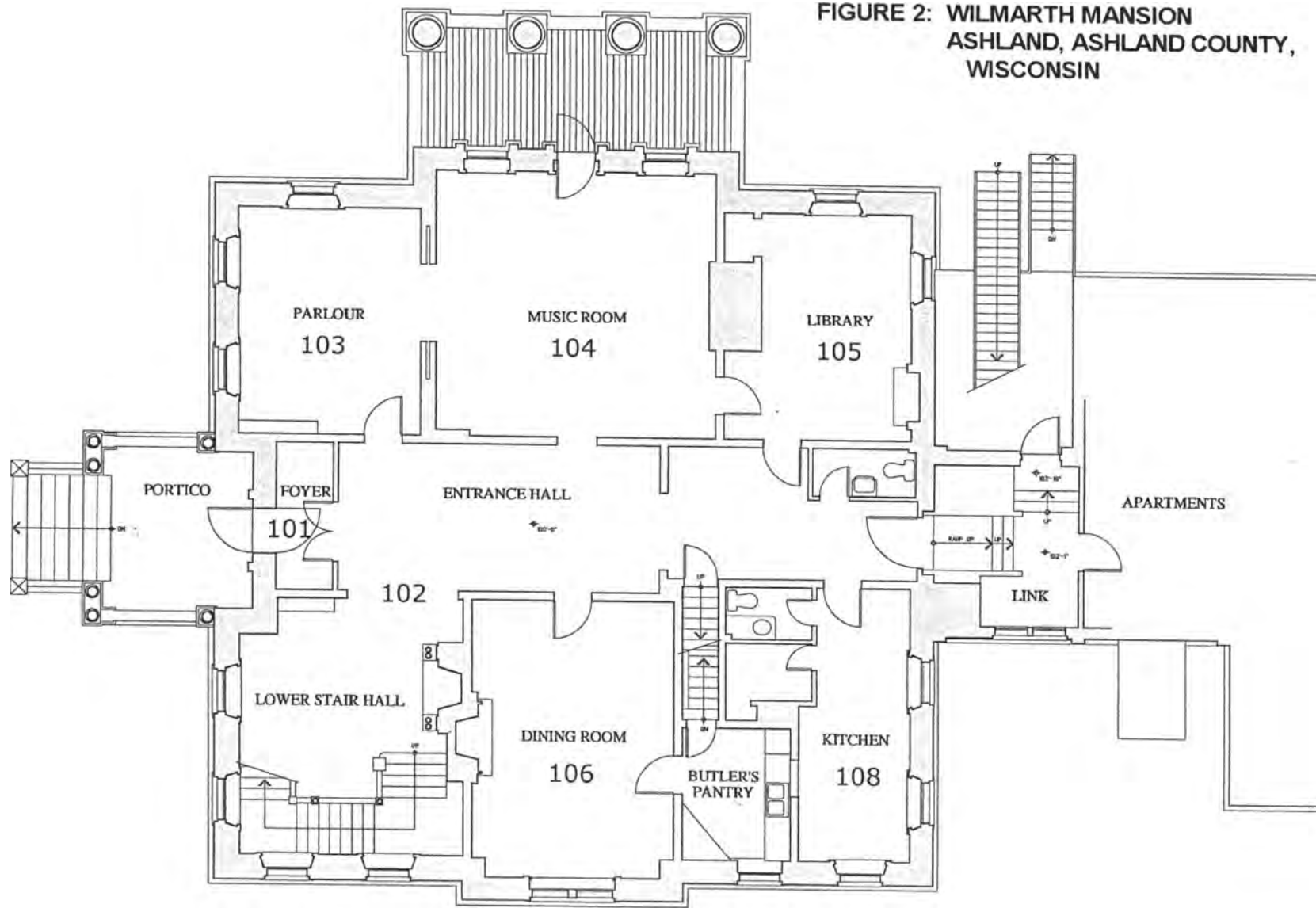
- 1 of 3. WI\_Ashland County\_Wilmarth Mansion & Ashland General Hospital  
Site Plan -- Photograph Locations.
- 2 of 3. WI\_Ashland County\_Wilmarth Mansion  
First Floor Plan.
- 3 of 3. WI\_Ashland County\_Wilmarth Mansion  
Second Floor Plan.



