United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form.* If any 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 certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Thomas County Hospital a.k.a. St. Thomas Hospital

other names/site number khri 193-1060-00822

2. Location

street & number 210 South Range Avenue ☐ not for publication

city or town Colby ☐ vicinity

state Kansas code KS county Thomas code 193 zip code 67701

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 at the following level(s) of significance:

___ national ___ statewide x local

Signature of certifying official Date

Title State or Federal agency/bureau or Tribal Government

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

Signature of commenting official Date

Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I, hereby, certify that this property is:

___ entered in the National Register

___ determined eligible for the National Register

___ determined not eligible for the National Register

___ removed from the National Register

___ other (explain:) _____

Signature of the Keeper Date of Action

5. Classification

Ownership of Property
(Check as many boxes as apply)

- [x] private
- [ ] public - Local
- [ ] public - State
- [ ] public - Federal

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

- [x] building(s)
- [ ] district
- [ ] site
- [ ] structure
- [ ] object

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

Contributing	Noncontributing	
2	1	buildings
		district
		site
		structure
		object
2	1	**Total**

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

New Deal Era Resources of Kansas

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(Enter categories from instructions)

HEALTHCARE: Hospital

Current Functions
(Enter categories from instructions)

VACANT/NOT IN USE

7. Description

Architectural Classification
(Enter categories from instructions)

LATE 19TH AND 20TH CENTURY REVIVALS:
Georgian Revival
MODERN MOVEMENT

Materials
(Enter categories from instructions)

foundation: CONCRETE
walls: BRICK
STONE: Limestone
roof: OTHER: Clay tile; METAL
other:

Narrative Description

Summary

St. Thomas Hospital was constructed in 1941 through the Works Progress Administration (WPA) utilizing brick (made in Colby) that was salvaged from the old high school on the same site. Designed by Joseph Radotinsky, the 3-story hospital had a hipped red clay tile roof and 6/1 double-hung wood windows. The raised central entrance was modern in design with ashlar stone with brick banding contrasting with the Georgian Revival-style building. The hospital's early success quickly proved the inadequacy of the original building. A new polio ward and emergency facilities were constructed as a south wing in 1948. Designed by Overend and Boucher of Wichita, the 4-story red brick addition is rectangular in form with a flat roof and steel windows with horizontal lights. A two-story stone bay delineates the main entry on the east while a metal port cochere with upper-floor balconies, provides drive-up access at the ambulance bay on the south. A 2-story chapel was constructed off the rear of the original hospital as a part of the 1948 expansion. The chapel blends the modern style of the south wing with the original hospital by incorporating a clay tile roof. The hospital building took its current form with the 1948 addition. The building is an excellent example of institutional facilities constructed through the Works Progress Administration to expand local community services in western Kansas. The hospital is also representative of the work of Joseph Radotinsky, a Kansas City architect prolific in his WPA/PWA designs of public and institutional buildings in western Kansas and of the notable Wichita architectural firm of Overend and Boucher.

Elaboration

Site

St. Thomas Hospital is located on South Range Avenue between I-70 and downtown Colby. The main hospital complex is comprised of three primary sections. The original building is a rectangular form oriented N/S with the front entrance in the center of the east facade, facing Range Avenue. A chapel was added at the rear of the original building in 1948 and is accessed from the interior of the hospital. A south wing was constructed at the same time as the chapel. The new wing is rectangular in form, oriented E/W with primary entrances on the east and south facades. The south wing and chapel additions frame a courtyard at the rear of the building. An enclosed stair tower was added at the west end of the south wing at an unknown date. A small one-story kitchen addition was built at an unknown date off the NW corner of the original hospital. The kitchen addition has exterior access on the west.

A Chaplin's residence with connected power plant and laundry was constructed at an unknown date immediately northwest of the chapel. The Chaplin's residence and power plant appears to date to the original construction or shortly thereafter. A brick utility tunnel is extant on the west side of the original hospital suggesting a connection to an exterior power plant (combined with the fact that the original drawings do not include a boiler room in the hospital building itself). Although the available drawings for the original hospital and 1948 addition do not include the Chaplin's residence and power plant, the extant utility tunnels at the south wing and chapel suggest that the existing power plant was in place or constructed as a part of the 1948 hospital expansion/additions. The power plant was expanded in 1966 with a laundry addition on the south. Another secondary free-standing structure on the hospital site is a 3-bay, one-story brick garage, built southwest of the south wing of the hospital in 1964. The garage is a simple utilitarian structure that is in poor condition and will likely require demolition due to structural failure.

A house and gazebo where the nuns lived was originally located north of the hospital. The house was formerly demolished and the site separated from the hospital. The site of the former nuns' house is the location of a modern bank with a drive-through window located north of the extant hospital complex. The Chaplin's residence/power plant and laundry fall within the hospital's period of significance and are is

considered a contributing building; the garage, which falls outside the hospital's period of significance, is not considered a contributing structure.

The hospital faces east and is set back from the street with a grass lawn and a few mature trees. A perimeter sidewalk runs along Range Avenue with concrete sidewalks extending to the building entrances on the east side of the building. A paved drive off Range Avenue at the south end of the site provides drive-up access through a port cochere on the south side of the building. A dirt path/alley provides access to the garage and power plant at the rear of the site. The alley dead-ends adjacent to the power plant and does not provide access through the site.

A unique aspect of the site is the underground utility tunnels extending from the rear of the building to the power plant. The tunnels are capped by a sidewalk at the rear courtyard. Sidewalks extend along the north side of the south wing to secondary entrances on the west end of the chapel (N & S sides), to the rear kitchen addition, and around the power plant and Chaplin's residence. The rear courtyard is overgrown with saplings and weeds making rear access difficult.

Exterior

St. Thomas Hospital is comprised of two distinct parts as seen from the front of the site along Range Avenue. The original building is a 3-story brick structure with a clay tile hipped roof. The south wing is a 4-story brick structure with a flat roof (modified for a tapered flat-seam steel roof) and a 2-story stone entry on the east. A three-sided projecting bay was constructed over the south bay of the original building, visually tying the two structures. Both buildings are red brick and incorporate stone detailing. Although the south wing was constructed only seven years after the original building, the addition reflects the modern movement in architecture contrasting with the Georgina Revival detailing of the original building (characterized by the tile hipped roof and 6/1 wood windows). However, the entrance of the original hospital is modern in design featuring ashlar stone with brick banding and stylized Art Deco lettering "Thomas County Hospital." The roof form and window style are the primary features that distinguish the two parts of the building but the materials and modern entry design visually tie the two parts.

