

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 Cheyenne Veterans Administration Hospital Historic District

other names/site number Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming/48LA2960

2. Location

street & number 2360 East Pershing Boulevard not for publication

city or town Cheyenne vicinity

state Wyoming code WY county Laramie code 021 zip code 82001

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 x statewide local

Signature of certifying official/Title _____ Date _____

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 _____

Cheyenne Veterans Administration Hospital Historic District
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5. Classification

Ownership of Property

(Check as many boxes as apply.)

<input type="checkbox"/>	private
<input type="checkbox"/>	public - Local
<input type="checkbox"/>	public - State
<input checked="" type="checkbox"/>	public - Federal

Category of Property

(Check only **one** box.)

<input type="checkbox"/>	building(s)
<input checked="" type="checkbox"/>	district
<input type="checkbox"/>	site
<input type="checkbox"/>	structure
<input type="checkbox"/>	object

Number of Resources within Property

(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
15	5	buildings
0	0	sites
1	3	structures
1	2	objects
17	10	Total

Name of related multiple property listing

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

Number of contributing resources previously listed in the National Register

United States Second Generation Veterans Hospitals

NA

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE / hospital

Current Functions

(Enter categories from instructions.)

HEALTH CARE / hospital

7. Description

Architectural Classification

(Enter categories from instructions.)

Late 19th and 20th Century Revivals:

Mission/ Spanish Colonial Revival

Materials

(Enter categories from instructions.)

foundation: Concrete

walls: Brick

roof: Terra Cotta

other: Stone

other Wood

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Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

The Cheyenne Veterans Administration (VA) Hospital Historic District is located at 2360 East Pershing Boulevard, approximately two miles east-northeast of downtown Cheyenne, in Laramie County, Wyoming. The original mission of the hospital was to provide general medical and surgical care to veterans, and the historic district preserves the general characteristics of this sub-type of Second Generation Veterans Hospitals. Situated in a campus setting, the majority of the Cheyenne VA Hospital Historic District is open; formal landscaping is confined to the areas around the buildings, along the entrance drive, and within the shelter belt. The historic district is situated on the north side of East Pershing Boulevard and is bounded by the tree line shelterbelt between the medical center and Converse Avenue to the west and northwest, an undeveloped parcel to the north and northeast, and the City of Cheyenne's Brimmer Park to the east. Cheyenne Regional Airport is located northwest of the historic district, and Cahill Park, another city park and golf course, is located to the northeast. Residential neighborhoods are located south and west of the medical center's property.¹ The historic district is comprised of the approximately 50-acre Cheyenne Veterans Administration Medical and Regional Office Center property. Twenty-seven resources are located within the historic district: seventeen contributing and ten noncontributing resources. Contributing resources are those that retain integrity and were utilized and/or constructed during the historic district's period of significance (1932–1961). Among the contributing resources located within the historic district are the monumental main building (Resource 1, 1932); the south addition to the main building (Resource 1C and 45, 1958 and 1981); and the nurses' quarters (Resource 4, 1932). The major noncontributing resource to the Cheyenne VA Hospital Historic District is the clinical addition (Resource 1AC) constructed in 1990 along with its later additions. Because of its large footprint and incompatible massing and design, the clinical addition has diminished the integrity of the historic district. The historic district's two original vehicular entrances were combined and centralized into the current entrance, resulting in the rerouting of the main drive and the loss of another drive located further east. The historic district retains integrity despite these changes. The campus setting exhibits relatively level topography, mature vegetation, linear and curvilinear drives and sidewalks, and buildings with tapestry brick exteriors incorporating the architectural stylistic traditions of the Mission and Spanish Colonial Revival styles.

Narrative Description

The Cheyenne VA Hospital Historic District is located within a campus setting with level terrain and a polygonal property boundary. Currently known as the Cheyenne Veterans Affairs Medical Center, the acreage associated with the medical center has been reduced from an initial 600 acres to its current size of approximately 50 acres. The majority of built resources are located in the northern two-thirds of the historic district. The Cheyenne VA Hospital Historic District comprises the entire parcel of land currently under ownership by the medical center complex. The main driveway leads to the historical front entrance of the hospital, which includes a circular landscaped area encompassed by a drive. The original flag pole (Resource 15, 1932), featuring a decorative base, is located southeast of the facade entrance to the main building (Resource 1, 1932) adjacent to the circular drive.

See Continuation Sheet, page 7.1.

¹ United States Department of Veterans Affairs, letter from the Office of the U.S. Attorney General William D. Mitchell to the Administrator of Veterans Affairs, Frank T. Hines, 14 April 1932, located in the files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

- ☐ 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

Architecture

Period of Significance

1932–1961

Significant Dates

NA

Significant Person

(Complete only if Criterion B is marked above.)

NA

Cultural Affiliation

NA

Architect/Builder

Construction Service, Veterans Administration

Period of Significance (justification)

The period of significance begins with the date of the initial construction of the facility in 1932 and extends through 1961. The contributing resources of the historic district date to the period of significance. These buildings and the campus setting relate to the historic district's basic identity as a Period II general medical and surgical hospital sub-type within the Second Generation Veterans Hospital typology. The termination date for the period of significance as stated in the United States Second Generation Veterans Hospital Multiple Property Documentation form (MPDF) is 1950. The period of significance for the Cheyenne VA Hospital Historic District was extended beyond that stated in the MPDF because the resources constructed within the campus from 1952 through 1961 are a continuation of the documented patterns and themes expressed in the MPDF. These later resources continue to express the practices of the earlier period Second Generation Veterans Hospitals. The resources constructed between 1952 and 1961 include the staff quarters building

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(Resource 5, 1952), the south addition to the main hospital building (Resource 1C, 1958 and its 1981 addition), two garages for the staff quarters (Resources 25 and 26, both 1959), and the greenhouse (Resource 28, 1961). The staff quarters and two staff garages were constructed in the residential group of buildings and feature massing and materials similar to other residences constructed in the historic district prior to 1950. The greenhouse (Resource 28) is located in the maintenance/utility group of buildings and is a small structure that may be found at other Period II Second Generation Veterans Hospitals, commonly at neuropsychiatric veterans hospitals. The south addition to the main hospital building (Resource 1C and 45) is situated along the left portion of the main building's facade. Typically, this would have a detrimental effect on the integrity of the main building and the overall setting of the historic district. In this instance, the south addition to the main hospital building is sympathetic in design, massing, and materials, and exhibits the same architectural elements as the main building. The south addition and main building are both oriented to the circular drive, and the massing of Resource 1C and 45 does not overwhelm nor detract from the prominence of the main building, which continues to serve as the focal point of the historic district. Therefore, the period of significance for the Cheyenne VA Hospital Historic District is expanded from that of the MPDF to terminate in 1961. Buildings constructed after 1961 no longer relate to the design philosophies developed by the Second Generation Veterans Hospitals, although buildings dating after the period of significance were carefully designed to be compatible with the existing contributing campus buildings. No significant construction occurred on the campus between 1961 and 1981.

Criteria Considerations (explanation, if necessary)
NA

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance and applicable criteria.)

The Cheyenne VA Hospital Historic District, currently known as the Cheyenne Veterans Affairs Medical Center, is significant for its association with the federal government's commitment to the health care of World War I and World War II veterans. As defined by the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF), the Cheyenne VA Hospital Historic District is an excellent, intact example of a Period II general medical and surgical Second Generation Veterans Hospital. General medical and surgical hospitals are a sub-type of Second Generation Veterans Hospitals. Period II includes those veterans hospitals constructed from the late 1920s through 1950, the date of the last veterans hospital constructed utilizing the designs developed for the Second Generation Veterans Hospitals. The Cheyenne VA Hospital Historic District is eligible for listing in the National Register of Historic Places (NRHP) under Criterion A at the state level of significance in the area of Health and Medicine because of the mission of the federal government, through the VA, to provide general medical and surgical care to veterans of the state, primarily veterans of World War I and World War II. The Cheyenne VA Hospital Historic District is also eligible under Criterion C in the area of Architecture at the state level of significance because it is an intact example of a Period II Second Generation Veterans Hospital incorporating a mixture of Mission and Spanish Colonial Revival architectural styles that were nationally popular in the early to mid-twentieth century. The use of the asymmetrical facade fenestration, low-pitched, hipped roofs clad with rounded terra cotta tiles, deeply overhanging wooden eaves with exposed wooden rafter tails or boxed eaves with tongue-in-groove soffits, arched openings, stone voussoirs, open wooden balconies and porches, rusticated stone water tables and string courses that contrast with the brick exteriors, the use of tapestry brick, the bell tower, and wings of varying height and multiple roof planes on the buildings, particularly the main building (Resource 1, 1932), reflects the influence of the Mission and Spanish Colonial Revival architectural styles. The monumental main building (Resource 1, 1932) contributes to the significance of the Cheyenne VA Hospital Historic District because it serves as the focal point and is the most architecturally ornamented building within the historic district. Construction for the Cheyenne VA Hospital began in 1932, and the hospital opened in 1934. Construction of additional buildings and structures continued within the historic district throughout the later half of the twentieth century. The Cheyenne VA Hospital Historic District was originally designated a general medical and surgical hospital serving veterans of southeastern Wyoming, northern Colorado and western Nebraska. The historic district continues to retain characteristics of this hospital sub-type, such as the

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campus setting, a monumental main building, and the hierarchal use of architectural decorative elements on the exteriors of the buildings creating a cohesive architectural campus setting. The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1961, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

The period of significance for the Cheyenne VA Hospital Historic District extends from 1932 to 1961. The period of significance begins with the construction of the hospital and extends through the construction of buildings and structures that exhibit the documented patterns and design philosophies developed for Second Generation Veterans Hospitals. The Cheyenne VA Hospital Historic District is an excellent example of a Period II general medical and surgical Second Generation Veterans Hospital that retains characteristics of this sub-type.

