

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM**

FOR FEDERAL PROPERTIES

FOIA b7C-2
REC-10
DATE EN L...

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*  
TYPE ALL ENTRIES -- COMPLETE APPLICABLE SECTIONS

**1 NAME**

HISTORIC

AND/OR COMMON

VETERANS ADMINISTRATION MEDICAL CENTER

**2 LOCATION**

STREET & NUMBER

V.A. Medical Center

CITY, TOWN

Salem

NOT FOR PUBLICATION

CONGRESSIONAL DISTRICT

6

STATE

Virginia

VICINITY OF

CODE  
51

COUNTY

Roanoke

CODE

775

**3 CLASSIFICATION**

CATEGORY	OWNERSHIP	STATUS	PRESENT USE	
<input checked="" type="checkbox"/> DISTRICT	<input checked="" type="checkbox"/> PUBLIC	<input checked="" type="checkbox"/> OCCUPIED	<input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> MUSEUM
<input type="checkbox"/> BUILDING(S)	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> UNOCCUPIED	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PARK
<input type="checkbox"/> STRUCTURE	<input type="checkbox"/> BOTH	<input type="checkbox"/> WORK IN PROGRESS	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> PRIVATE RESIDENCE
<input type="checkbox"/> SITE	<b>PUBLIC ACQUISITION</b>	<b>ACCESSIBLE</b>	<input type="checkbox"/> ENTERTAINMENT	<input type="checkbox"/> RELIGIOUS
<input type="checkbox"/> OBJECT	<input type="checkbox"/> IN PROCESS	<input checked="" type="checkbox"/> YES RESTRICTED	<input checked="" type="checkbox"/> GOVERNMENT	<input type="checkbox"/> SCIENTIFIC
	<input type="checkbox"/> BEING CONSIDERED	<input type="checkbox"/> YES UNRESTRICTED	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> TRANSPORTATION
		<input type="checkbox"/> NO	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER

**4 AGENCY**

REGIONAL HEADQUARTERS: *(If applicable)*

Veterans Administration

STREET & NUMBER

810 Vermont Avenue, N.W.

CITY, TOWN

Washington

VICINITY OF

STATE

D.C.

**5 LOCATION OF LEGAL DESCRIPTION**

COURTHOUSE,

REGISTRY OF DEEDS, ETC.

Land Management Service, VA Office of Construction

STREET & NUMBER

810 Vermont Avenue, N.W.

CITY, TOWN

Washington

STATE

D.C.

**6 REPRESENTATION IN EXISTING SURVEYS**

TITLE

VA Historic Sites Survey

DATE

Continuing

FEDERAL  STATE  COUNTY  LOCAL

DEPOSITORY FOR

SURVEY RECORDS VA Historic Preservation Office

CITY, TOWN

Washington

STATE

D.C.

## 7 DESCRIPTION

CONDITION		CHECK ONE	CHECK ONE
<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> DETERIORATED	<input type="checkbox"/> UNALTERED	<input checked="" type="checkbox"/> ORIGINAL SITE
<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> RUINS	<input checked="" type="checkbox"/> ALTERED	<input type="checkbox"/> MOVED    DATE _____
<input type="checkbox"/> FAIR	<input type="checkbox"/> UNEXPOSED		

---

DESCRIBE THE PRESENT AND ORIGINAL (IF KNOWN) PHYSICAL APPEARANCE

The historic district is a campus setting comprising of a main hospital with auxiliary support buildings and personnel quarters. The buildings are arranged into three groups. One large oval shaped group on the center contains the medical, dining, and the administrative buildings. The two side groups contain personnel quarters and utility buildings. The land is mostly flat with gently sloping hills on the edges, with medium sized trees scattered throughout the site. On the front of the district is a golf course and a grand stand on its side.

Total of 53 structures were built between 1933 and 1974. The main medical facility, dining hall, recreation building, director's and duplex staff quarters, and assorted engineering, storage, laundry and maintenance shops were built by the Veterans Administration, from designs adapted from a prototype set of buildings. The set of buildings, part of the VA's "Architectural Set," resembles many other VA Medical Centers in construction, functional layout, plan, elevations, and general approach to medical care design. Only the architectural styles differed according to the surrounding communities.