The chapel addition on the rear of the original hospital building was constructed as part of the 1948 hospital expansion. The chapel design effectively blends the Georgian Revival styling of the original hospital with the modern addition, primarily by incorporating a clay tile hipped roof. The chapel is red brick, with stone detailing, and features steel windows with horizontal lights, like the south wing.

The east/front facade of the original building is nine bays in width and is symmetrical with the exception of the end bays. The center bay is distinguished by the above grade entrance at the 1st floor and a tripartite window on the 2nd floor. The entry bay is accessed by a split stairway on the north and south sides of the entry bay. The entrance retains its original configuration with a paneled wood door with glass lights, a three-light transom, and glass block sidelights. The stair provides access to a storage area on the lower level; the only public entrance was at the 1st floor, above grade. A fountain was incorporated into the base on the entry bay, in the center of the east side of the bay. The facade of the main building, north and south of the center bay, is comprised of four bays distinguished by a window on each floor. End bays are inset on the north and south. The north end bay is the same height as the main building, with an intersecting hip roof that is slightly shorter than the roof on the main building. However, the south end bay was only two stories in height and had a flat roof. The end bays featured a three-part window, like on the center bay over the entrance.

The north and south facades were characterized by a tripartite window on the 1st floor; the interior space was labeled as a "solarium" on the original plans. The 2nd floor of the north end bay has a wide opening with glass block. The 2nd floor of the north bay was original used as an operating room. The north bay retains its original configuration; the south bay was modified with the addition of the south wing in 1948.

The rear facade of the original building is similar to the front. The west facade was nine bays in width with regular-spaced windows on the outer bays. The hospital was originally designed with a rear entrance in the center of the lower level and tripartite windows over the entrance on the upper floors. The center bay was

modified with the addition of the chapel in 1948. Two windows immediately north of the center bay, break the pattern of window openings on the rear facade. The windows correspond to the stair landings west of the rear entrance. The building was designed with an elevator, located on the east side of the stairway. A wood shed dormer serves as the elevator penthouse and remains in place although in deteriorated condition.

The brick facade has subtle brick detailing including a vertical course of brick between the lower two floors and brick wills at the window openings. The only major alterations to the original building occurred with subsequent expansions. As noted above, a one-story kitchen addition was built on the northwest corner of the original hospital. The addition is brick with a stone coping and a flat roof and features wide horizontal light steel windows. The chapel is a 3-story addition that connects to the original building at the center bay of the west facade. The chapel has a red clay tile gable roof that intersects with the hipped roof of the main hospital. The chapel roof features gabled wall dormers at a projecting bay on the west end of the north and south facades. The end bays mark the rear chapel entrances and feature a round opening with stone quatrefoil inset and a stone cross at the peak. The brick chapel features a stone belt course and stone window sills. Brick pilasters define bays on the main body of the chapel framing two single windows in each bay. The windows are four and five horizontal light steel windows with two-light operable awning panels.

The south wing is oriented to the south and east, the east facade being the front. The east facade is characterized by a projecting two-story entry bay with ashlar stone panels. The entrance is three bays in width with the center bay projecting almost like an entablature. The end bays feature paired windows on each floor with fluted vertical stone panels at the end of the bay. The center entry bay has a two-story recessed surround with a simple aluminum-framed door with sidelights and a stained glass window on the 2nd floor over the door. The entry bay has a stone cornice that defines a simple parapet. The upper floors of the east facade, above the entry bay, are red brick with stone quoining at the corners and a stone cornice approximately two feet below the parapet cap. A metal roof was formerly installed on the south wing, extending the roofline slightly and covering the parapet cap. The east facade of the south addition extends two bays north of the entry. The north end bay is a projecting 3-sided bay that extends over the south bay of the original hospital to connect the south wing.

The body of the south wing is similar in style to the chapel addition with the exception of the tile roof. The south wing is four stories in height, the first floor projecting on the western portion of the south facade. A one-story port cochere is located approximately one-third of the width of the facade, from the southeast corner. The port cochere is a simple flat metal canopy with steel posts. A balcony with simple metal railings extends over the port cochere on the upper floors. The window openings are asymmetrical with single and paired steel windows in three primary sizes. The windows are steel with four horizontal lights, the center two of which are an operable awning panel. The primary exception to this window configuration is three openings on the west end of the north facade, on the 4th floor. These openings are three-part units with steel windows flanking a wide glass block panel; these openings correspond to the location of operating rooms in the original design of the south wing.

A simple rectangular brick penthouse extends above the roofline of the south wing near the east end of the building. A stair tower was added at the west end of the wing at an unknown date. The stair tower is narrower than the original wing and provides exterior access at the 1st floor.

The exterior of the building retains a high degree of architectural and historic integrity, clearly portraying the design of the original hospital and the 1948 expansion. The building is in need of maintenance and some exterior repairs but is generally in sound condition. The building retains its original tile roof, building entrances, most doors and windows including wood windows on the original hospital, steel windows on the south wing and chapel additions, and glass block at select openings. The primary exterior alteration is the metal roof on the south wing, a former alteration that will be reversed in an upcoming rehabilitation project.

Interior

The interior integrity of the building varies based on location. The original building retains a medium to high degree of integrity. The building was designed around a t-shaped corridor configuration with the main

building entrance above grade, in the center of east side of the 1st floor. A rear entry on the lower level, in the center of the west facade, originally served as the ambulance and emergency access. The stair and elevator are located in the northwest quarter of the t-shaped corridor, opposite the front entry. Restrooms and utility rooms were located in the southwest quarter off the t-shaped corridor and the hospital office and waiting rooms flank the front entry foyer. A N/S corridor extends the length of the building connecting two solariums in the end bays of the 1st floor. The 1st and 2nd floors were generally private and semi-private patient rooms in a double-loaded corridor arrangement. Labor and delivery facilities were located in the northeast quarter, doctors' and nurses' locker rooms in the northwest quarter, and an operating room in the north bay of the 2nd floor. The kitchen and dining rooms were located in the northwest and northeast quarters respectively, of the lower level. A one-story bay, with basement, was added at the northwest corner of the original building at an unknown date. The north addition served as new kitchen facilities and including walk-in coolers on the lower level.