See Continuation Sheet, page 8.20.

Developmental history/additional historic context information (if appropriate)

See Continuation Sheet, page 8.24.

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

See Continuation Sheet, 9.28

Previous documentation on file (NPS):

☐ preliminary determination of individual listing (36 CFR 67 has been requested)
☐ previously listed in the National Register
☒ previously determined eligible by the National Register
☐ designated a National Historic Landmark
☐ recorded by Historic American Buildings Survey # _____
☐ recorded by Historic American Engineering Record # _____
☐ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

☐ State Historic Preservation Office
☐ Other State agency
☒ Federal agency
☐ Local government
☐ University
☐ Other

Name of repository: Dept of Veterans Affairs Historic Preservation
Office & medical center's Public Affairs Officer

Historic Resources Survey Number (if assigned): 48LA2960

10. Geographical Data

Acreage of Property Approximately 50 acres

(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1 13 517831 4555177
Zone Easting Northing

10 13 518153 4554755
Zone Easting Northing

2 13 517861 4555193
Zone Easting Northing

11 13 517822 4554756
Zone Easting Northing

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3	<u>13</u> Zone	<u>517948</u> Easting	<u>4555214</u> Northing	12	<u>13</u> Zone	<u>517926</u> Easting	<u>4554856</u> Northing
4	<u>13</u> Zone	<u>518198</u> Easting	<u>4555248</u> Northing	13	<u>13</u> Zone	<u>517914</u> Easting	<u>4554856</u> Northing
5	<u>13</u> Zone	<u>518296</u> Easting	<u>4555191</u> Northing	14	<u>13</u> Zone	<u>517913</u> Easting	<u>4554910</u> Northing
6	<u>13</u> Zone	<u>518295</u> Easting	<u>4555006</u> Northing	15	<u>13</u> Zone	<u>517760</u> Easting	<u>4554910</u> Northing
7	<u>13</u> Zone	<u>518222</u> Easting	<u>4555006</u> Northing	16	<u>13</u> Zone	<u>517775</u> Easting	<u>4555117</u> Northing
8	<u>13</u> Zone	<u>518222</u> Easting	<u>4554857</u> Northing	17	<u>13</u> Zone	<u>517793</u> Easting	<u>4555142</u> Northing
9	<u>13</u> Zone	<u>518180</u> Easting	<u>4554856</u> Northing				

Verbal Boundary Description (Describe the boundaries of the property.)

The historic district boundary of the nominated property is delineated by the polygon in solid black lines on the aerial map on Continuation Sheet 10.33. The boundary is also indicated by a polygon on a portion of a USGS Cheyenne North, Wyoming, topographic map on Continuation Sheet 10.32 and on the enclosed USGS Cheyenne North, Wyoming, topographic quadrangle map. The UTM reference points, stated in NAD 27, are provided above and on the USGS topographic quadrangle map. The boundary begins approximately 280 feet east-northeast of the intersection of Converse and Morris Avenues at UTM N 4555177, E 517831, then trends northeast approximately 100 feet to N 4555193, E 517861, then east approximately 285 feet to N 4555214, E 517948, then east-northeast approximately 800 feet to a point located approximately 130 feet north of Resource 23 at N 4555248, E 518198. From this point the boundary trends southeast approximately 380 feet to N 4555191, E 518296, then south approximately 600 feet to N 4555006, E 518295, then west approximately 240 feet to N 4555006, E 518222, then south approximately 490 feet to N 4554857, E 518222, then west approximately 140 feet to N 4554856, E 518180, then south-southwest following a fence line approximately 350 feet to a point on the north side of East Pershing Boulevard along a fence line at N 4554755, E 518153. From this point, the boundary trends west along the north side of East Pershing Boulevard following a fence line for approximately 1,090 feet to N 4554756, E 517822, then northeast along a row of evergreens approximately 500 feet to N 4554856, E 517926, then west following the property line for approximately 50 feet to N 4554856, E 517914, then north approximately 175 feet to N 4554910, E 517913, then west approximately 500 feet to N 4554910, E 517760, then north approximately 700 feet to a point located approximately 50 feet northwest of Resource 41 at N 4555117, E 517775. From this point, the boundary trends north-northeast approximately 80 feet to N 4555142, E 517793, then northeast approximately 150 feet to the beginning, encompassing approximately 50 acres.

Boundary Justification (Explain why the boundaries were selected.)

The proposed NRHP historic district boundary is the current property boundary as indicated by records provided by the Engineering Department of the Cheyenne Veterans Affairs Medical Center. The proposed NRHP boundary includes approximately 50 acres of the 600-acre tract that originally comprised the hospital reservation. Within the National Register boundary are the majority of resources historically associated with the hospital campus. East Pershing Boulevard serves as a portion of the southern boundary. To the northwest and east of the historic district are park areas containing baseball fields and to the west is recent commercial development and Converse Avenue. The boundary was drawn to exclude modern intrusions to the east, north, and west of the historic district.

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11. Form Prepared By

name/title Trent Spurlock/Architectural Historian, Debra McClane/Architectural Historian, Matthew D.

McMahan/Architectural Historian and Holly Higgins/Architectural Historian

organization Cultural Resource Analysts, Inc.

date November 28, 2012

street & number 151 Walton Avenue

telephone 859-252-4737

city or town Lexington

state KY

zip code 40508

e-mail _____

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 32–34**
- **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.

See Continuation Sheets 35–36.

Name of Property

City or Vicinity:

County:

State:

Photographer:

Date Photographed:

Description of Photograph(s) and number:

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.

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Another entrance drive is located on the west side of the property at Converse Avenue. This leads to the clinical addition building (Resource 1CA, 1990) and the ambulance entrance of the medical center. This secondary entrance drive also accesses the area in which the residential quarters are located. Unpaved roadways are located within the area of the shelterbelt in the north portion of the historic district and also provide access to small, ancillary buildings. Small clusters of trees (both evergreen and hardwoods) are scattered throughout the historic district and along the winding roadways that traverse the campus. Formal plantings are limited but include the landscaped circle in front of the main building (Resource 1, 1932) and the area around the Vietnam Memorial (Resource C, 1975). In addition to the scattered trees within the historic district, the campus is sheltered by trees along the north and northwest portions of the historic district boundary, which serves as a windbreak (or shelterbelt) and occupies over 12 acres. This shelterbelt protects the medical center buildings from severe northerly winds and excessive snow drifts. It was noted as one of the finest shelterbelts in southeastern Wyoming in a 1979 history of the facility.² The shelterbelt and the scattered trees around the property are depicted in historical photographs, although it is unclear when the shelterbelt was originally planted. However, large sections of the interior and exterior portions of the shelterbelt appear to have been replanted.

The Cheyenne VA Hospital Historic District shares a number of characteristics commonly attributed to Period II (constructed from the late 1920s to 1950) general medical and surgical Second Generation Veterans Hospitals. The initial tract of land, at 600 acres, is much larger than was typically necessary for this sub-type of hospital. The monumental main building, serving as the primary focus of the campus, is another typical attribute of Period II veterans general medical and surgical hospitals. The buildings of the campus are grouped by their original function into three clusters: central core, staff residences, and the maintenance/utility buildings. The residential quarters were distanced from the central core group to provide some separation to the staff members from their work environment. As with other Period II veterans general medical and surgical hospitals, no additional patient ward building was added to the historic district during the period of significance, although the south addition (Resource 1C) to the main building (Resource 1) provided space for the regional offices. Other characteristics exhibited by the Cheyenne VA Hospital Historic District commonly found at Period II general medical and surgical hospitals include: the flag pole being located to the front of the main building; the larger maintenance/utility buildings situated along a common drive to the rear or distanced from the central core group of buildings; and garages for the staff residences.

The original buildings were designed by the Construction Service of the Veterans Administration and reflect a mixture of the Mission and Spanish Colonial Revival styles. Distinctive architectural elements include low-pitched, hipped roofs clad with rounded terra cotta tiles; deeply overhanging wooden eaves with exposed wooden rafter tails or boxed eaves with tongue-in-groove soffits; and the use of arched openings, stone voussoirs, and open wooden balconies and porches. Rusticated stone water tables and string courses are used to highlight the horizontality of the buildings and also to contrast with the brick exteriors. The mass of the buildings is also broken up by the use of wings of varying height and multiple roof planes. The overall massing of the main building (Resource 1, 1932) shares similarities with veterans hospitals in Tucson, Arizona and Albuquerque, New Mexico, although the three hospitals utilize various styles of architecture and massing. A hierarchy of ornamentation was developed within the historic district according to the building's visibility and use by the public. The main building (Resource 1, 1932) is the most highly decorated of the buildings within the facility. The south

² United States Department of Veterans Affairs, "VA Medical & Regional Office Center, Cheyenne, Wyoming, Historical Data," February 1979, p. 4, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

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addition to the main hospital building (Resource 1C and 45, 1958 and 1981) is the second most ornamented building in the historic district, and its architectural style is closely associated with the main building (Resource 1). The staff quarters (Resources 4–8) also exhibit numerous stylistic elements but on a more modest level than the main building (Resource 1, 1932). Maintenance and utility buildings maintain consistency of materials but display limited architectural ornamentation.

The main building (Resource 1, 1932) and its successive additions are located at the center of the campus and serves as the focal point of the historic district. The monumentality of the building speaks to its prominence within the historic district, both visually and functionally. Buildings in this area (with current name designations) include the addition (Resource 1C, 1958) located to the south of the main building and its Veterans Benefit Building addition (Resource 45, 1981), and the clinical addition (Resource 1CA, 1990) to the main building—all of which were constructed in the second half of the twentieth century. The buildings are unified visually through the use of similar exterior materials (brick, concrete, stone, and terra cotta tile), as well as details such as double-hung sash windows, deeply overhanging eaves, and in the case of Resources 1 and 1C/45, similar massing. Other elements located within this general area are the aforementioned circular driveway, the parking lot created as part of the construction of the clinical addition to the main building (Resources 1CA, 1990; and 1, 1932), the flag pole (Resource 15, 1932), and a modern greenhouse (Resource B, circa 2005). Ancillary elements of more recent vintage include prefabricated bus stops and outdoor smoking shelters, and the Vietnam Memorial (Resource C), which was erected in 1975.