The Georgian Colonial buildings are two and three stories high and finished in common bond brick coursing. They are topped with slate hipped and gabled roofs. Several pedimented central pavilions are backed with a double linked chimney with wood railing. The Georgian Colonial details feature stone belt coursing, classical eave and cornice treatment, hipped dormers, and rusticated stone base walls. All of the buildings have windows that are primarily multi-light double hung sash with radiating voussoirs and stone keystones and sills.

## 8 SIGNIFICANCE

PERIOD	AREAS OF SIGNIFICANCE -- CHECK AND JUSTIFY BELOW			
<input type="checkbox"/> PREHISTORIC	<input type="checkbox"/> ARCHEOLOGY-PREHISTORIC	<input type="checkbox"/> COMMUNITY PLANNING	<input type="checkbox"/> LANDSCAPE ARCHITECTURE	<input type="checkbox"/> RELIGION
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> ARCHEOLOGY-HISTORIC	<input type="checkbox"/> CONSERVATION	<input type="checkbox"/> LAW	<input type="checkbox"/> SCIENCE
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> ECONOMICS	<input type="checkbox"/> LITERATURE	<input type="checkbox"/> SCULPTURE
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> ARCHITECTURE	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> MILITARY	<input checked="" type="checkbox"/> SOCIAL/HUMANITARIAN
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> ART	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> MUSIC	<input type="checkbox"/> THEATER
<input type="checkbox"/> 1800-1899	<input type="checkbox"/> COMMERCE	<input type="checkbox"/> EXPLORATION/SETTLEMENT	<input type="checkbox"/> PHILOSOPHY	<input type="checkbox"/> TRANSPORTATION
<input checked="" type="checkbox"/> 1900-	<input type="checkbox"/> COMMUNICATIONS	<input type="checkbox"/> INDUSTRY	<input checked="" type="checkbox"/> POLITICS/GOVERNMENT	<input type="checkbox"/> OTHER (SPECIFY)
		<input type="checkbox"/> INVENTION		

SPECIFIC DATES

BUILDER/ARCHITECT

### STATEMENT OF SIGNIFICANCE

This medical center is part of a set of hospitals in VA ownership which form a thematic group illustrative of a major concept in the delivery of health care, specifically to veterans. Hospitals in the set may be found in almost every state and include a wide variety of architectural styles or facades used with the same structural design for buildings intended to serve the same or similar functions.

The Veterans Bureau was established by Executive Order in 1921. The first Director of the Bureau, appointed by President Harding was Charles R. Forbes, formerly Director of the War Risk Insurance Bureau. At the time the Veterans Bureau was established World War I veterans were receiving medical care and examinations for pensions or compensation and other health related benefits in a conglomeration of Public Health Service, military, contract, leased and Veterans Bureau (former military and Public Health Service) hospitals.

During his initial inspection tour of facilities Forbes was appalled at the "deplorable, absolutely deplorable" conditions in "many cantonments" which he characterized as "all fire hazards," and "wooden shacks."

A second immediate problem faced by Forbes, in his view, was the insistence of Dr. Charles E. Sawyer, President Harding's personal physician that all classes of Veterans Bureau patients, general medical and surgical, neuro-psychiatric, and tuberculosis, be housed together.

With the appropriation of acquisition and construction funds the Bureau, under Forbes' leadership, initiated the beginnings of a massive new construction program to replace the firetraps Forbes deplored. The construction provided for what would become prototype buildings for the categories of patients for whom Forbes felt segregation was appropriate.

The use of "standard" designs by the Veterans Bureau-Veterans Administration was not a new concept in government. But, the manner in which "standard" designs were used for the architectural set of hospitals was a new direction in the use of "standard" designs.

# 9 MAJOR BIBLIOGRAPHICAL REFERENCES

## 10 GEOGRAPHICAL DATA

ACREAGE OF NOMINATED PROPERTY 266.4

UTM REFERENCES

A 

ZONE	EASTING				NORTHING						

B 

ZONE	EASTING				NORTHING						

C 

ZONE	EASTING				NORTHING						

D 

ZONE	EASTING				NORTHING						

VERBAL BOUNDARY DESCRIPTION

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE	CODE	COUNTY	CODE

## 11 FORM PREPARED BY

NAME / TITLE      Gjore J. Mollenhoff      VA Historic Preservation Officer  
                          Karen R. Tupek                      Architect

ORGANIZATION      Sandra Webb      Program Analyst      DATE  
                          Veterans Administration                      April 4, 1980

STREET & NUMBER      810 Vermont Avenue, N.W.      TELEPHONE      389-3447

CITY OR TOWN      Washington      STATE      D.C.