The configuration of the original building was altered slightly in the 1948 expansion. The rear entrance was eliminated and modified to serve as the entrance to the chapel. The 2-story chapel was accessed on the 1st floor of the hospital with balcony access on the 2nd floor. Dining and recreational facilities for the nuns were located on the lower level beneath the chapel. The south bay of the original building was also eliminated and the central corridor extended into the new south wing. This basic plan configuration, dating to the 1948 expansion, remains intact. With the exception of the 2nd floor where some demolition of room partitions has taken place, the basic plan configuration is unaltered. Originally, the interior utilized simple utilitarian finishes including linoleum floor tile, plaster walls and ceramic tile in kitchen, bath, and operating rooms. Doors were oak slab doors, some with a single glass light. Door jambs were metal, with a curved plaster return. The double-hung wood windows have simple squared plaster returns and ceramic tile sills. Original finishes including plaster walls, tile flooring, and ceramic tile wainscoting and window sills remain. Ceiling finishes include suspended ceilings in some rooms, applied acoustical tile, and plaster. Features including the original stairs, elevator, drinking fountain alcoves, and walk-in coolers are extant. Original light fixtures are in place in select areas including the lower level corridor.

The chapel, constructed in 1948 as an addition to the original hospital, retains a high degree of architectural and historic integrity. With the exception of removal of religious artifacts, pews, and light fixtures, there have been no major modifications to the chapel space. The 2-story space has an arched Roman ceiling with rounded nave on the west and small projecting balcony on the east. The walls and ceiling are plaster with regularly-spaced steel windows with granite sills. Paired square pilasters frame each window opening and extend around the curved nave. A small balcony over the main entrance on the east provides a small platform for standing/viewing. The primary entrance to the chapel was through the 1st floor of the original hospital and secondary entrances were located on the north and south sides of the nave. A narrow terrazzo stairway remains in place on each side of the chapel. Functional spaces including a kitchenette, restroom, etc. were located on each side of the nave. These spaces also retain original finishes including plaster walls and ceilings, and pointed "schoolhouse" light fixtures.

The south wing was constructed in 1948 to function as a polio ward and expanded emergency and operating facilities. This is the area of the hospital that was occupied by the school district in the 1980s and 1990s and further demolition work occurred when a medical clinic was planned in the 2000s. The south wing retains the lowest level of historic integrity with even the corridor walls removed in some locations. The demolition of interior partition walls has left voids in plaster perimeter walls and ceilings and in the terrazzo flooring in some locations. The shell of the wing retains historic plaster walls and the original steel windows. Terrazzo floors are in place throughout the south wing.

The original configuration of the south wing was an L-shaped corridor aligning with the central corridor in the original hospital building. The front entrance to the wing was located on the foot of the "L" on the ground level at the east end of the building. The entry bay is a two-story space with an enclosed vestibule and lobby with an open stairway. The east entrance features a stained-glass window on the 2nd floor (currently obscured by a suspended ceiling). The exterior door is an aluminum-framed glass unit that appears to be original. The interior foyer doors are paired wood doors with a single glass light and glass light side lights.

The doors retain their original hardware including brass door handles. Terrazzo floors feature a diamond geometric pattern and the stairway is terrazzo as well. The metal stair rail also features a geometric design. The 2nd floor, over the east entry, was a waiting room and retains a built-in phone booth. The rooms north of the east entrance feature a bay window at each level. The rooms along the north leg of the corridor (that connects with the corridor in the original building) generally remain intact with few modifications in configuration and contemporary finishes.

A second primary entrance was located on the south side of the south wing, originally used as the emergency entrance. A single paneled wood door is in place on the 1st through 3rd floors providing exterior access to the south entrance and to the balcony over the port cochere, on the 2nd and 3rd floors. A stair tower was added at a later date on the west end of the south wing. This tower is concrete block construction and houses a steel staircase (date of construction is unknown). Two secondary entrances were provided in the original design of the south wing. An enclosed stairway and elevator are located northwest of the intersection of the L-shaped corridor, west of the east entrance to the wing. Exterior access is provided at the 1st floor/ground level of the enclosed stair. A second exit is in place, also at the 1st floor, in the center of the north facade of the south wing, accessed from the courtyard framed by the south wing and the chapel.

Designed and constructed with expanded patient rooms, each with a private bath, and new operating facilities, the south wing was generally configured around a central E/W corridor. The E/W corridor is generally in place on the 1st, 3rd, and 4th floors although partition walls have formerly been removed at the east end of the corridor on the 3rd floor. The 2nd floor has an open column grid in the main portion of the wing with an enclosed corridor at the east end only. Even where the corridor walls remain, extensive demolition of interior partition walls, originally subdividing patient rooms and enclosing private bathrooms, have been removed. Doors, including casings have been removed leaving jagged openings in the gypsum block corridor walls.

The complex has a diminished overall level of interior integrity resulting from modifications for contemporary functions, following closure of the hospital in the 1970s. Despite the demolition work, the building retains primary features including entrances at the original hospital and east wing, the basic configuration of central corridors, original stairways and elevators, the chapel, and historic finishes and features including plaster walls, terrazzo floors, and original doors and windows in select areas throughout. Despite the former alterations, the building continues to portray is origins and early history as Colby's first modern community hospital.

8. Statement of Significance

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

- [X] 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 old or achieving significance within the past 50 years.

Areas of Significance
(Enter categories from instructions)

HEALTH/MEDICINE

Period of Significance

1941-1948

Significant Dates

1941

1948

Significant Person
(Complete only if Criterion B is marked above)

Cultural Affiliation

Architect/Builder

1941 Hospital: Joseph Radotinsky, architect

1948 Addition & Chapel: Overend & Boucher, architects; Mont Green, Builder

Period of Significance (justification)
The Period of Significance for St. Thomas Hospital stretches from its original construction in 1941 through its expansion for a chapel and polio ward in 1948.

Criteria Considerations (justification)
N/A

Narrative Statement of Significance

Summary
St. Thomas Hospital is nominated to the National Register of Historic Places for local significance as an example of an "Institutional Building" Property Type under the Multiple Property Documentation Form "New Deal Era Resources of Kansas." The property is significant under Criterion A for its association with the New Deal and in the area of Health/Medicine as Colby's first community hospital. The hospital was built in two phases. The original hospital, which was funded by the WPA and designed by Kansas City architect Joseph Radotinsky, was completed in 1941. The hospital was expanded in 1948; the south wing and chapel additions were designed by Wichita architects Overend and Boucher.

Elaboration

Hospitals
The construction of St. Thomas Hospital coincided with the dawning of a new age in hospital history. The history of hospitals in the western world stretches back to ancient times. By the Middle Ages and Renaissance, church-sponsored hospitals constructed elaborate and sprawling structures, replete with voluminous common wards and chapels. By the time the American colonists imported the building type to what would become the United States, hospitals had taken on standard forms. The first American hospitals were Pennsylvania Hospital in Philadelphia (1756), New York Hospital (1791) and Massachusetts General Hospital in Boston (1821), famously designed by premier US architect Charles Bulfinch.[1]

Over time, US hospitals evolved from glorified poor houses and death chambers to places of healing for all classes. Before the late nineteenth century, hospitals were constructed and privately maintained by churches and charitable organizations, which provided indigents with palliative care in open wards by unskilled laborers with limited physician oversight. Successful Americans, such as Benjamin Franklin who raised funds for the Pennsylvania Hospital, saw support of these charity hospitals as a civic duty. Because hospitals offered little more than beds and comfort for the sick and dying, those who could rely on families or private nurses for care convalesced at home.