The original staff quarters and associated garages are located west and northwest of the main building (Resource 1, 1932). The residential quarters were constructed in a semicircular arrangement around an open lawn that separated them from the main building (Resource 1, 1932). With the construction of the clinical addition building (Resource 1CA) in 1990, nearly one-half of this lawn was developed for a parking area. The residential quarters were originally designated as nurses' quarters (Resource 4, 1932), two staff quarters (Resources 5, 1952; and 8, 1932), an officer's residence (Resource 6, 1932), and manager's quarters (Resource 7, 1932). At present, only the officer's residence (Resource 6, 1932) retains its original use; the other quarters have been renovated for use as office space. The buildings retain their overall historic appearance and materials (brick and roofs sheathed in terra cotta tiles). Garages are located behind the residences across a paved street and include a single-bay, two-car garage (Resource 18, 1932); a single-bay, one-car garage (Resource 25, 1959); a two-bay, two-car garage (Resource 26, 1959); and an eight-bay garage (Resource 20, 1932).

The maintenance and utility buildings are located northeast of the main building (Resource 1, 1932). These buildings are arranged in two parallel rows flanked by paved parking areas. Resources in this area include the engineering building (Resource 11, 1932), which originally served as a garage, attendants' quarters, and animal house; the original storehouse, now a warehouse (Resource 12, 1932); the boiler plant (Resource 13, 1932); an implement shed now used as a grounds storage building (Resource 19, 1932); the grounds shop and engineering storage buildings (Resources 23, 1988; and 23A, 2003); a greenhouse (Resource 28, 1961); and a small general storage building (Resource 42, 1954). The maintenance buildings adhere to the overall architectural character of the other buildings at the facility, with exterior brick elevations, terra cotta tile-clad roofs, and wooden details. A 114-foot smokestack was located northeast of the boiler plant (Resource 13, 1932). The smokestack was torn down in October 1965, which was the year that the facility switched from a coal-burning boiler to gas- and oil-fired boilers. In 1967, two Quonset huts that were used for building material and pipe storage were removed. The grounds shop and engineering storage buildings (Resources 23, 1988; and 23A, 2003) are now located on the site of the former Quonset huts. A small gas meter shed that was formerly located on the campus has also been demolished. The deep well

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pump house was an early structure that by 1952 had already been removed.³ The original locations of the gas meter shed and pump house could not be determined from historical maps.

The majority of the noncontributing buildings located within the Cheyenne VA Hospital Historic District were constructed near the maintenance buildings northeast of the main building (Resource 1, 1932). The facility's primary switchgear building (Resource 31, 1978) is located north-northwest of the main building (Resource 1, 1932). This utilitarian building, which houses equipment related to the electrical power system at the facility, is set within a wooded area and is accessed by an unpaved roadway.

A 1952 site plan of the hospital property depicts three temporary buildings that have since been demolished. These buildings, which were located between the main hospital (Resource 1, 1932) and the maintenance area, were probably Quonset huts or similar World War II surplus buildings. The three temporary buildings were designated as the following: a canteen, which was a relatively large T-shaped building located near the southeast wing of the hospital; the occupational therapy shops, a rectangular-shaped building located directly behind the main hospital building (Resource 1, 1932) on the northeast end; and the utility office and shops, an H-shaped building located northwest of the parking area near the maintenance buildings.⁴

Individual Resource Inventory

The dates of construction and details regarding the former use of the following buildings are from the previous Determination of Eligibility form dated 1980 and documentation provided by the Engineering Department of the Cheyenne Veterans Affairs Medical Center.⁵ Information pertaining to the original designations of the resources was found on site plans and architectural drawings pertaining to the original construction of the facility provided by the Engineering Department of the Cheyenne Veterans Affairs Medical Center. An informational brochure on the medical center produced by the Veterans Affairs Administration (1975) and a brief report containing historical data on the medical center (1979) provided information on original designations of buildings and structures that have been added or demolished within the historic district.⁶ The numerical designations of the resources were assigned at the time of their construction by the VA. The "circa" construction dates were established by the authors regarding resources for which construction dates were not provided; letter designations for resources were assigned by authors for resources that lacked formal numerical designations. All resources that were present during the period of significance and retain integrity are considered contributing resources.

³ United States Department of Veterans Affairs, "Building No. and Location Plan," revised to 1952 September 28, files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

⁴ Ibid.

⁵ Gjore J. Mollenhoff and Karen R. Tupek, Veterans Administration Medical Center (Cheyenne, Wyoming) Determination of Eligibility (Veterans Administration, 1980), located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.; United States Department of Veterans Affairs, files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

⁶ United States Department of Veterans Affairs, VA Fact Sheet #65, "Veterans Administration Center, Cheyenne, Wyoming: A General Medical and Surgical Hospital and Regional Office Facility," April 1975; United States Department of Veterans Affairs, "VA Medical & Regional Office Center, Cheyenne, Wyoming, Historical Data," February 1979, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

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Minor resources were not included in the resource count, as they are not substantial in size and scale. Minor resources that were not designated in the resource count include small electric transformers, small frame picnic shelters, underground storage facilities or utilities, prefabricated bus stops and smoking shelters, small memorials, and benches scattered throughout the historic district.

As mentioned previously, the smokestack formerly attached to the northeast end of the boiler plant (Resource 13, 1932) is no longer extant, and two Quonset huts formerly located within the maintenance area of the historic district have been replaced with permanent buildings (Resources 23, 1988; and 23A, 2003). Other resources that are no longer extant include the small gas meter house, the deep well pump house, and three temporary buildings that were designated as the canteen, occupational therapy shops, and a utility office and shops.

The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). The period of significance for the MPDF ends in 1950, the date of the last veterans hospital constructed utilizing the design philosophies developed for the Second Generation Veterans Hospitals. The period of significance for the Cheyenne VA Hospital Historic District was extended to 1961 to include those resources constructed within the historic district that continued to follow the original patterns in placement, design, massing, and materials of the resources constructed through 1950. Few resources were constructed during this transitional period as the buildings continued to follow the previously ensconced architectural style, although minor differences in some of the buildings dating to the later portion of the period of significance are noticeable from those constructed in the early 1930s. Resources constructed after 1961, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

Resource #	Date of Construction	Contributing (C)/ Noncontributing (N/C)	Original or Current Use
1	1932	C	Main Building
1C and 45	1958 and 1981	C	South Addition to Main Hospital and Veterans Benefits Administration Satellite Regional Office
1CA	1990	NC	Clinical Addition
4	1932	C	Nurses' Quarters
5	1952	C	Staff Quarters
6	1932	C	Officer's Quarters
7	1932	C	Manager's Quarters
8	1932	C	Staff Quarters
11	1932	C	Garage, Attendants' Quarters, and Animal House
12	1932	C	Storehouse
13	1932	C	Boiler Plant
15	1932	C	Flag Pole
18	1932	C	Two-Car Garage
19	1932	C	Implement Shed
20	1932	C	Eight-Car Garage

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Resource #	Date of Construction	Contributing (C)/ Noncontributing (N/C)	Original or Current Use
23	1988	NC	Emergency Generator Plant/Maintenance Shop
23A	2003	NC	Grounds Equipment Building
25	1959	C	One-Car Garage
26	1959	C	Two-Car Garage
28	1961	C	Greenhouse
31	1978	NC	Primary Switchgear Building
41	Circa 1994	NC (2)	Picnic Shelters
42	1954	NC	Grounds Equipment Building
A	Circa 1990s	NC	Gate Posts at Main Entrance
B	Circa 2005	NC	Greenhouse
C	1975	NC	Vietnam Memorial

Resource 1. Main Building. 1932. Contributing building.

Located at the center of the hospital building complex, the main building (Resource 1, 1932) serves as the focal point of the historic district. This building faces south and is approached by a paved, curving driveway that culminates in a circular drive at the front of the building. The circle includes a landscaped area that is surrounded by flag poles. The main building utilizes the Mission and Spanish Colonial Revival architectural styles. The building is set on a poured concrete foundation, is clad with brick laid in a five-course American bond pattern, and is covered by hipped, pyramidal, and clipped gable roofs that are clad with Spanish tiles. The brickwork is tapestry brick, a variegated, rough-textured brick popular in the early twentieth century. These bricks were designed to catch the light and produce a decorative, patchwork finish. The wide, overhanging eaves feature exposed wooden rafter tails with shaped ends that are painted white to heighten the contrast with the dark wood elements and reddish-brown brick on the exterior. Another contrasting material used to great advantage on the building is rusticated stone, which is used in parts of the foundation and in the water table, belt course, window sills, and around arched door openings. Brick chimneys, as well as more modern metal flues, vents, and hoods, pierce the roofs in various locations. Most window openings are simple rectangular punched openings with stone sills, although arched openings are also common. Major alterations include the replacement of original windows and doors, the enclosure of the originally open balconies to varying degrees, and the construction of ancillary wings. A small portion of the west elevation of the building has been obscured by the construction of the clinical addition building in 1990 (Resource 1CA). Overall, however, the main building (Resource 1) retains its original historical and architectural character. Additions have been made using similar materials and reflect details found on the original block of the building.