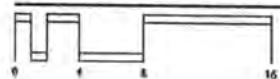
**FIGURE 1: WILMARTH MANSION &  
ASHLAND GENERAL HOSPITAL  
ASHLAND, ASHLAND COUNTY,  
WISCONSIN**  
SITE PLAN-PHOTOGRAPH LOCATIONS



**FIGURE 2: WILMARTH MANSION  
ASHLAND, ASHLAND COUNTY,  
WISCONSIN**

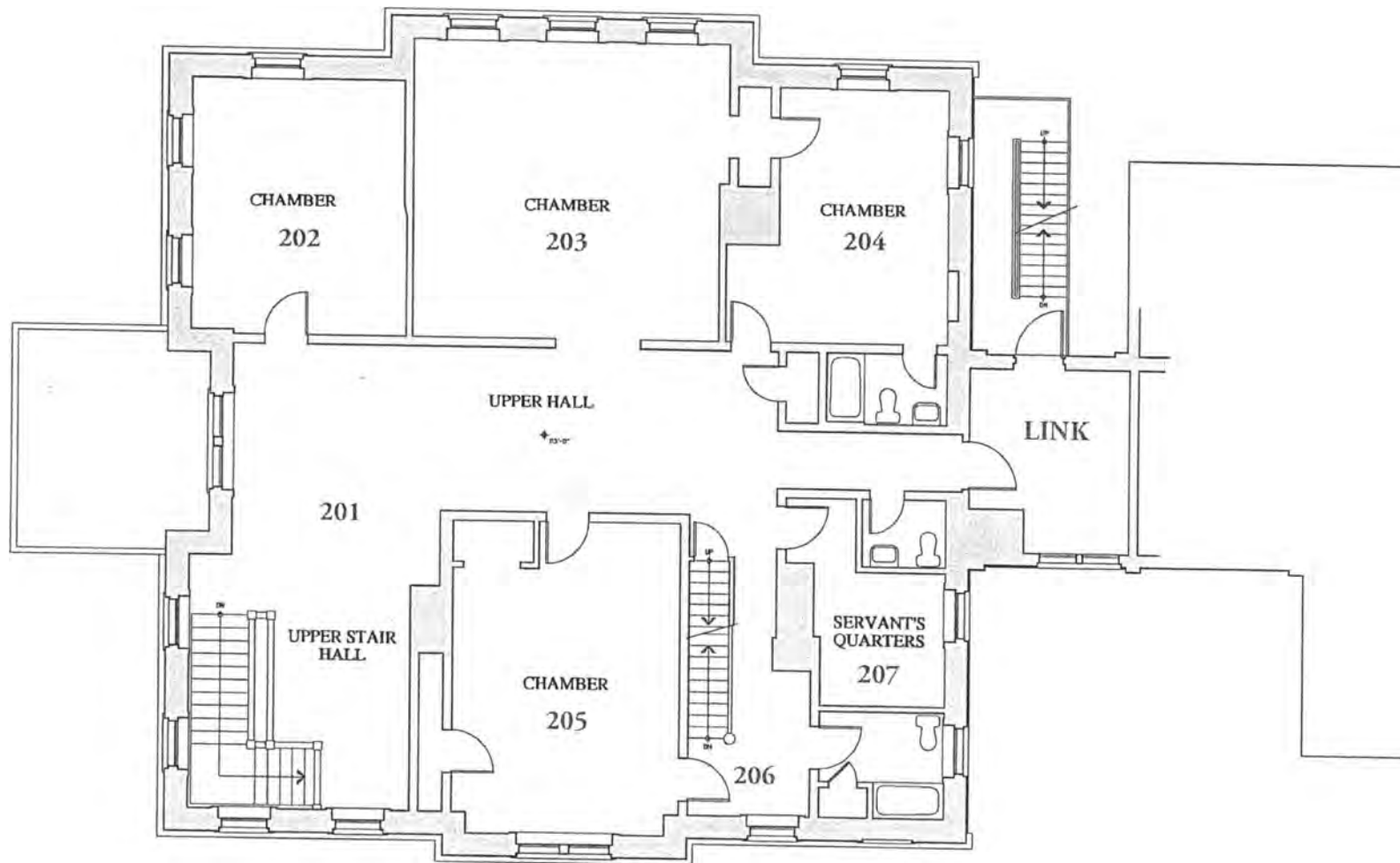


**FIRST FLOOR PLAN**

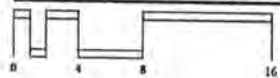


Source: Wilmarth Mansion Historic Structure Report, River Achitects, 2002

FIGURE 3: WILMARTH MANSION  
ASHLAND, ASHLAND COUNTY,  
WISCONSIN



EXISTING  
SECOND FLOOR PLAN



Source: Wilmarth Mansion Historic Structure Report, River Achitects, 2002

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Wilmarth, Lewis C. and Caroline, House