The industrial age ushered in scientific advances and social changes that affected the operation and design of hospitals. Mass immigration contributed to overcrowded cities, which became hotbeds of infectious disease. Industrialization also increased the number of traumatic injuries requiring treatment. With advances in anesthesia, surgeons could successfully treat such traumatic injuries with relatively little pain. Without extended family networks or money for private nurses, immigrants and the burgeoning middle class turned to hospitals for care.[2]

To cater to an increasing number of paying customers, hospitals added well-appointed private rooms and a broad range of new services, from x-rays to laboratory tests to obstetric and pediatric care. New advances created a new role for hospitals, beginning with Johns Hopkins, as research institutions and businesses. By the early twentieth century, hospitals were hiring administrators to guard the bottom line. Between 1880 and 1930, the number of hospitals increased by 2500%. During the same time, the US population doubled. In 1930, hospitals were the nation's third-largest industry.[3]

Changing technology and societal norms affected hospital design. Whereas early architects and designers, such as John S. Billings who designed Johns Hopkins (1877-1889), encouraged "pavilion" designs with separate buildings joined by long corridors or walkways or even disposable barracks or tent structures following a military model, chemical disinfectants allowed for compact multi-story buildings that could be

[1] Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals*, (New York: Oxford University Press, 1999), 341-408.
[2] Ibid, 348-354.
[3] Ibid, 471.

placed on dense city blocks. New steel and reinforced concrete construction techniques and the advent of elevators aided the new high-rise trend. The compact buildings improved the efficiency of an increasingly professionalized staff of nurses, who in 1913 walked an average of 7.5 miles per day.[4]

With medical advances, more-efficient/better-educated staff, and improved buildings, Americans' image of hospitals improved:

> The last thirty years have witnessed the most spectacular building of hospitals by a hopeful people that has ever taken place in the world's history. Instead of being dreaded, hospitals are now looked at with confidence and even affection as places wherein most can be done to cure disease and alleviate suffering." Nathaniel W. Faxon, 1930.[5]

Community hospitals became firmly established during the Great Depression, some with help from New Deal funding. By 1940, the Works Progress Administration (WPA) had funded the construction of 130 new hospitals and improvements to 1670 more.[6] There were only two known WPA-funded hospitals in Kansas, one in Oswego and one in Colby.[7]

Thomas County Hospital/St. Thomas Hospital

The construction of Thomas County Hospital with WPA funds marked the culmination of decades of efforts to establish a community medical facility. Colby was founded in 1884 by Civil War veteran and newspaper editor J. R. Colby and quickly became a trading center along the Union Pacific and Rock Island rail lines. As the population grew, Colby, like many communities, had its share of small private hospitals. Because these hospitals were established and managed by individuals, however, they were vulnerable to failure caused by unprofitability or the death or relocation of the founding doctors. The first, opened by J. L. Jones in the 1890s, and another operated by Dr. V. C. Eddy and his son Dr. Murray Eddy were both short-lived.[8]

The need for a permanent hospital became evident as the community grew. The town's population nearly doubled from 641 to 1130 between 1900 and 1910, by which time Colby boasted four grain elevators, two banks, two weekly newspapers, one hotel, a grade school, county high school and five churches. Colby's population nearly doubled again to 2156 by 1930.[9]

Organized efforts to establish a modern community hospital began as early as 1920, when a committee of the Colby Commercial Club, a precursor to the Chamber of Commerce, travelled to Salina in an apparently failed attempt to attract a Methodist hospital.[10] The Colby Chamber of Commerce stepped up its efforts after 1931, when the Eddy Hospital closed, forcing northwest Kansas residents to travel to Hays (100 miles east of Colby) or Denver (200 miles west of Colby) for major medical services.

A series of events aligned to make construction of a new hospital possible. First, the city's rapid growth necessitated an increased need for public facilities, including a new high school.[11] Members of the hospital committee, many of whom were also members of the school board, were able to combine the two efforts.

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[4] John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History*, (New Haven: Yale University Press, 1975), 193.
[5] Risse, 463.
[6] Arthur MacMahon, John Millett and Gladys Ogden, *The Administration of Federal Work Relief* (Chicago: Public Administration Service, 1941), 4-5.
[7] Works Progress Administration, Central Office Reference Card Location project file. Kansas Historical Society (MF 6038-6042).
[8] *Colby Free Press-Tribune*, 9 September 1931, 2 September 1931, 23 September 1971.
[9] Frank Blackmar, *Kansas: A Cyclopedia of State History, Embracing Events, Institutions, Industries, Counties, Cities, Towns, Prominent Persons, Etc.* (Chicago: Standard Publishing Company, 1912); Ancestry.com. 1900, 1910, 1920, 1930 United States Federal Census [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2002.
[10] *Colby Free Press-Tribune*, 3 June 1920.
[11] Colby Community High School, designed by Mann & Co. of Hutchinson, was built in 1935 through WPA.

The hospital would be built on land occupied by the old high school. Salvaging materials from the old high school building for reuse on the new hospital would save an estimated $7500 in costs.[12]

Second, both federal and private funds became available. With the creation of the Works Progress Administration (WPA) in 1935 the hospital committee redoubled its efforts. After a failed effort to secure WPA funds in 1936, the committee was able to lobby for legislation to secure WPA funds in 1937. In addition to $70,000 from the WPA, the hospital project received bequests of Sarah Miller and Elizabeth Davidson and private dollars from a series of fundraisers held in late 1939 and early 1940.[13] In late 1938, WPA laborers began demolishing the old high school and salvaging the brick.[14] Construction of the new building, designed by Joseph Radotinsky, finally commenced in 1940.