Typical of the Mission and Spanish Colonial Revival styles, the building has an asymmetrical footprint, intersecting rooflines, and consists of sections of varying heights (one to four stories). Two perpendicular three-story wings extend from the north (rear) elevation of the building's three-story main block, and a pair of two-story wings project diagonally from its east end. The facade features a four-story, central hip-roofed projection with a five-story, pyramidal-roofed tower at its eastern corner. Three arched openings are located on the first-floor level of the facade projection. The center bay holds entrance doors beneath a large segmental arch comprised of rusticated stone voussoirs. The original wooden facade doors have been replaced with automatic sliding glass doors. Projecting stone shelves supported by stone brackets are located to either side of the entry. The flanking window bays hold six-

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over-six-light, double-hung wooden sashes beneath brick segmental arches with stone springings. The entrance porch also has been modified by the removal of the original stone steps, which have been replaced by a sloped concrete access ramp.

A central stone balconet with a heavy wood balustrade projects from a wide stone stringcourse separating the first and second levels of the facade projection. Supporting the balconet is a series of stone brackets. The three second-floor bays hold windows with six-over-six-light sashes in the end bays and a series of four slender windows with two-over-two-light sashes in the center. A small balcony, placed in front of a slender two-over-two window, is located in the easternmost bay of the third-floor level. The fourth-floor level features a centrally located oculus window that holds a hinged, multi-paned window with a brick surround. The oculus is flanked by slender, metal-louvered openings. The tower features round, arched openings with stone sills and curved metal balconies supported by stone brackets on all sides.

The main block of the building features symmetrically spaced windows with six-over-six-light, double-hung sashes and a hipped roof clad in Spanish tile. A shed-roof balcony spans the second level of the main block to either side of the aforementioned facade projection. The balcony has been enclosed with multi-paned, slider, and fixed windows along with spans of stucco, although its flat wooden balusters are still intact. East of the facade projection, the balcony rests atop the stone stringcourse and maintains the wall plane; to the west of the projection, the balcony is cantilevered by a series of paired wood brackets that are in turn supported by brick piers with stone caps and bases. The western end of the balcony is screened rather than enclosed.

A second facade projection comprised of two- and three-story hip-roof sections is located to the west of the cantilevered balcony. Details and materials are similar to those on the main block of the hospital. Originally, an arched entrance was located on the south end of the wing, but later additions obscured this opening, and a two-story, flat-roof, brick hyphen was constructed to join the main building to the 1958 southern addition to the main building (Resource 1C). An entrance located on the east side of the hyphen features a rusticated stone surround and rusticated stone sills, modern double-entry doors with transoms above, and modern replacement windows. The three-bay west side of the hyphen holds a secondary entrance that is accessed by a concrete ramp with a metal handrail; windows with six-over-six-light, double-hung sashes flank the centrally located entrance. Two windows are located on the second-floor level above the stone stringcourse.

The wings extending diagonally from the east end of the main block exhibit details similar to those found on the facade. A one-story projection extending from the east end of the southernmost diagonal wing retains the original double-door opening on its southeast end. The doors are sheltered by a Spanish-tile clad gable roof that is supported by wooden braces. This projection features a stone cornice and is covered by a clipped gable roof. Original granite steps and stone sidewalls are intact. In the late twentieth century, a raised patio with a metal railing was constructed on the southwest side of this projection to provide an outdoor space for patients. Built-in planters on the patio hold shrubs and small trees, which provide some privacy.

The rear elevation of the main block, like other sections of the building, exhibits some alteration in fenestration with replacement windows. In the late twentieth century, a single-story, hip-roofed ambulance entrance wing was added to the north side of the hospital. Arched vehicular entries on the wing's north and east sides have been partially infilled to accommodate a pedestrian entry and windows with fixed multi-pane sashes.⁷ An exterior metal fire escape has been constructed on the west side of the central perpendicular wing of the hospital.

⁷ BRW/Noblitt, Cheyenne Wyoming, Ambulance Entrance Enclosure, Department of Medicine and Surgery, Veterans Administration Medical Center, Cheyenne, Drawing A-2, Elevations, n.d., located in the files of the

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The easternmost wing, extending perpendicularly from the rear of the main block to the immediate rear of the facade entrance projection, consists of hip-roof three- and two-story sections connected by a lower two-story hyphen. The westernmost rear wing is three stories in height and features a gable roof. This westernmost rear wing was added to the main building (Resource 1) in 1940 to increase the bed capacity of the hospital. Also in 1940, the west end of the main building appears to have been converted from patient rooms to an auditorium. Two shed-roof entry porches are located on the east elevation of the 1940 rear wing addition. Both rear wings are similar to the main block in form, materials, and embellishment.

The clinical addition building (referred to as Resource 1CA by the medical center's engineering department) was constructed in 1990 to the west of the main building. The clinical addition (Resource 1CA) is connected to the west end of the main block of the main building (Resource 1) by a three story, flat-roof connector that does not have any windows or entries along its north or south elevations. The connector is slightly recessed from the north and south wall planes of the main block of the main building. The connector is sympathetically designed in regards to the main building, as the exterior is clad in brick and a stringcourse, possibly of concrete, is on the same level as the stone stringcourse between the first and second floors of the main building.

Resource 1C and 45. South Addition to Main Hospital and Veterans Benefits Administration Satellite Regional Office. 1958 and 1981. *Contributing building.*

Resource 1C is a two-story U-shaped building located to the south of the west facade wing of the main building (Resource 1, 1932). It is connected to the main building via a two-story brick hyphen (described with Resource 1). This building, dating to 1958, is covered by a Spanish-tile clad hip roof and is set on a rusticated stone foundation, which may be a veneer cladding. The twelve-bay facade (east) elevation features a central recessed entry bay located beneath a segmental arch of rusticated stone. Stone steps with a metal handrail lead up to the entrance. A balconet similar to the one located above the facade entry of the hospital's main block is present here as well. Windows with six-over-six-light, double-hung sashes are symmetrically placed along the facade. Other details include a stone stringcourse, stone window sills, and exposed rafter tails beneath the overhanging eaves. Administrative offices are located in Resource 1C (1958).

A single-story office addition (Resource 45, 1981) spans the south elevation of Resource 1C (1958). This addition is set on a rock-faced concrete block foundation, is clad with brick laid in a running bond pattern, and is covered by a truncated hipped roof clad in Spanish tile. The overhanging eaves feature exposed wood rafter tails with shaped ends that have been painted white. The building's eastern entrance holds paired nine-light wooden doors and a multi-paned transom above set within a wide, rusticated cast stone surround. Metal lanterns, affixed to the exterior wall, flank the entrance bay. A secondary entrance, which is accessed by a concrete ramp, is located on the south side of the building. A covered arcade featuring square brick piers with cast stone caps and bases, round brick arches, and a wooden handrail between the piers spans the north elevation of the addition. The building's symmetrically arranged fenestration consists of windows with six-over-six-light, double-hung wooden sashes and cast stone sills. Resource 45 was constructed in 1981. Although decidedly modern in appearance, the building was executed with materials that reflect those of the original hospital construction. Offices of the Department of Veterans Benefits are located in Resource 45.

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Resource 1CA. Clinical Addition Building. 1990. *Noncontributing building.*

The clinical addition building (Resource 1CA) is located to the west of the main building (Resource 1, 1932). The addition, constructed in 1990, is set on a poured concrete foundation and is clad with brick laid in a running bond pattern, and the lower slopes of the roof are covered by Spanish tile, while the majority of the roof is flat. The building features sections of varying height and is detailed with stone banding meant to emulate similar courses on the main hospital building (Resource 1). The clinical addition building (Resource 1CA) is connected to the west elevation of the main building (Resource 1) by a three-story, flat-roof connector (described with Resource 1, 1932).

The main entrance located on the southeast corner of the addition consists of a canopy that is covered by a pyramidal roof set on brick piers. The canopy abuts a two-story, hip-roof entry porch with a pyramidal-roof cupola. The entry features paired automatic sliding glass doors with fixed plate glass side windows and transoms. Concrete paving extends from the entrance southwest towards the parking area. The addition's southern and western fenestrations are comprised of symmetrically arranged windows with one-over-one-light, double-hung metal sashes. The east elevation exhibits horizontal rows of plate glass windows. The one-story, flat-roof rear service entrance features overhead doors at the loading dock and large spans of metal-louvered vents.⁸

A smaller 2006 addition projects from the west elevation of the building. Its south elevation is brick, but the remainder of the addition is clad with stucco with horizontal bands of stone or concrete delineating the interior floors of the building. The addition's southerly fenestration is comprised of a single-leaf pedestrian entry with a metal door and symmetrically arranged windows with fixed and one-over-one-light, double-hung metal sashes. No openings are present on the west or north elevations. This addition houses physical therapy facilities and specialty clinics.

Resource 4. Nurses' Quarters. 1932. *Contributing building.*

This L-shaped building, located to the north-northwest of the clinical addition (Resource 1CA, 1990), is composed of a central two-story, hip-roof section and two single-story projecting wings. The building is clad with tapestry brick laid in a five-course American bond pattern. Its roofs are clad with Spanish tile, and its foundation is poured concrete. Other details include overhanging eaves, decoratively shaped and painted exposed rafter tails, a stone water table, and window sills of stone and brick rowlock. Most of the building's windows feature four-over-four- and six-over-six-light wooden sashes, but some have been refitted with vinyl sashes.

The main entrance to the building is located on its eastern elevation beneath a projecting, Spanish-tile clad gable roof that is supported by wooden braces and pilasters. The entrance, which holds a modern multi-pane metal replacement door beneath a rectangular transom, is accessed by a concrete ramp that is set on a brick foundation with a stone cap and metal handrails. Windows with vinyl sashes flank the entry. The entry is found within a single-story, hip-roof wing east of the main two-story block.