MULTIPLE  
NAME:

STATE & COUNTY: WISCONSIN, Ashland

DATE RECEIVED: 12/14/12 DATE OF PENDING LIST: 1/14/13  
DATE OF 16TH DAY: 1/29/13 DATE OF 45TH DAY: 1/30/13  
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 12001252

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N  
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N  
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

☒ ACCEPT ☐ RETURN ☐ REJECT 1.29.13 DATE

ABSTRACT/SUMMARY COMMENTS:

Entered in  
The National Register  
of  
Historic Places

RECOM./CRITERIA \_\_\_\_\_

REVIEWER \_\_\_\_\_ DISCIPLINE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.





987 west.jpg 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION, ASHLAND GENERAL  
HOSPITAL - 0001



987 north. jps 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION / GENERAL HOSPITAL - 0002





987 Portico.jpg 30.08.11

WI - ASHLAND COUNTY, WILMARTH MANSION ~~GENERAL~~ HOSPITAL - 0003



987 east. 3rd 70.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION / GENERAL HOSPITAL - 0004





987 south. jps 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION & GENERAL HOSPITAL - 0005



987 entrescreen.jp9 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION / GENERAL HOSPITAL - 0006



987 fireplace.jpg 30.08.11

WI - ASHLAND COUNTY - WILLMARTH MANSION / GENERAL HOSPITAL - 0007





987 stair.jpg 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION & GENERAL HOSPITAL - 0008



987 headcasins.jp 20.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION / GENERAL HOSPITAL - 0009



98 window.jpg 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION / GENERAL HOSPITAL - 0010