## 12 CERTIFICATION OF NOMINATION

STATE HISTORIC PRESERVATION OFFICER RECOMMENDATION

YES \_\_\_ NO \_\_\_ NONE \_\_\_

STATE HISTORIC PRESERVATION OFFICER SIGNATURE

In compliance with Executive Order 11593, I hereby nominate this property to the National Register, certifying that the State Historic Preservation Officer has been allowed 90 days in which to present the nomination to the State Review Board and to evaluate its significance. The evaluated level of significance is \_\_\_ National \_\_\_ State \_\_\_ Local.

FEDERAL REPRESENTATIVE SIGNATURE

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

FOR NPS USE ONLY

I HEREBY CERTIFY THAT THIS PROPERTY IS INCLUDED IN THE NATIONAL REGISTER

DATE \_\_\_\_\_

DIRECTOR, OFFICE OF ARCHEOLOGY AND HISTORIC PRESERVATION

ATTEST:

DATE \_\_\_\_\_

KEEPER OF THE NATIONAL REGISTER

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM

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RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

The military has used standard designs for barracks, quarters and other facilities at least since the last quarter of the 19th Century when scattered garrisons and frontier outposts were replaced by concentrations of troops into large, permanent posts, usually at railheads. There are variations in the use of standard designs. These appear to be based upon the availability of specified building materials and local preference rather than any high level policy decision on design variations.

In the architectural set of VA hospitals the stylistic variations were approved at the highest levels of the agency and therefore reflect a conscious design policy. The distribution of the various styles across the county reflects some organized concept of local history, local architectural preferences and an effort to "fit in" and appear as a part of the host community.

"Since the beginning of the century a great advance has been made in the diagnosis and treatment of patients suffering with one or more of the many classifications of mental diseases. As a result of World War I the opportunity presented itself for a great amount of research and development. Throughout this period an attempt has been made by the Veterans Administration to have the physical arrangement of its hospitals afford the doctor every opportunity to further this work.

"Because of the size of VA neuropsychiatric hospitals, it has been possible in most cases to design one or more buildings for the exclusive care of each type of patient thus permitting assignemnt of duties, recreation, etc., possible of accomplishment by each type of patient together with such specialized treatment as is required. As the treatment buildings are described, therefore, it will be understood that in a smaller hospital consolidation of two or more of these activities might with careful study be possible under one roof."

In lay terms neuro-psychiatric hospitals, based upon the bed levels established, required a certain number of "hospital" beds in relation to controlled access buildings, intermediate stage buildings and low security buildings. Medical and surgical patients required a mix of acute (serious condition) versus convalescent buildings, while the treatment of TB required more long term buildings and no security. These were supplemented by the appropriate administrative buildings, dining halls and other support facilities such as recreation halls, chapels, engineering shops, boiler plants and staff housing. The actual structure for each type of building, down to the floor plans for stairways and elevators was standardized. However the facade or exterior

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM

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RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

architectural treatment of each hospital ranged from minor variations based upon the Georgian Colonial theme to such wide variations as English Tudor, Spanish Renaissance or French Colonial.

While these prototypes were not used exclusively by the Veterans Bureau and its successor agency, the Veterans Administration, they were the dominant design concept used through the end of World War II.

While the original, standard interior plans of the Architectural Set of VA hospitals is the initial basis of its significance, only the exterior interpretation of that plan is presently significant.

Since these medical centers were originally constructed (between the early 1920's and the immediate Post World War II period) the interiors have been renovated and remodeled repeatedly.

The hospital buildings originally had multiple-bed wards, large day rooms and porches. Health care concepts, life-safety codes for institutional occupancy and the standards of the Joint Committee on the Accreditation of Hospitals (JCAH) have undergone a constant evolution. As a result the interiors of these buildings have been altered frequently to meet each of these changing requirements. Rather than large wards, patient rooms are now most often a mix of 4 or 6 bed wards, 2 bed rooms and single bed rooms.