The central two-story section of the building is detailed with a projecting brick stringcourse located at the second-floor level. A tall exterior brick chimney is located on the south elevation of this section near its western end, and a single-leaf entry with a metal door and plate glass sidelights is located on main block's north elevation. A metal blower and a metal chimney flue (no chimney stack) pierce the

⁸ Banner Associates, Inc., Laramie, Wyoming, Veterans Administration Medical Center Addition and Alteration, Drawing L-5, Grading Site Plan, North, 1987; Banner Associates, Inc., Laramie, Wyoming, Veterans Administration Medical Center Addition and Alteration, Drawing L-5, Grading Site Plan, North, 1987-1990 Drawing 1-14, Building Elevations A and B, 1987-1990; Drawing 1-15, Building Elevations C and E, 1987-1990; Drawing 1-16, Building Elevations G, H, I, and J, 1987-1990, located in the files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

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north roof slope of the two-story main block. A basement-level entrance, located on the west side of this section of the building, is accessed by a set of concrete steps that are enclosed by a short concrete-edged well with a metal railing and gate enclosing the space.

The one-story, gable-roof wing that projects south from the building's two-story section features a shed-roofed porch on its east side. The porch has been enclosed with Masonite panels set within a timber frame with vertical battens and is set on a stone foundation. Window openings are located on the south and east sides of the porch enclosure, and an entrance also is present on the east side. A large tripartite window is located on the gable end of the single-story wing beneath a slender, louvered and arched vent.

This building originally served as the nurses' quarters and was the closest residential building to the main building. Resource 4 was converted for use as office space in 1959.⁹ It contains offices for the Accounts Receivable, Billing, and the Acquisition and Material Management Service (A&MMS). In 2009, some areas of brick along the foundation and behind downspouts were repointed, as were some of the stone joints.¹⁰

Resource 5. Staff Quarters. 1952. *Contributing building.*

The center rectangular section of this one-story building (Resource 5, 1952), similar to a Ranch house, is oriented to the south with perpendicular, projecting wings at the northeast (rear) and southwest (facade) corners. The building is clad with tapestry brick laid in a five-course American bond pattern. Its hipped roof is sheathed with Spanish tile and feature overhanging boxed eaves. The building rests on a poured-concrete foundation. Its windows, most of which have been refitted with nine-over-nine-light, double-hung replacement vinyl sashes, feature rowlock brick sills and metal lintels.

The facade elevation of the building, which has a stepped profile, holds two picture windows near the center that are flanked by windows with nine-over-nine-light, double-hung sashes. An entrance (presently designated as 5A) accessed by a concrete ramp with pipe handrails is located to the west of the window bays. The entrance is protected by an inset porch that extends from the east side of the aforementioned southern wing. The porch features square wooden supports with shaped wooden brackets and a concrete stoop. Another entrance (presently designated as 5B) is located near the east end of the facade on a perpendicular wall plane. It is protected by a shed extension of the main roof. Square post supports and shaped wooden brackets support the shed roof. Two brick chimneys are located just to the north of the east-west roof ridge of the building. A basement-level entrance is located on the east elevation of the building. Exterior alterations include the replacement of original windows and doors. Located among the other residential buildings, this building originally served as staff quarters, possibly as a duplex, but has been converted for use as offices for Human Resources and Voluntary Services.

Resource 6. Officer's Quarters. 1932. *Contributing building.*

This one-story residence (Resource 6, 1932) is set on a poured concrete foundation, is clad with brownish-red tapestry brick laid in a five-course American bond pattern, and is covered by a series of

⁹ United States Department of Veterans Affairs, "VA Medical & Regional Office Center, Cheyenne, Wyoming, Historical Data," February 1979, 2, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

¹⁰ Poupirt Architects, "Exterior Maintenance: Department of Veterans Affairs Medical Center, Cheyenne, Wyoming," Drawing A2.4 "Building 4, Building Elevations," 2009, located in the files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

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hip roofs that are clad with Spanish tile. Details include deep, overhanging eaves that feature exposed wooden rafter tails with shaped ends that have been painted white. Copper gutters and downspouts with decorative leader heads also are present. Stone is used in contrast to the brick on the porch details, in the water table that surrounds the building, and for the window sills. The building's windows feature four-over-four-light and six-over-six-light double-hung wooden sashes. Exterior metal lanterns located on the facade elevation appear to be original.

The building, which has an asymmetrical footprint, is composed of several hip-roofed sections. The officer's quarters is oriented to the southeast. A flat-roof porch spans the southwestern portion of the facade, sheltering a single-leaf entry with a multi-light wood door. The porch roof is supported by square wooden posts with Y-shaped brackets and small stone bases. A wooden balustrade runs between the porch supports. Immediately to the right of the porch is an offset hip-roofed projection. A secondary single-leaf entry filled with a nine-light door is located to the right of the projection behind a low wall with stone-capped piers.

This building originally served as an officer's residence and at present continues to serve as quarters for hospital staff. The officer's quarters (Resource 6, 1932) is located in the northwest portion of the hospital district, to the west of the staff quarters (Resource 5, 1952). The building appears to retain all original exterior materials, and no alterations to significant features were noted. The building retains its original footprint and overall architectural character. In 2009, brick repair along the foundation of the building, on the side-porch wall, and on one of the side-porch piers was undertaken in a sympathetic manner.¹¹

Resource 7. Manager's Quarters. 1932. *Contributing building.*

This one-and-a-half-story, asymmetrically-massed building is set on a poured concrete foundation, is clad with tapestry brick laid in a five-course American bond pattern, and is covered by a series of hipped, jerkinhead, and gable roofs that are sheathed with multi-colored Spanish tile. The overhanging eaves of the manager's quarters (Resource 7, 1932) feature exposed wooden rafter tails with shaped ends that have been painted white. A wide wooden frieze board is also present. Windows feature six-over-six-light, double-hung wooden sashes with wood lintels and stone sills. Most windows are covered by wooden exterior storm windows. Basement-level window wells, located on the north and east sides of the building, are surrounded by short concrete walls with metal rails on top.

The main entrance to the building faces east and is located within the central one-and-a-half-story, jerkinhead section of the building. A brick chimney topped by a metal cap is located on the south side of the roof. The main entrance, located in the southern bay of the one-and-a-half-story section of the facade, is accessed from a raised porch that features brick half walls with stone sills and granite steps. The wood plank door is protected by a metal screen door, and a metal bell-shaped hood above the opening is clad with standing-seam metal and is supported by thin metal brackets. A slender window with a fixed three-light wooden sash is located to the right (north) of the facade entrance. Paired windows are set within a central bay beneath the clipped gable facade projection. The window bay features a wooden lintel and a stone sill with projecting stone supports beneath. A single-story, hip-roof projection is located to the right of the facade entry. Paired windows are present on the facade (east) elevation of the projection, and a single window is located on the north side of the projection. The north and south elevations of the one-and-a-half-story section of the building have paired and single windows

¹¹ Pouppirt Architects, "Exterior Maintenance: Department of Veterans Affairs Medical Center, Cheyenne, Wyoming," Drawing A2.5 "Buildings 6 and 7, Building Elevations," 2009, located in the files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

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on the first-floor level and small, rectangular louvered vents just below the eave. A one-story, gable-roof projection along the north (right) elevation of the manager's quarters also has single and paired windows and a small louvered vent in the gable. Another entrance is located within a flat-roof frame and glass porch located on a shallow, asymmetrical gable-roof projection on the rear elevation of the building. To the left of the porch is a single window filled with six-over-six-light double-hung sashes.

A single-story, hip-roof wing projects from the south side of the building. A porch, located at the south end of this wing, has been enclosed with Masonite panels set within a wood frame and features windows with one-over-one-light, double-hung aluminum sashes. The porch retains its brick base with stone water table. An entrance and two windows are located on the south side of the porch. A tall, shouldered, exterior brick chimney is centrally located on the wing's rear elevation.

The manager's quarters (Resource 7, 1932) appears largely unchanged from its original construction, except for the enclosure of the porch, the probable modification of the rear entrance, and the installation or modification of the chimney on the south side of the jerkinhead roof. Most original windows appear intact. In 2009, brick along certain sections of the building foundation was repointed and brick walls and piers of the front porch were replaced with brick to match the existing exterior of the building.¹² This resource, located near other residential buildings, was originally used as the hospital manager's quarters but now houses the Veterans Integrated Service Network offices.

Resource 8. Staff Quarters. 1932. *Contributing building.*

This single-story, L-shaped building is set on a poured concrete foundation, is clad with tapestry brick laid in a five-course American bond pattern, and is covered by intersecting hip roofs clad in multi-colored Spanish tile. Details on the building include deeply overhanging boxed eaves with wooden tongue-in-groove soffits and a wide wooden frieze board. Windows feature nine-over-nine-light, double-hung vinyl sashes, brick rowlock sills, metal lintels, and aluminum exterior storm windows. Metal window wells located at the basement level are present on the west and south (facade and left) elevations of the building.

The facade elevation of the main block features two sets of paired windows filled with replacement sashes. The staff quarter's (Resource 8, 1932) facade entrance is located on the east elevation of its northern projection and features a wooden plank door with a small, diamond-shaped light. A single interior brick chimney is located on the building's west (rear) roof plane. The rear elevation is three bays wide. Another entrance, featuring a wood door with multi-paned lights, is located on the south (left) elevation of the building. The entrance is protected by a projection of the roof eave that is supported by shaped wooden brackets.

Alterations to the building include the replacement of original windows. The one-bay-deep porch, located at the northeast corner of the wing that projects to the north, has been enclosed with composite siding and windows with one-over-one-light, double-hung vinyl sashes.

This building originally served as staff quarters but currently houses the District Counsel office, which is responsible for departmental legal activities. The building is located at the southern end of the group of original quarters along the western portion of the hospital historic district.

Resource 11. Garage, Attendants' Quarters, and Animal House. 1932. *Contributing building.*

This two-story building is set on a concrete foundation, is clad with tapestry brick laid in a five-course American bond pattern, and is covered by a gable-on-hip, Spanish-tile clad roof. The roof features wide overhanging eaves with exposed rafter tails that have been shaped and painted white.

¹² Ibid.

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Other details include a stone stringcourse and stone window sills. Windows feature replacement six-over-six-light sashes. A single-story, hip-roof wing projects from the northeast corner of the building.