98 door.jpg 30.09.11

WI-ASHLAND COUNTY-WILMARTH MANSION/GENERAL HOSPITAL-0011



987 smallcell11ns.jpg 30.08.11

WI - ASHLAND COUNTY - WILHARTH MANSION GENERAL HOSPITAL - 0012



987 bisce11ms.jp9 30.08.11

WI- ASHLAND COUNTY- WILMARTH MANSION &amp; GENERAL HOSPITAL - 0013





11:08:11 30.08.11 dining.jpg

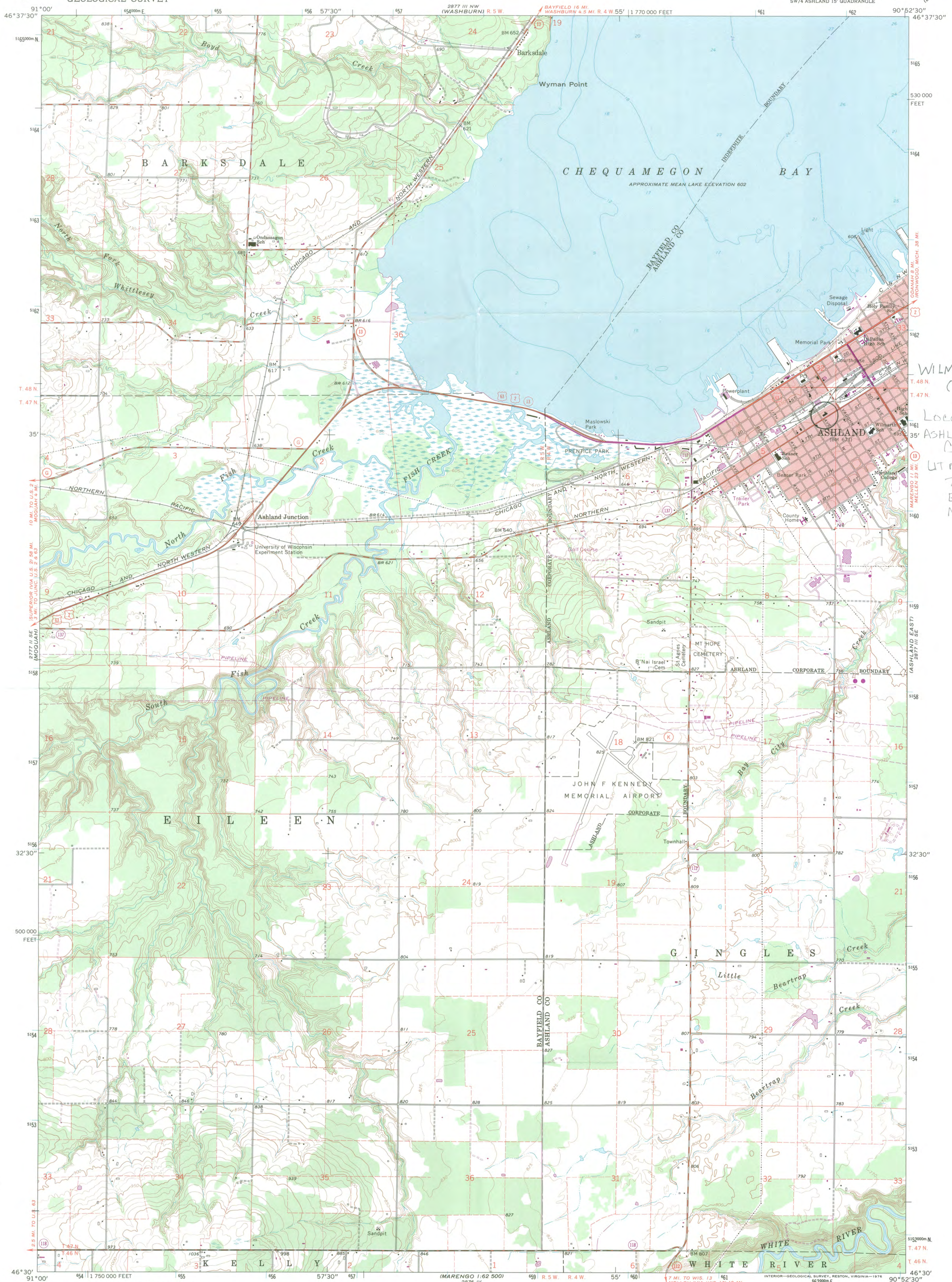
WLI-ASHLAND COUNTY-WILMARTH MANSION/GENERAL HOSPITAL-0014



987 holmesha11.jpg 30.08.11

WI - ASHLAND COUNTY - WILMARTH MANSION & GENERAL HOSPITAL - 0015





WILMARTH, LEWIS C. AND  
CAROLINE, HOUSE

Location:  
ASHLAND, ASHLAND  
COUNTY, WI  
UTM References:  
Zone: 15  
Easting: 661884  
Northing: 5161036

Mapped, edited, and published by the Geological Survey  
in cooperation with State of Wisconsin agencies  
Control by USGS and USC&GS  
Topography by photogrammetric methods from aerial  
photographs taken 1963. Field checked 1964  
Selected hydrographic data compiled from U.S. Lake Survey  
Chart 964 (1962)  
This information is not intended for navigational purposes  
Polyconic projection. 1927 North American datum  
10,000-foot grid based on Wisconsin coordinate system,  
north zone. 1000-metre Universal Transverse Mercator  
grid ticks, zone 15, shown in blue  
Red tint indicates area in which only landmark buildings are shown  
Fine red dashed lines indicate selected fence and field lines where  
generally visible on aerial photographs. This information is unchecked

UTM GRID AND 1975 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET  
1°30' 27 MILS  
2° 36 MILS

SCALE 1:24 000  
CONTOUR INTERVAL 10 FEET  
DOTTED LINES REPRESENT 5-FOOT CONTOURS  
NATIONAL GEODETIC VERTICAL DATUM OF 1929  
DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS LOW WATER 601.6 FEET



ROAD CLASSIFICATION  
Heavy-duty ——— Light-duty ———  
Medium-duty ——— Unimproved dirt ———  
U. S. Route ——— State Route ———

ASHLAND WEST, WIS.  
SW/4 ASHLAND 15' QUADRANGLE  
N4630—W9052.5/7.5

1964  
PHOTOREVISED 1975  
AMS 2877 III SW—SERIES V861

Revisions shown in purple compiled from aerial photographs  
taken 1975. This information not field checked







**TO:** Keeper  
National Register of Historic Places

**FROM:** Daina Penkiunas

**SUBJECT:** National Register Nomination

The following materials are submitted on this 30th day of November 2012,  
for nomination of the Wilmarth, Lewis C. and Caroline, House to the National  
Register of Historic Places:

1 Original National Register of Historic Places nomination form

         Multiple Property Documentation Form

15 Photograph(s)

1 CD with electronic images

1 Original USGS map(s)

3 Sketch map(s) on white paper.

         Piece(s) of correspondence

**COMMENTS:**

         Please insure that this nomination is reviewed

         This property has been certified under 36 CFR 67

         The enclosed owner objection(s) do          do not           
constitute a majority of property owners.