The hospital's dedication in August 1941 was a display of enthusiastic public support. The event, which included tours and a Chamber of Commerce-sponsored barbecue, attracted "over three thousand people from all points in northwest Kansas…eastern Colorado and western Nebraska."[15] Following a thorough disinfecting, the hospital was scheduled for opening in September 1941. Before the official opening, however, the facility admitted Claude Schnellbacher and Mrs. John Meyer as its first patients. The doctor who tended to the first patient was Dr. V. C. Eddy, the "pioneer doctor" who operated one of the community's failed private hospitals.[16]

Accounts of the grand opening identified the hospital by two names – Thomas County Hospital and St. Thomas Hospital. The St. Thomas name was likely given by the Sisters of St. Agnes who were chosen to operate the facility. The Sisters of St. Agnes was founded in 1858 in Barton, Wisconsin and moved to Fond du Lac, Wisconsin in 1870.[17] At the time of the completion of Colby's hospital, the order was operating two orphanages in Michigan, as well as hospitals in Fond du Lac, Wisconsin, Monroe, Wisconsin, and Hays, Kansas.[18] The Sisters contributed $40,000 worth of equipment to the new hospital and entered into a 99-year lease with Thomas County.[19] Sister Seraphia, the hospital's first administrator, served until 1945.[20]

Under the Sisters' leadership, the hospital expanded quickly. In 1946, the Sisters began planning a new ward for patients stricken with polio, a highly contagious viral disease that can cause difficulty breathing, paralysis and death. The disease, the nation's most notorious medical menace beginning in the 1890s, was thrust into the public eye in the 1930s, during the presidential administration of polio-stricken Franklin Delano Roosevelt. Between the time of St. Thomas Hospital's opening in 1941 and Dr. Jonas Salk's development of a polio vaccine in the 1950s, a number of new treatment devices, including iron lungs, were used to keep polio patients alive while the virus ran its course.[21] The new addition, which included a polio ward and a chapel, was completed in 1948 and dedicated in 1949. With St. Thomas's polio ward and College of Surgeons' accreditation, billboards near the city limits boasted Colby's place as the "Medical Center of Northwest Kansas."[22]

The Sisters of St. Agnes continued to operate St. Thomas's with hospital revenue and private donations until 1973, when the order transferred the property to Thomas County. By that time, the county's population had burgeoned to 8500 and the county had already begun exploring options for replacing the building with a new facility. In 1976, Thomas County voters approved a bond issue to construct a new 61-bed $3.6 million

[12] *Colby Free Press-Tribune*, 20 August 1941.
[13] *Topeka Capital*, 22 January 1939.
[14] Ibid.
[15] *Colby Free Press-Tribune,* 28 August 1941.
[16] *Colby Free Press-Tribune,* 3 September 1941.
[17] History of Sisters of St. Agnes, retrieved 2 July 2012, from Sisters of St. Agnes website, http://www.csasisters.org/history.cfm.
[18] *Colby Free Press-Tribune,* 20 August 1941.
[19] Wayne Wingo, *History of Thomas County, Kansas, 1885-1964* (Colby, KS: Thomas County Historical Society, 1988), 120.
[20] *Colby Free Press-Tribune,* 20 August 1941; 23 September 1971.
[21] "Whatever Happened to Polio" Smithsonian Online Exhibit, retrieved 2 July 2012 from http://americanhistory.si.edu/polio/index.htm.
[22] Wingo, 105.

hospital. After opponents of the bond issue won a state Supreme Court case, proponents were forced to appeal to the Kansas Legislature and private donors to build the new hospital. After years of controversy and legal action, the county replaced St. Thomas Hospital with a new hospital named Citizens Medical Center.[23] The new building was dedicated in 1982. From 1982 until 2000, USD 315 used the St. Thomas hospital building for administrative offices. A failed attempt in the 2000s would have returned the vacant structure to a medical clinic. The building is now vacant.

Joseph Radotinsky and the Original (1941) St. Thomas Hospital Building

The original St. Thomas Hospital building (1941) was designed by skilled Kansas City architect Joseph Radotinsky. Radotinsky was born in 1902 in Kirkwood, Missouri and moved to Kansas City, Kansas at the age of 7. After graduating from the University of Kansas in 1924, Radotinsky worked for the firm of Thomas W. Lamb in New York, where he won the gold medal in the city's Ecole-des-Beaux Arts competition. In 1928, he returned to Kansas City and worked for the firm of Archer and Gloyd. He was named state architect in 1930. In the 1930s and early 1940s, when WPA and PWA funds were available for public facilities, Radotinsky designed a number of school buildings, establishing a reputation for his distinctive Art Moderne designs, including Kansas City's Sumner High School (NRHP) and Abilene's Garfield Elementary School (NRHP). He designed a number of PWA/WPA schools in the western half of the state during this period: Sherman County Community High School in Goodland (1937), Quinter Rural High School No.3 (1939), Decatur Community High School in Oberlin (1939) and the Hays High School, now Rockwell Administration Center (1939). During World War II, he designed airbase facilities in Topeka and Herington. After the War, Radotinsky designed a number of Modern buildings, including the Kansas City Public Library. In 1957, Radotinsky partnered with Raymond E. Meyn and Fred M. Deardorff to form the firm Radotinsky, Meyn and Deardorff.[24]

Unlike that of many of his buildings of the time, Radotinsky's design for St. Thomas Hospital was very simple. The hospital was a symmetrical rectangular building with a shallow hipped roof. The building took its architectural cues from Commercial Style Buildings of the Progressive Era, with its symmetrical design, pared-down use of brick and multi-pane windows. Radotinsky added only a few of his usual Art Moderne details, including a simple horizontal-banded entrance with stylized lettering and architectural glass blocks.

Overend and Boucher and the 1948 Addition

The 1948 addition was designed by Wichita architectural firm Overend and Boucher. Harrison George Overend was born in Peoria, Illinois in 1892. After graduating from the University of Illinois in 1917, Overend served as an Army Captain in World War I. Overend began practicing architecture in Wichita after eighteen months of military service. Overend partnered with Cecil Francis Boucher in 1921. Boucher was born in New Mexico in 1890. Like Overend, he received his architecture degree from the University of Illinois. During the 1920s, Overend and Boucher were partnered with local architect Lorentz Schmidt. The firm Schmidt, Overend and Boucher designed a number of well-known buildings, including the Edmund E. Stanley (1930), Laura V. Gardiner (1924), Meridian (1924) and Kellogg (1941) Elementary Schools in Wichita. Overend and Boucher apparently parted ways with Schmidt in the 1930s. Overend died in Wichita in 1957.[25] Boucher died in San Mateo California in 1969.[26]

For the addition to the hospital, Overend and Boucher created a design that both complemented Radotinsky's simple building and drew from post-war tenets of Modern design. Among the Modern features were its horizontal massing, shallow gabled roofs and horizontal muntin windows.

[23] *Topeka Capital Journal*, 22 March 1981.
[24] Brenda Spencer, *Historic Public Schools of Kansas* MPDF. Lucille Doores, "Architect Turns Farmer to Relax," *Kansas City Kansan*, 16 August 1959.
[25] *Wichita Eagle*, 1 March 1957.
[26] California Death Index.