The garage, attendants' quarters, and animal house building (Resource 11, 1932) is oriented to the southeast. Segmentally arched vehicular bays with overhead doors are located near both ends of the main block's facade (southeast) elevation. The center four bays have been infilled to accommodate single-leaf pedestrian entries with multi-light doors. Ten windows are found along the second floor of the facade.

The southwest (left) elevation of the building features two single-leaf entrances and two windows. The entrance near the southwest corner, located in the second bay from the northwest, is set at ground level and is protected by a Spanish-tile shed roof that is supported by wooden cross braces. Windows flank this entrance bay and a secondary entrance with a flush metal door set in the southeast bay. The upper level of the south elevation holds three window openings. A brick and stone buttress is located at the southeastern corner of the building.

The four-bay facade (southeast) elevation of the single-story, hip-roof wing at the northeast elevation of the main block holds two single-leaf pedestrian entrances, one at ground level and one accessed by a concrete stoop. The latter also is protected by a Spanish-tile clad shed roof supported by wooden cross braces. Windows located on the wing feature eight- and twelve-pane hopper sashes that appear to be replacements.

The garage, attendants' quarters, and animal house building (Resource 11, 1932) houses Engineering Services and is located within the maintenance building group, northwest of the boiler plant (Resource 13, 1932) in the northeast portion of the historic district. In 2009, small areas of the exterior brick and stone were repointed.¹³

Resource 12. Storehouse. 1932. *Contributing building.*

This one-story, cross-gable, storehouse building (Resource 12, 1932) is set on a poured concrete foundation, is clad with tapestry brick laid in a five-course American bond pattern, and is covered by a gable-on-hip Spanish-tile clad roof. A central cross-gable-on-hip-roofed projection is located on the building's facade (northwest) elevation. This projection appears to be a later addition. Details on the building include stone sills at the window openings and overhanging eaves with exposed wooden rafter tails that have been shaped and painted white.

Vehicular bays and pedestrian entries are located on the northeast and southwest elevations of the facade's northwesterly projection. The pedestrian entries are set within segmentally arched bays. Similar pedestrian entries are located on the northwest elevation of the building's main section to either side of the projection.

The rear (southeast) elevation holds eight windows with six-over-six-light, double-hung wooden sashes. The northeast (left side) and southwest (right side) elevations are three window bays wide. An enclosed metal duct extends from the northeast of the building and connects to the boiler plant (Resource 13, 1932) which is located only a few feet away.

This building is located in the northeast portion of the historic district. It currently houses Acquisition and Material Management Service (A&MMS), Supply, and Receiving facilities.

¹³ Pouppirt Architects, "Exterior Maintenance: Department of Veterans Affairs Medical Center, Cheyenne, Wyoming," Drawing A2.6 "Buildings 11 and 13, Building Elevations," 2009, located in the files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

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Resource 13. Boiler Plant. 1932. *Contributing building.*

This large one-story boiler plant (Resource 13, 1932), set on a poured concrete foundation, is clad with tapestry brick laid in a five-course American bond pattern. The building is covered by a gable-on-hip roof that is clad with Spanish tile. The deeply overhanging eave features exposed wooden rafter tails with shaped ends that have been painted white. Smaller wings that telescope in size to the northeast (left) elevation of the building include a one-story, hip-roof wing and a smaller, shed-roof wing. An additional shed-roof wing is located on the southeast (rear) elevation of the building.

The facade (northwest) elevation consists of four large openings with segmental brick arches above. Three of the openings hold multi-paned metal windows with six-pane hinged sashes at the center. The stone water table also serves as a sill along the window openings. A pair of flush metal doors with a blind transom above is located in the second bay from the northeast. An eight-pane rectangular window is located high on the elevation above the door opening and above a projecting brick stringcourse. Large boxed vents flank the window. Several tall metal flues pierce the roof. Another entrance on the northwest elevation of the building is located within the one-story, hip-roof section. A set of flush multi-light double-doors is set within a brick arched opening along the facade elevation. A double-sided concrete stair with metal handrail gives access to these doors.

The southeast elevation of the boiler plant (Resource 13, 1932), which serves as the rear of the building, holds three large multi-paned metal windows topped by brick segmental arches and one small six-pane window that is protected by a metal awning cover. A one-story, shed-roof addition, featuring a louvered door on the southeast side, has been constructed at the center of this elevation. Two boxed vents are located above the projecting brick stringcourse.

The three bays along the right (southwest) elevation of the building contain a single-leaf entrance with a single-light door, a large louvered vent opening, and a single window. An enclosed metal duct connects the boiler plant (Resource 13, 1932) and the storehouse (Resource 12, 1932) which are in close proximity to one another. A bulkhead opening is also located on the right (southwest) elevation of the building.

The boiler plant (Resource 13, 1932) is located in the northeast portion of the historic district. Exterior alterations to the building include the apparent modification of the window openings on the northwest side and the enclosure of an opening on the northeast elevation. The shed-roofed wing on the southeast side of the building also is an addition. The 114-foot brick smokestack that originally stood at the northeast corner of Resource 13 was removed in 1965 after the hospital facility converted its heating plant from coal to gas and oil.

Resource 15. Flag pole. 1932. *Contributing object.*

The flag pole (Resource 15, 1932) within the historic district is located southeast of the entrance to the main building (Resource 1, 1932) and on the east side of the circular driveway. It is situated within a grassy area flanked by a concrete sidewalk on the east with metal fencing for the patient area beyond. The poured concrete base of the flag pole features an octagon-shaped flared base, a projecting lip, and a round-topped shaft. The octagonal-shaped base features flat facets. A metal flag pole projects from the top of the base. The flag pole (Resource 15, 1932) is similar in size and construction to those at other Second Generation Veterans Hospitals, especially those dating to the late 1920s through 1950.

Resource 18. Two-Car Garage. 1932. *Contributing building.*

This one-story, single-bay garage (Resource 18, 1932) is set on a poured concrete foundation and is clad with red tapestry brick laid in a five-course American bond pattern. The garage, oriented to the southeast, is covered by a hipped roof clad with Spanish tile. Architectural details on the garage reflect those used on the quarters buildings, including wide, overhanging eaves with exposed rafter tails with

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shaped ends that have been painted white. The facade (southeast) elevation holds a single overhead door that opens onto a concrete apron and the paved street beyond. The vinyl door is a modern replacement, although it is set within the original wooden frame. Although only one door is present, this building was constructed to house two vehicles. Flush metal replacement doors filling the single-leaf entries are located on the northeast and southwest elevations of the garage. The northwest (rear) elevation holds two nine-light wooden sashes; the openings feature wooden lintels and concrete sills.

The two-car garage (Resource 18, 1932) is located northwest of the manager's quarters (Resource 7, 1932), for whose use it was likely intended. The only alteration noted on the building is the replacement of the original overhead and single-leaf entry doors.

Resource 19. Implement Shed. 1932. *Contributing building.*

This tall, one-story storage building, oriented to the southeast, is covered by a roof that is hipped on the northeast end and has a gable-end termination on the southwest elevation with no eave overhang. The building (Resource 19, 1932) appears to have been modified from its original form, since the southwest end, which holds no openings, is composed of bricks that do not match the other elevations. Brick pilasters on the southern and western corners of the building have been added, and the mortar joints are executed in a different color than the rest of the building.

The building is clad with brick laid in a six-course American bond pattern, and the hipped/gable roof is clad with Spanish tile. The overhanging eaves on the northwest, northeast, and southeast elevations are detailed with exposed rafter tails with shaped ends that have been painted white. The building is set on a concrete foundation. The facade (southeast) elevation has two bays: an overhead door bay and a double-leaf entry with six-light wooden plank doors with a blind rectangular transom above. The northwest (rear) and northeast (right) elevations have two large windows with metal six-over-six-light, awning-type sashes, stone sills, and metal lintels.

Despite the above-mentioned alteration to the building, the implement shed (Resource 19, 1932) retains a large percentage of its original material and continues in its original use. The building is located in the northeastern portion of the historic district to the northeast of the garage, attendants' quarters, and animal house building (Resource 11, 1932).

Resource 20. Eight-Car Garage. 1932. *Contributing building.*

This one-story, eight-bay garage (Resource 20, 1932) is located north of the nurses' quarters (Resource 4, 1932) and is oriented to the south. The garage is set on a poured concrete foundation and is clad with tapestry brick laid in a varied bond pattern. The eight-bay garage is covered by a flat roof with parapet sides and terra cotta coping. Exposed roof joists are visible on the rear (north) elevation of the building. Each of the eight bays on the facade of the building (south elevation) is filled with a replacement vinyl overhead door. The east and west end elevations each have two bays: a single-leaf entry filled with a metal door and a single window with a metal six-light awning-type sash. Similar windows span the building's rear elevation.

In 2009, brickwork along the south elevation foundation, on the east and west ends, and above the entrance doors was repointed.¹⁴ Records provided by the engineering department indicate that this building was constructed in 1932 with modifications made in 1959. Obvious exterior alterations include

¹⁴ Pouppirt Architects, "Exterior Maintenance: Department of Veterans Affairs Medical Center, Cheyenne, Wyoming," Drawing A2.9 "Building 20, Building Elevations," 2009, located in the files of the Engineering Department, Cheyenne Veterans Affairs Medical Center, Cheyenne, Wyoming.

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the replacement of the original overhead doors and side entrance doors. The garage (Resource 20, 1932) at present is used as a storage facility.

Resource 23. Emergency Generator Plant/Maintenance Shop. 1988. *Noncontributing building.*

This front-gable, one-story shop building is covered by a standing-seam metal-clad gable roof, is clad with profiled metal siding, and is set on a poured concrete foundation. Oriented to the southwest, the northeast and southwest elevations have centrally located overhead garage doors that open onto concrete aprons. Rows of 14 single-pane windows are located high on the side elevations. A single-leaf entrance with a metal door is located on the facade of the building. The emergency generator plant/maintenance shop (Resource 23, 1988) is located in the northeast portion of the historic district, northeast of the implement shed (Resource 19, 1932). Historical photographs show that two Quonset huts formerly occupied the sites now occupied by Resources 23 and 23A.