The changes in space criteria per bed in each of these configurations have meant porches were enclosed to provide additional space and prevent a loss of beds. As buildings have been air conditioned, it has been possible to enclose additional porches to provide additional space needs without the costs of new construction.

As a result of these repeated changes to the interiors of the buildings the original fiber and significance of the interiors no longer exists.

It is not surprising that the use of standard designs for hospitals would continue for a quarter of a century. At the time the nation began to meet the need for veterans hospital facilities after World War I the construction of all federal buildings was under the jurisdiction of the Supervising Architect in the Department of the Treasury. The First Langley Bill had authorized construction of veterans hospitals by Treasury. Planning assistance came from the Armed Services and former members of the services. Construction for a number of hospitals was underway when the Veterans Bureau was created

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

in 1921. Existing U.S. Public Health Service Veterans Hospitals were transferred to the new Bureau by one Executive Order, while a second directed the transfer of the First Langley Bill hospitals when completed.

The Second Langley Bill, passed after the creation of the Veterans Bureau gave the Bureau the direct authority to construct veterans hospitals. At this time key personnel associated with the planning of the First Langley Bill hospitals transferred to the new Bureau, forming the core of the Bureau's construction service.

The Veterans Bureau under Charles R. Forbes was plagued by the same reports of scandal, corruption and cronyism as the Harding Administration. Charges ranged from outright bribery and collusion in the selection of hospital sites to kickbacks for contracts, bootlegging of federally held liquor stocks and improper disposal of reputedly surplus medical supplies to veiled suggestions of personal improprieties on official travel.

Charles Forbes' resignation from the Veterans Bureau on February 15, 1923, was followed almost immediately by a Congressional resolution for an investigation into the operations of the Bureau and the suicide March 16th of his handpicked General Counsel, Charles F. Cramer. Following the Congressional investigation, Forbes was convicted for his role in the scandals that occurred under his administration, ending the blackest era of the VA history.

Forbes was replaced as Director of the Veterans Bureau by General Frank T. Hines, a World War I veteran of impeccable reputation. Hines remained as Director of the Veterans Bureau until the creation of the Veterans Administration in 1930 when he became the first Administrator of Veterans Affairs. He served in that capacity through the end of World War II when a new, and much larger body of veterans pressed for the replacement of the World War I cadre of leadership within the agency by representatives of "their" war. Hines was then replaced by "The G.I. General" Omar Bradley.

The career architects and engineers of the Bureau's construction service were never involved in any way in the Forbes scandals. Many of them remained with the Bureau and the new VA through the end of General Hines tenure, continuing to construct veterans hospitals according to the plans and care concepts they had originally developed in the early 1920's.

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM**

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

But the era of Charles Forbes left two legacies still a major part of the VA health care delivery program: an abiding concern for the safety of VA patients from fire and other life threatening dangers and separate facilities designed for the specific needs of general medical and surgical or neuro-psychiatric patients. Thanks to VA research the need for separate TB facilities was obviated through drug therapy during the 1950's.

The original appearance for each hospital location was a campus arrangement of buildings. The design for each campus was based upon the size and topography of the individual parcel of property and the number of the various structures required to meet the bed numbers and distribution for the individual hospital complex.

The selection of sites for veterans hospitals during this period was based upon a number of factors. The most important included:

Demographics - The nationwide distribution of eligible veterans in need of care and the type of care needed compared to the availability of existing beds.

Type of Facility - General siting policy at this time called for the location of neuro-psychiatric and TB hospitals (long term care facilities) on large tracts of land away from major urban centers. General medical and surgical hospitals (acute care facilities) were to be located in or near major urban centers on less extensive parcels of land.

Availability of Federal Lands - The transfer of existing federal lands between agencies and the transfer of facilities with structures suitable for or adaptable to medical care use avoided acquisition and some construction costs. The transfer of military posts, slated for abandonment in the post World War I period, retained a federal presence in the areas and avoided the otherwise severe economic impacts on the local communities.

Local Initiatives - Local communities, state governments and citizens' organizations supported requests for the location of a veterans hospital in a specific location with offers to donate land, funds, existing facilities or facilities under construction.