Registration Requirements

St. Thomas Hospital meets the registration requirements set forth in the MPDF "New Deal Era Resources of Kansas." Like many New Deal-era properties, St. Thomas Hospital was expanded. According to the registration requirements, such additions will not affect a property's eligibility provided that "the alterations were completed in a sympathetic manner that leaves the New Deal-era character-defining features of the property intact." This is clearly the case at St. Thomas Hospital, where the addition is compatible with the original design and does not obscure the original building. In addition, the building meets the aspects of integrity outlined in the MPDF, specifically in the areas of design and materials/workmanship. According to the MPDF, "Civic, educational, and larger institutional buildings," like St. Thomas Hospital, "often employed designs that combined the formal symmetry of classical architecture with the streamlined, stylized geometry of the Art Deco and Moderne movements." This is also the case with St. Thomas Hospital, where Radotinsky designed a symmetrical building with Art Moderne entry surround. In the aspects of materials and workmanship, the MPDF notes "The predominant building materials used in an individual community reflected the resources most easily accessible in that community." At St. Thomas Hospital, the easily accessible materials were those salvaged from the high school building that formerly occupied the site.[27]

9. Major Bibliographical References

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MacMahon, Arthur, John Millett and Gladys Ogden. *The Administration of Federal Work Relief.* Chicago: Public Administration Service, 1941.

Risse, Guenter B. *Mending Bodies, Saving Souls: A History of Hospitals.* New York: Oxford University Press, 1999.

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Spencer, Brenda. *Historic Public Schools of Kansas* MPDF. Kansas Historical Society, 2005.

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Topeka Capital.

Wichita Eagle.

Wingo, Wayne. *History of Thomas County, Kansas, 1885-1964.* Colby, KS: Thomas County Historical Society, 1988.

Previous documentation on file (NPS):

____preliminary determination of individual listing (36 CFR 67 has been Requested)
____previously listed in the National Register
____previously determined eligible by the National Register
____designated a National Historic Landmark
____recorded by Historic American Buildings Survey #_____

Primary location of additional data:

__x__State Historic Preservation Office
____Other State agency
____Federal agency
____Local government
____University
__X__Other

[27] Elizabeth Rosin, *New Deal Era Resources of Kansas MPDF*, 2002.

___ recorded by Historic American Engineering Record # _____

Name of repository: Kansas Historical Society and Prairie Museum of Art and History-Thomas County Historical Society

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property Less than 1 acre
(Do not include previously listed resource acreage)

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

	Zone	Easting	Northing		Zone	Easting	Northing
1	15	323056	4362231	3			
2				4			

Verbal Boundary Description (describe the boundaries of the property)

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER (NE/4) OF SECTION ONE (1), TOWNSHIP EIGHT (8) SOUTH, RANGE THIRTY-FOUR (34) WEST OF SIXTH (6TH) PRINCIPAL MERIDIAN, THOMAS COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID SECTION, THENCE, ON AN ASSUMED BEARING OF N89°49'13"W, ALONG THE NORTH LINE OF SAID SECTION, A DISTANCE OF THIRTY AND NO HUNDREDTHS (30.00) FEET AND S00°05'15"E FOR A DISTANCE OF TWO HUNDRED FIFTY AND NO HUNDREDTHS (250.00) FEET TO THE POINT OF BEGINNING, SAID POINT OF BEGINNING BEING LOCATED ON THE WEST RIGHT-OF-WAY BOUNDARY OF HIGHWAY K-25 (RANGE AVENUE). FROM THE POINT OF BEGINNING, THENCE S00°05'15"E, ALONG SAID RIGHT-OF-WAY, FOR A DISTANCE OF ONE HUNDRED THIRTY-NINE AND TEN HUNDREDTHS (139.10) FEET, THENCE N89°49'13"W, ALONG SAID RIGHT-OF-WAY, FOR A DISTANCE OF EIGHT AND FIFTY HUNDREDTHS (8.50) FEET, THENCE S00°05'15" E, ALONG SAID RIGHT-OF -WAY, A DISTANCE OF NINETY AND NO HUNDREDTHS (90.00) FEET, THENCE N89°49'13"W, ALONG SAID RIGHT-OF-WAY, FOR A DISTANCE OF TWELVE AND NO HUNDREDTHS (12.00) FEET, THENCE S00°05'15"E, ALONG SAID RIGHT OF WAY, FOR A DISTANCE OF THIRTY-TWO AND NINETY HUNDREDTHS (32.90) FEET, THENCE N89°49'13"W FOR A DISTANCE OF TWO HUNDRED EIGHTY-TWO AND SIXTY HUNDREDTHS (282.60) FEET, THENCE N00°05'15"W FOR A DISTANCE OF ONE HUNDRED EIGHTY-FOUR AND NO HUNDREDTHS (184.00) FEET, THENCE S89°49'13"E FOR A DISTANCE OF SEVENTY-FIVE AND NO HUNDREDTHS (75.00) FEET, THENCE N00°05'15"W FOR A DISTANCE OF SEVENTY-EIGHT AND NO HUNDREDTHS (78.00) FEET, THENCE S89°49'13"E FOR A DISTANCE OF TWO HUNDRED TWENTY-EIGHT AND NO HUNDREDTHS (228.00) FEET TO THE POINT OF BEGINNING; AND

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER (NE/4) OF SECTION ONE (1), TOWNSHIP EIGHT (8) SOUTH, RANGE THIRTY-FOUR (34) WEST OF SIXTH (6TH) PRINCIPAL MERIDIAN, THOMAS COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID SECTION, THENCE, ON AN ASSUMED BEARING OF N89°49'13"W, ALONG THE NORTH LINE OF SAID SECTION, A DISTANCE OF TWO HUNDRED FIFTY-EIGHT AND NO HUNDREDTHS (258.00) FEET AND S00°05'15"E FOR A DISTANCE OF ONE HUNDRED NINETY-EIGHT AND NO HUNDREDTHS (198.00) FEET TO THE POINT OF BEGINNING. FROM THE POINT OF BEGINNING, THENCE S00°05'15"E FOR A DISTANCE OF ONE HUNDRED THIRTY AND NO HUNDREDTHS (130.00) FEET, THENCE N89°49'13"W FOR A DISTANCE OF SEVENTY-FIVE AND NO HUNDREDTHS (75.00) FEET, THENCE S00°05'15"E FOR A DISTANCE OF ONE HUNDRED EIGHTY-FOUR AND NO HUNDREDTHS (184.00) FEET, THENCE N89°49'13"W FOR A DISTANCE OF SEVENTY-FOUR AND FOURTEEN HUNDREDTHS (74.14) FEET, THENCE N00°05'15"W FOR A DISTANCE OF THREE HUNDRED FOURTEEN AND NO HUNDREDTHS (314.00) FEET, THENCE S89°49'13"E FOR A DISTANCE OF ONE HUNDRED FORTY-NINE AND FOURTEEN HUNDREDTHS (149.14) FEET TO THE POINT OF BEGINNING.