Resource 23A. Grounds Equipment Building. 2003. *Noncontributing building.*

This tall, one-story, single-bay building is located very close to the southeast elevation of the emergency generator plant/maintenance shop (Resource 23, 1988). Both buildings are located in the northeastern corner of the historic district. Historical photographs show that two Quonset huts formerly occupied the sites now occupied by Resources 23 and 23A. The grounds equipment building (Resource 23A, 2003), oriented to the southwest, is set on a poured concrete pad and is clad with profiled metal siding. The grounds equipment building (Resource 23A, 2003) is covered by a slightly-pitched gable roof that is also clad with metal. A tall vehicular bay filled with an overhead metal door that opens onto a concrete apron is centrally located on the facade (southwest) elevation of the building, and a single-leaf entrance filled with a metal door is centrally located on the northeast (rear) elevation. There are no window openings on the building.

Resource 25. One-Car Garage. 1959. *Contributing building.*

This one-story, single-bay garage (Resource 25, 1959), oriented to the southeast, is located to the rear (west-northwest) of the staff quarters (Resource 8, 1932) in the west portion of the historic district. The building is set on a poured concrete foundation and is of concrete block construction. The exterior is clad with brick laid in a running bond pattern. The flat roof has parapet walls with terra cotta coping along the edges. Exposed wood joists are visible on the rear (northwest) elevation of the building. The single, vinyl overhead door filling the facade bay opens onto a concrete apron. A single window with a six-light metal sash is centrally located on the rear elevation. The rear elevation has exposed concrete block and is not clad with brick. The only alterations noted are the replacement of the original garage door and the change of use from a vehicular garage to a storage facility. This building is similar in design to another garage (Resource 26, 1959) that was constructed at the same time.

Resource 26. Two-Car Garage. 1959. *Contributing building.*

This one-story, two-bay, flat-roof garage (Resource 26, 1959) is oriented to the southeast. The two-car garage is of concrete block construction clad with brick laid in a running bond pattern on the facade (southeast) and side (southwest and northeast) elevations. The building is supported by a poured concrete foundation. The two-car garage (Resource 26, 1959) is covered by a flat roof with parapet walls topped with terra cotta coping. Both of the two vehicular bays on the facade (southeast) elevation have replacement vinyl overhead doors that open onto a concrete apron. The rear (northwest) elevation of the building has exposed concrete block and two windows with six-light metal sashes and concrete sills and lintels. Exposed roof joists are present on this elevation as well.

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This one-story garage is located north of the officer's quarters (Resource 6, 1932) in the northwest portion of the historic district. This building is similar in design to a one-car garage (Resource 25, 1959) which was constructed at the same time.

Resource 28. Greenhouse. 1961. *Contributing structure.*

This one-story, gambrel-roofed structure is comprised of glass panels set within an aluminum frame atop a low brick-veneered concrete-block wall. The ridgeline of the greenhouse (Resource 28, 1961) is oriented northwest-southeast with an entrance located in the northwest end. The interior features of the greenhouse (Resource 28, 1961) include an earthen floor and wood and metal shelving. The greenhouse (Resource 28, 1961), which is equipped with electricity, currently is unused. It is located in the northeast portion of the historic district, northeast of the boiler plant (Resource 13, 1932).

Resource 31. Primary Switchgear Building. 1978. *Noncontributing building.*

This one-story, single-bay, flat-roof building is located in the northern portion of the historic district. Oriented to the north, the primary switchgear building (Resource 31, 1978) is set on a poured concrete foundation and is clad with brick. A pair of metal doors is centrally located on the north elevation of the building and opens onto a short concrete apron. Single-leaf entrances with metal doors are located on the side (east and west) elevations of the building. There are no window openings, but vent openings with metal louvers are located above the single-leaf doors, and a vent is located on the west elevation. The south (rear) elevation has no bays.

Resource 41. Picnic Shelters. Circa 1994. *Noncontributing structures (2).*

There are two picnic shelters (Resource 41, circa 1994) and a stone barbeque pit located at the northwestern edge of the historic district within the wooded windbreak. One shelter is square in plan and is constructed of stacked stone columns and half walls. The frame, pyramidal roof is clad with Spanish tile. A shed roof lean-to has been constructed on the southwest side of the shelter to provide additional covered space for visitors. Another picnic shelter, located north of the previously described shelter, is rectangular in footprint, of frame construction, is covered by a gable roof clad with asphalt shingles, and is set on a poured concrete foundation. A metal plaque on the frame picnic shelter notes that it was erected in 1994 by the Veterans of Foreign Wars and the Ladies Auxiliaries, Department of Colorado and is "Dedicated To Those Who Served." The stone fireplace, located southeast of the stone picnic shelter, is of stacked stone construction with single shoulders. The chimney stack features large stone slabs on the shoulders, the chimney cap, and the mantle and side shelves. The fireplace opening is supported by a stone arch with a large keystone.

Resource 42. Grounds Equipment Building. 1954. *Noncontributing building.*

This one-story, two-bay, metal storage structure has a slight shed-roof. The grounds equipment building (Resource 42, 1954) is clad with corrugated and profiled metal siding with metal coping along the roof edge and is set on a poured concrete foundation. The corrugated metal along the facade may be the original cladding. The profiled metal siding along the side elevations and the roof, and the metal coping along the roof edge appear to be replacement material dating to the last decade. Oriented to the northeast, the facade of the structure holds large vehicular openings that are covered by hinged gates of metal wire. The structure is located in the northeast portion of the historic district. The greenhouse (Resource 28, 1961) is located at the southwest corner of the grounds equipment building (Resource 42, 1954).

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Because of the replacement material, this utilitarian building no longer appears to date to the period of significance, but looks to have been constructed within the last two decades. With this loss of integrity, the grounds equipment building (Resource 42) does not contribute to the historic district.

Resource A. Gate Posts at Main Entrance. Circa 1990s. *Noncontributing object.*

The present entry gate was constructed subsequent to the relocation of the main entrance to the hospital campus. The entry gate is comprised of tall brick piers with flat stone caps that flank the main drive at East Pershing Boulevard. A brick wall panel that extends from the eastern pier holds an arched opening that features signs displaying the Department of Veterans Affairs seal and the Veterans Affairs Medical Center emblem. Metal fencing, consisting of tall pickets with fleur-de-lis points and horizontal rails, runs between the piers that extend along the concrete sidewalk that parallels the roadway. This pier and metal fence gives way to a chain-link fence at the corners of the historic district. It does not appear that any of the elements of the current fence date to the period of significance.

Resource B. Greenhouse. Circa 2005. *Noncontributing structure.*

This one-story, gable-roof, metal-frame greenhouse (Resource B, circa 2005) is located to the east of the main building (Resource 1, 1932). The structure features glass or acrylic walls and roof and is set on a concrete pad. Entrance doors are located on the gable ends of the structure.

Resource C. Vietnam Memorial. 1975. *Noncontributing object.*

This modest memorial is located south of the main building (Resource 1, 1932) and is accessed via a concrete walkway that is edged with brick. The memorial (Resource C, 1975), which is located within the curved end of the walkway, consists of a brick wall panel with a stone cap and a recessed niche that holds a bronze plaque inscribed with a dedication text. The area is heavily landscaped with shrubs and trees.

Integrity

As a historic district eligible under both Criteria A and C, the Cheyenne VA Hospital Historic District should retain a high degree of integrity of the resources' physical characteristics, including materials, workmanship, and design, and more ephemeral characteristics related to the historic district as a whole, such as location, setting, association, and feeling. Design refers to both the individual resources and the historic district as a whole. Although the resources within the historic district do not have to be individually exceptional, the resources and the historic district as a whole have to continue to reflect the spatial patterns and associations of the hospital campus dating to the period of significance. To retain integrity under Criterion A, the individual resources must retain those character-defining features that are necessary to convey their role in the mission of the federal government, through the VA, to provide general medical and surgical care to veterans throughout the state. These features are often found in the overall form, massing, and scale of the buildings and their relationship to one another within the historic district. To retain integrity under Criterion C, the individual resources must retain those character-defining features identified with the design of the specific building type and hospital sub-type as defined in the MPDF. This includes those features required under Criterion A, as well as noteworthy stylistic details and historical materials.

The Cheyenne Veterans Affairs Medical Center continues to serve as a medical facility and retains much of its original appearance dating to the period of significance. Contributing buildings retain most of their character defining details such as tapestry brick exteriors and architectural elements relating to the Mission and Spanish Colonial Revival styles. The hospital and associated campus are located at

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their original location. The only buildings dating to the period of significance known to have been demolished include Quonset huts and the 114-ft smokestack formerly located northeast of the boiler plant (Resource 13, 1932).

Like other Period II general medical and surgical hospitals, minimal natural attributes of the landscape of the Cheyenne VA Hospital Historic District were utilized in the placement of buildings and linear plan for sidewalks for patients, staff and visitors, mainly because of the flat topography of the site. The historic district retains much of its original spatial pattern of open lawns. New and enlarged parking lots continue to provide open areas in keeping with the spatial design associated with the period of significance. Open spaces remain north and south of the main building (Resource 1, 1932) and around the residential buildings. While the construction of several buildings and additions after the period of significance, such as the clinical addition (Resource 1CA, 1990) do impact the overall design and setting of the historic district, their construction is sympathetic to the existing buildings to mitigate their impact to the landscape. The shelterbelt located along the northern and western boundaries of the historic district appears to be a landscape characteristic unique to the Cheyenne VA Hospital Historic District among Second Generation Veterans Hospitals and it seems to remain somewhat intact, although several sections have been replanted. The historic district continues to provide open areas and spatial relationships in keeping with the period of significance.