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

**NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM**

CONTINUATION SHEET

ITEM NUMBER

PAGE

Continued Treatment Building

Housing for able-bodied patients with chronic conditions or a degree of recovery for which restriction and observation are still required. Patients in this category took meals in the main dining hall building and participated in the occupational therapy program.

Parole Building

Patients housed in this type of facility were sufficiently recovered physically and mentally to care for themselves with nominal supervision. Parole patients not only took meals in the Dining Hall Building but had access to the Recreation Building.

Dining Hall Building

The dining hall contained not only dining rooms but kitchens, facilities for refrigeration, food preparation and storage for subsistence supplies.

Recreation Building

The recreation usually contained a lounge for cards, billiards and other games, an auditorium and library.

Residential & Quarters Buildings

The residential and quarters buildings included a single family dwelling for the Director (then called the Manager), two duplex units for key staff and their families and the appropriate number of non-housekeeping or dormitory living units for nurses and attendants.

Utility Group

Composed of the boiler house, laundry, storehouse, garage, shops, firehouse (if applicable) and farm buildings.

Connecting Corridors

The use of connecting corridors between buildings served two functions; patient control and the movement of patients and staff throughout the complex in adverse weather.

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

Political Sensitivity - As with other federal agencies, the Bureau did, on occasion, select a specific site within the home states or home communities of prominent political leaders.

Other factors which determined the selection of specific land parcels included the suitability of the land for construction, a healthful environment and/or climate, the availability of water and utilities and proximity to regularly scheduled public transportation.

NP BUILDING TYPES

Main Hospital Building

A main administrative and clinical building usually four or five stories including about 200 hospital beds each. Additional capacity is provided in two story ward buildings of 100 to 200 beds each.

The main building provides the medical and surgical center for the hospital. It includes medical administrative space, operating suite, receiving ward and clinics. Basically the Main Building is a combination of the np features necessary for the treatment, protection and safety of patients and all of the facilities for a general medical hospital.

Acute Building

Designed for the care and treatment of patients disturbed to such an extent that they require intensive treatment or that they may be dangerous to themselves or others. The purpose was two fold; to provide specialized treatment and to keep these patients segregated from the less seriously ill.

Infirmery Building

Designated for patients suffering from physical deterioration as well as np disabilities and capable of doing little or nothing toward their own care. Composed of mostly bedridden patients requiring close supervision and constant care, these facilities included dining rooms and kitchens within the building.

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

**NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM**

CONTINUATION SHEET

ITEM NUMBER

PAGE

---

GENERAL MEDICAL & SURGICAL BUILDING TYPES

For individual hospital complexes see individual Building Plot and  
Locator Plan (VA document).

For building descriptions see individual data sheets.

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

SALEM, VIRGINIA

<u>BLDG.</u>	<u>DATE</u>		<u>USE</u>
1	1934		Administration Building
2	1933		Medical Building
4	1933		Dining Hall & Attendants Quarters
5	1934		Recreation Building
6	1934		Medical-Surgical Ward
7	1933		N.R. & Medical Treatment
8	1938		N.R. & Medical Treatment
9	1941		N.R. & Medical Treatment
10	1940		N.R. & Medical Treatment
11	1938		N.R. & Medical Treatment
12	1936		N.R. & Medical Treatment
13	1933	Intrusion	Boiler House Incinerator & Coal Bunk
14	1933		Laundry
15	1933		Supply Offices & Warehouse
16	1933		Eng. Office, Garage & Fire Station
17	1933		Nurses Quarters
18	1933		Manager's Quarters
19	1933		Duplex Quarters
23	1933		Sewage Pump House
24	1933	Intrusion	Steel Water Tank & Tower
25	1885		Duplex Quarters
26	1937		6 Car Garage
27	1937		5 Car Garage
28	1937		5 Car Garage
29	1885	Intrusion	Swimming Pool
31	1936	Intrusion	Paint Spray Shop
34	1936	Intrusion	Storage
35	1936	Intrusion	Implement Shed
46	1937	Intrusion	Storage
49	1933		Flag Pole
72	1942	Intrusion	Storage & Emergency Generator
74	1944		Ward
75	1944		Nursing Home Care
76	1944		Medical Treatment
77	1944		Medical Treatment
80	1943	Intrusion	Greenhouse
T-85	1945	Intrusion	P.M.&R. Repair Shop