Boundary Justification (explain why the boundaries were selected)
The boundary described by the attached legal description reflects the hospital site including the original building and additions, the rear garage and power plant/priest's residence.

11. Form Prepared By

name/title Brenda Spencer and Christy Davis

organization Spencer Preservation date 6 July, 2012

street & number 10150 Onaga Road telephone 785-456-9857

city or town Wamego state KS zip code 66547

e-mail spencer@wamego.net

Additional Documentation

Submit the following items with the completed form:

- **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. Key all photographs to this map.

- **Continuation Sheets**

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

Photographs:
Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: St. Thomas Hospital
City or Vicinity: Colby
County/State: Thomas County, KS
Photographer: Brenda Spencer
Date of Photos: 06-21-12

Description of Photograph(s) and number:

#	Direction	Description
1	W	Front/East Facade
2	NW	Front/East facade of original hospital w/ central entrance and fountain
3	W	Front/East facade of 1948 addition at south end of original hospital
4	NE	South facade of 1948 addition
5	E	Rear/West Facade
6	SE	North facade of 1948 addition
7	NE	Rear/West and south facades of 1948 chapel addition off rear of hospital
8	S	North facade of chapel with 1966 power plant/laundry on right
9	S	North facade
10	W	East facade of power plant/laundry with Chaplin's residence on north end (original date of construction unknown; south bay added in 1966)
11	NE	West and south facades of power plant/laundry (built 1966)
12	SW	North and east facades of 1964 rear garage

Photographs *continued:*

#	Direction	Description
13	E	Central entry foyer-original hospital
14	N	1st floor corridor, looking south in hospital toward addition
15	E	Patient room in NE corner-1st floor original hospital
16	NE	Original solarium on N end of 2nd floor original hospital
17	N	Basement corridor, looking N from center of lower level – Basement is only location with light fixtures extant in original hospital
18	SW	1948 chapel, looking SW from east end
19	E	1948 chapel, looking E from alter with balcony on east end over entry
20	W	Interior chapel entry opposite front building entrance w/ elevator on right, drinking fountain in arched alcove on left
21	E	Front/East entry foyer in 1948 addition
22	E	Stained glass window over entry (1948 addition)-currently covered
23	S	Looking South from lobby stair in 1948 addition- Geometric pattern in terrazzo floor faintly visible in photo
24	N	Terrazzo stair w/ metal railing serves all floors in 1948 addition-located at ell in corridor, beside elevator (photo from 2nd floor)
25	N	Original light fixtures extant in stairway of addition (photo in 2nd floor stair)
26	NE	Room at bay window in NE corner of 2nd floor, 1948 addition
27	E	Interior wall partitions removed on upper floors of addition; original plaster is extant on perimeter walls. Photo is looking E at SE corner of 2nd floor
28	W	Terrazzo floors extant throughout 1948 addition. Photo looking W in E/W corridor on 2nd floor of 1948 addition (most partition walls formerly removed)
29	N	Looking N in 3rd floor of 1948 addition w/ elevator in ell of original corridor with corridor connecting to original building at north end
30	S	Original steel windows w/ operable hopper sash extant throughout 1948 addition

Property Owner:

(complete this item at the request of the SHPO or FPO)

name Current owner's representative: Brenda Hildyard
under contract to Tim Quigley-St. Thomas Historic Residences, LLC

street & number 6800 W. 64th Street telephone 913-671-3300

city or town Overland Park state KS zip code 66202

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.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 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 Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

ADDITIONAL INFORMATION

Site Plan

Figure 1 - Aerial image was downloaded 7/5/2012 from Google Maps

Historic Views

The Prairie Museum of Art and History/Thomas County Historical Society has extensive files on the St. Thomas Hospital. The following photographs were provided by the Museum, none of which were dated.

Figure 2 – Original hospital building completed in 1941 (photo c.1941 – 1948)

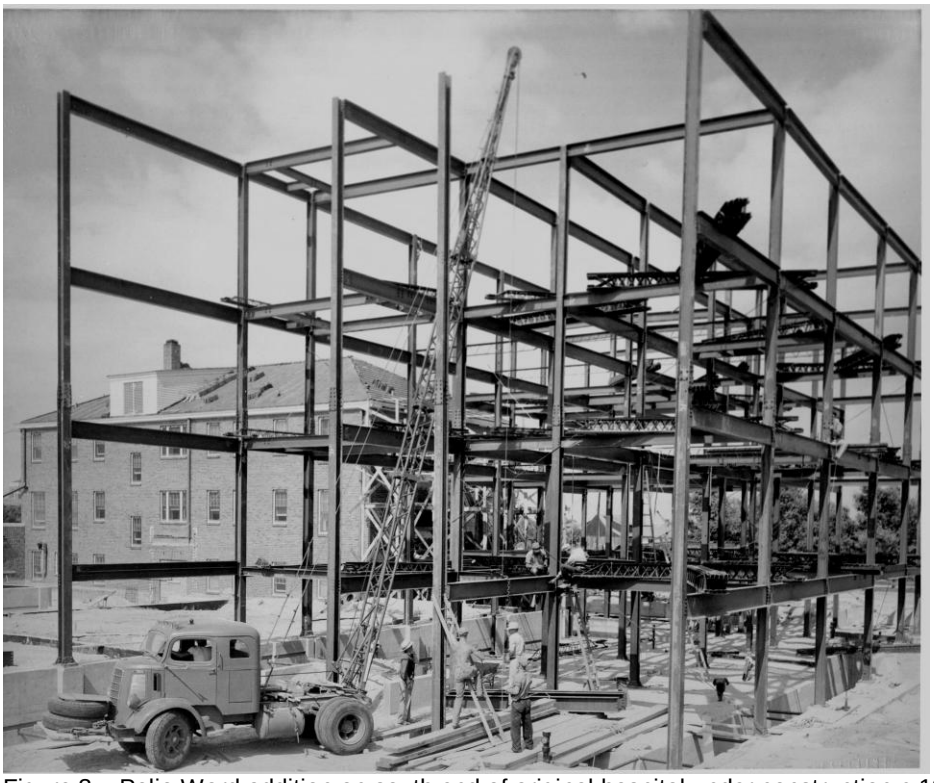

Figure 3 – Polio Ward addition on south end of original hospital under construction c.1947

Figure 4 – Interior view of corridor in addition, thought to be building dedication c.1948

Figure 5 – Polio Ward built as south wing of original hospital c.1950

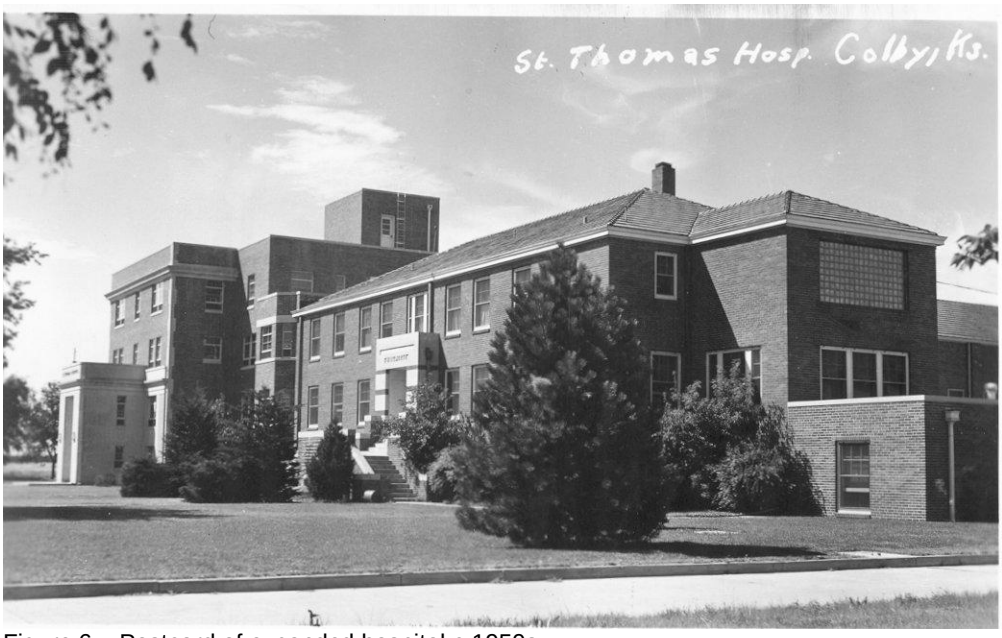

Figure 6 – Postcard of expanded hospital c.1950s

Figure 7 – Front/East facade of expanded hospital

Figure 8 – Chapel built on rear of original hospital as part of 1948 addition

Figure 9 – North facade of South Wing, built in 1948 as Polio Ward

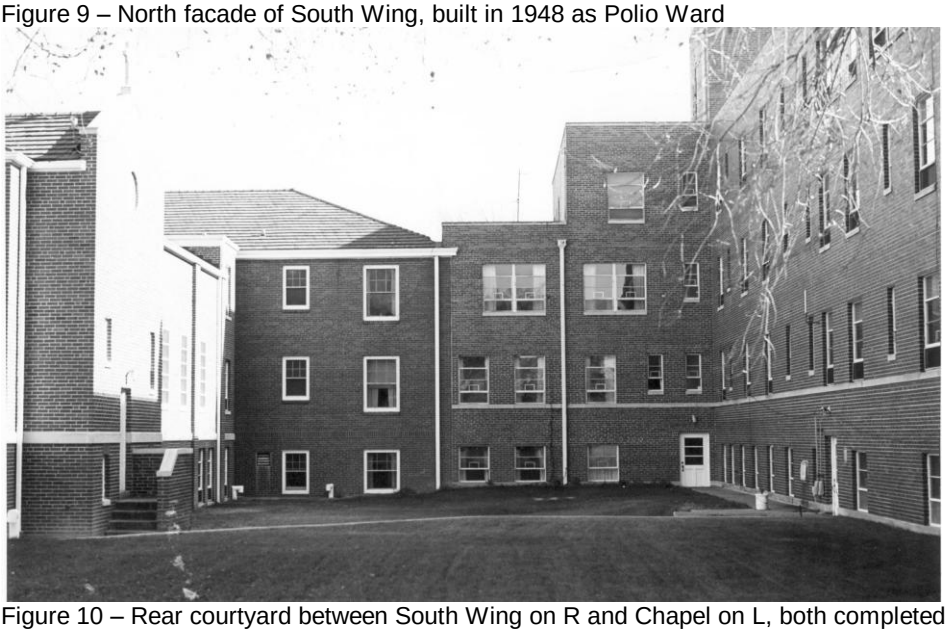

Figure 10 – Rear courtyard between South Wing on R and Chapel on L, both completed in 1948

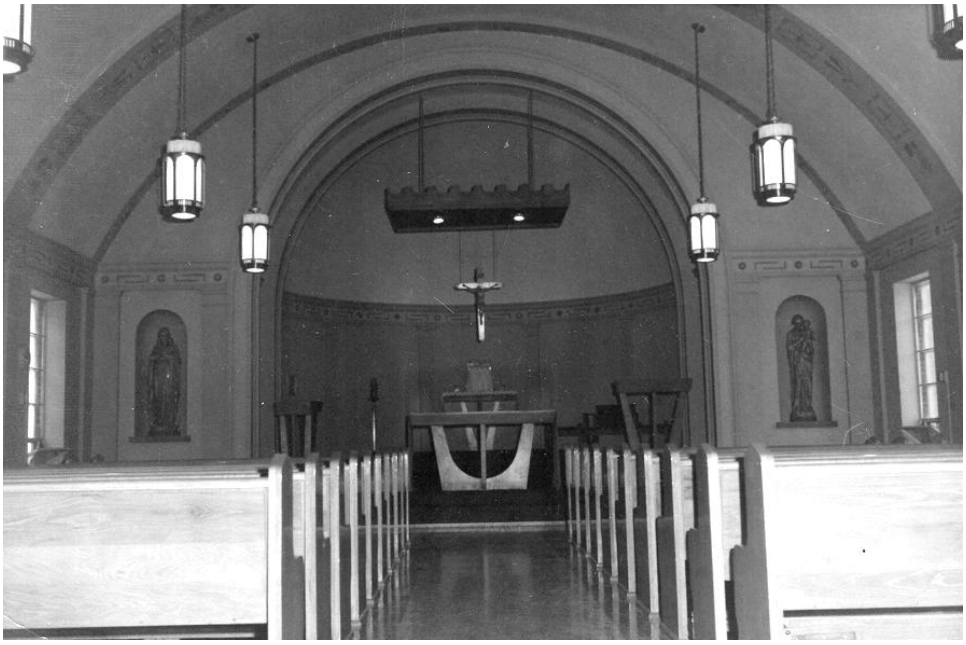

Figure 11 – Interior view of chapel, date unknown.

Figure 12 – c.1970 view of Chaplin's residence, power plant, and laundry. South bay (on L) added in 1966

Figure 13 – Aerial view of hospital site, date unknown