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM**

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

CONTINUATION SHEET

ITEM NUMBER

PAGE

T-92	1946	Intrusion	Double Q-Hut - Bowling Alley
96	1946	Intrusion	Water Softening Plant (Plumbing)
97	1946	Intrusion	Warehouse
102	1945	Intrusion	Storage Storage
116	1946	Intrusion	Storage
117	1946	Intrusion	Storage
120	1948	Intrusion	Chapel
121	1950	Intrusion	Greenhouse
125	1957	Intrusion	Water Tank
126	1958	Intrusion	Toilet - Picnic Area
130	1959	Intrusion	Grandstand
131	1933	Intrusion	Substation
132	1960	Intrusion	Picnic Shelter
133	1962	Intrusion	Golf Club House
134	1963	Intrusion	Transformer Vault
135	1974	Intrusion	Oxygen Storage Pad

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM

CONTINUATION SHEET

ITEM NUMBER

PAGE

## VA ARCHITECTURAL SET OF HOSPITALS

VA Medical Center	State	Style	Date
Alexandria	Louisiana	French Colonial	1929
Allen Park	Michigan	Georgian Colonial	1938
Amarillo	Texas	Spanish Colonial	1939
American Lake	Washington	Spanish	1923
Batavia	New York	Georgian Colonial	1932
Bath	New York	Georgian Colonial	1939
Battle Creek	Michigan	Georgian Colonial	1924
Bay Pines	Florida	Spanish Renaissance	1924
Bedford	Massachusetts	Georgian Colonial	1928
Biloxi	Mississippi	Southern Colonial	1932
*(Biloxi Division)			
Biloxi	Mississippi	Spanish Baroque	1923
(Gulfport Division)			
Cleveland	Ohio	Georgian Colonial	
(Brecksville Division)			
Canandaigua	New York	English Tudor	1932
Chillicothe	Ohio	Georgian Colonial	1923
Coatesville	Pennsylvania	Georgian Colonial	1930
Columbia	South Carolina	Georgian Colonial	1932
Des Moines	Iowa	Georgian Colonial	1933
Fayetteville	Arkansas	Georgian Colonial	1933
Fayetteville	North Carolina	Georgian Colonial	1939
Fort Lyon	Colorado	Georgian Colonial	1932
*Fort Howard	Maryland	Georgian Colonial	1943
Hampton	Virginia	Georgian Colonial	1937
Huntington	West Virginia	Georgian Colonial	1932
Indianapolis	Indiana	Georgian Colonial	1931
(Cold Springs Road Division)			
Lebanon	Pennsylvania	Georgian Colonial	1947
Lexington	Kentucky	Georgian Colonial	1930
(Leestown Division)			
*Lincoln	Nebraska	Georgian Colonial	1929
Lyons	New Jersey	Georgian Colonial	1929
Marion	Illinois	Egyptian Revival	1940
Montgomery	Alabama	Georgian Colonial	1939
Montrose	New York	Georgian Colonial	1949
Murfreesboro	Tennessee	Georgian Colonial	1939
Newington	Connecticut	Georgian Colonial	1930
North Little Rock	Arkansas		
Northampton	Massachusetts	Georgian Colonial	1923

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

FOR NPS USE ONLY

RECEIVED

DATE ENTERED

**NATIONAL REGISTER OF HISTORIC PLACES  
INVENTORY -- NOMINATION FORM**

CONTINUATION SHEET	ITEM NUMBER	PAGE
Northport	New York	1927
Pittsburgh (Aspinwall Division)	Pennsylvania	Georgian Colonial 1925
Roseburg	Oregon	Georgian Colonial 1933
Salem	Virginia	Georgian Colonial 1933
San Francisco	California	Modern 1934
St. Cloud	Minnesota	Georgian Colonial 1923
Tomah	Wisconsin	Georgian Colonial 1946
Tuscaloosa	Alabama	Georgian Colonial 1931
Waco	Texas	Italian Renaissance 1932
West Roxbury	Massachusetts	Georgian Colonial 1943
White River Junction	Vermont	Georgian Colonial 1938
Wichita	Kansas	Georgian Colonial 1933

\*Interior has Determined This Property Eligible for the National Register, as part of the Architectural Set.