A major change to the landscape of the historic district is the relocation of the main entrance drive. A plat of the campus originally dated 1946 and revised to 1952 only indicated the original main entry drive leading from East Pershing Boulevard to the circular drive to the front of the main building (Resource 1, 1932).¹⁵ At some later date a second drive was added to the campus extending from the maintenance/utility group to East Pershing Boulevard to the east of the original entry drive. The original linear and the later secondary drives leading from East Pershing Boulevard into the Cheyenne VA Hospital Historic District have been rerouted into a single curvilinear drive, which is visually compatible with the remainder of the historic district's circulation network.

Changes to the contributing buildings include replacement windows, replacement doors, enclosed windows and porches, and additions. Replacement windows are found on the main building (Resource 1, 1932), nurses' quarters (Resource 4, 1932) and staff quarters (Resource 8, 1932). Replacement doors are found on the main building (Resource 1, 1932), nurses' quarters (Resource 4, 1932), the two-car garage (Resource 18, 1932) and eight-car garage (Resource 20, 1932). The replacement windows and doors moderately diminish integrity of design, materials, and workmanship of the buildings because they do not reflect the originally installed windows and doors and alter the buildings' appearance dating to the end of the period of significance. The center four bays of the garage, attendants' quarters, and animal house (Resource 11, 1932) have been enclosed with brick and pedestrian doors. The windows on the northeast and northwest elevations of the boiler plant (Resource 13, 1932) have also been enclosed with brick. Porches have been enclosed on the main building (Resource 1, 1932), nurses' quarters (Resource 4, 1932), manager's quarters (Resource 7, 1932), and staff quarters (Resource 8, 1932). While they have been altered, the former locations of the enclosed windows, doors, and porches are clearly visible. Although these changes all diminish the characteristics of design, materials, and workmanship of the individual resources, they do not significantly diminish these characteristics of the buildings, and the resources continue to contribute to the significance of the historic district. Although none of these individual changes substantially diminish integrity, these modifications can cumulatively impact the integrity of the historic district as a whole. Even with these

¹⁵ United States Department of Veterans Affairs, files of the Engineering Department, Veterans Affairs Medical Center, Cheyenne, Wyoming.

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cumulative modifications, the historic district retains its ability to convey its historic significance. The interiors of the majority of the buildings within the historic district, although not fully investigated, appear to have lost integrity due to alterations made over time to adapt them to changing uses and standards in medical care.

The introduction of buildings or other resources to the historic district after the period of significance can diminish integrity of design and setting, especially buildings or additions with large footprints or massing. The majority of buildings/structures added to the Cheyenne VA Hospital Historic District are small and do not interrupt the original spatial qualities of the design or setting, including the picnic shelters (Resource 41, circa 1994); primary switchgear building (Resource 31, 1978); gate posts at the main entrance (Resource A, circa 1990s); greenhouse (Resource B, circa 2005); and the Vietnam Memorial (Resource C, 1975). However, a large building was constructed adjacent to the main building (Resource 1, 1932) after the period of significance: the clinical addition (Resource 1CA, 1990). This addition, along with the new addition to the south addition of the main building (Resource 1C and the Veterans Benefits Administration Satellite Regional Office, 1958 and 1981), have been generally sympathetic to the original construction in form and materials. The clinical addition (Resource 1CA, 1990) is connected by a corridor to the west end of the main building (Resource 1, 1932) behind the south addition to the main building (Resource 1C, 1958). The clinical addition (Resource 1CA) is constructed of brick that mimics tapestry brick, the roof slopes are sheathed in clay tiles and exhibits a stepped three-story profile, largely diminishing the clinical addition's conspicuousness and therefore its impact on the integrity of the historic district. The Veterans Benefits Administration Satellite Regional Office (Resource 45, 1981) is also constructed of compatible materials to the south addition to the main hospital building (Resource 1C). The varying roof heights of the one-story Veterans Benefits Administration Satellite Regional Office (Resource 45, 1981) and the two-story south addition (Resource 1C, 1958) to the main building, as well as their compatible construction make it seem as if they are an extension of the main building, although the roof design of the Veterans Benefits Administration Satellite Regional Office (Resource 45, 1981) appears to date to the later half of the twentieth century with its roof slope obscuring the flat roof of the building. Although these additions and new construction interrupt the original character of the historic district and diminish the qualities of setting and design, they do not render the main building and south addition to the main building as noncontributing. The main building (Resource 1, 1932) retains the majority of its character defining details dating to the period of significance. It retains sufficient integrity to contribute to the historic district. None of the additions, buildings and structures introduced to the historic district after the period of significance redirect attention from the monumental main building (Resource 1, 1932), which continues to serve as the focal point of the historic district.

Although the cumulative effect of modifications, loss of structures, construction of new buildings and additions after the period of significance, and the relocation of the main entrance drive diminishes the integrity of design and setting, the historic district continues to reflect its historic significance. The evolution of the buildings and setting does not reach the point to render the historic district not eligible for listing in the National Register of Historic Places. The historic district retains the majority of resources constructed during the period of significance, and the overall district retains integrity of location, setting, design, materials, workmanship, feeling and association to convey the significance of the historic district. The Cheyenne VA Hospital Historic District continues to communicate its sense of time and place as a hospital constructed during the period of significance, its connection to other veterans hospitals of this typology, and as an excellent example of a Period II general medical and surgical Second Generation Veterans Hospital.

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The Second Generation Veterans Hospitals are a physical reminder of the federal government's pledge to the health care of veterans of World War I and World War II. As stated in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form, "these medical facilities reveal a profound shift from the medical care offered to veterans at the federal level prior to World War I."¹⁶ Prior to the development of the Second Generation Veterans Hospitals, the federal government primarily offered health and domiciliary care to Union veterans of the Civil War through the eleven branches of the National Homes for Disabled Volunteer Soldiers (NHDVS). After the end of hostilities during World War I, it was recognized that these existing hospital facilities were inadequate for returning veterans. Initially, existing hospital services at the training bases across the country were utilized for returning soldiers that had been discharged from the military. The temporary structures at the training bases were deemed fire hazards and inadequate for the number of veterans requiring medical care. Therefore, steps were taken to create permanent facilities at various locations throughout the country. Standardized designs were developed for buildings within the campus settings of these hospitals to create efficiency of costs and construction time. Three types of hospitals were developed to meet the needs of these veterans: neuropsychiatric, tuberculosis, and general medical and surgical hospitals. A fourth sub-type of hospital was developed by the Veterans Administration, the homes/general medical hospitals. Only three examples of these hospitals were constructed and included a mixture of domiciliary and general medical hospital services. The first Second Generation Veterans Hospitals were designed and constructed by various federal entities, including the Treasury Department, Quartermaster Corps of the Army, and the Bureau of Yards and Docks of the Navy. These hospitals (referred to as Period I veterans hospitals) were built from 1919 through the mid-1920s and utilized minimal exterior decorative elements. Starting in the late 1920s, these hospitals began to be designed by in-house architects employed by the Veterans Bureau and later by the Veterans Administration. Standardized designs continued to be developed, with the majority of facilities utilizing a mixture of Colonial Revival and Classical Revival architectural styles. But the architects also utilized, in certain instances, architectural styles that were in line with a local area's or regions historic building traditions. This is exemplified by the use of Mission and Spanish Colonial Revival styles at the Tucson, Arizona, veterans hospital and the Pueblo Revival and Spanish Colonial Revival style at the Albuquerque, New Mexico, facility. The French Colonial style with Classical Revival influences is found on the exteriors of the buildings at the Alexandria, Louisiana, veterans hospital.

General medical and surgical Second Generation Veterans Hospitals were smaller than veterans neuropsychiatric hospitals because of the quick turnover of patients at the general medical hospitals. Patients at neuropsychiatric hospitals tended to stay for longer periods, and thus contained a larger patient population. Attributes of Period II general medical and surgical Second Generation Veterans Hospitals include being situated in a campus setting within a tract of 50–100 acres, although larger tracts could accommodate expected expansion of the facility; buildings typically separated by original function into three groups; because of the usually smaller campus, the three groups of buildings could be constructed in closer proximity to one another than those of a neuropsychiatric veterans hospital; the smaller campus also usually involved less use of curvilinear drives and the natural topography of the site in terms of the layout of buildings, drives, and sidewalks; being located on a slightly elevated tract with the main building situated on a rise; the main buildings were often constructed in an H-shape, with wings extending from the facade and rear of the building; a reduced number of buildings within the

¹⁶ Trent Spurlock, Karen E. Hudson, Dean Doerrfeld, and Craig A. Potts, United States Second Generation Veterans Hospitals National Register of Historic Places Multiple Property Documentation Form (Lexington, Kentucky: Cultural Resource Analysis, Inc., 2011): E-3. Listed in the National Register of Historic Places January 2012.

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campus in comparison with neuropsychiatric veterans hospitals; usually only a single additional patient building, if any, other than the main building is located on campus; types of buildings constructed on the campus include the kitchen/dining hall building, recreation building, staff residential quarters, warehouse, garage, water tower, laundry, and boiler house. Flag poles are located at every Second Generation Veterans Hospital, usually near the main building. In certain instances a general medical and surgical hospital may have an office building on the campus, containing administrative and regional office services. Because of the reduced size of the general medical and surgical hospitals in relation to neuropsychiatric hospitals, maintenance and utility services were often incorporated into the kitchen/dining hall building, such as the attendant's quarters, boiler plant, and/or garage.

Buildings and hospitals continued to be constructed during and after World War II that utilized the design philosophies developed for Second Generation Veterans Hospitals. These hospitals, constructed to meet the needs of World War I and World War II veterans, continued to be built in campus settings with buildings serving specific functions. Patient buildings in the late 1940s began to be constructed with more stories and less exterior decoration than previous examples. In 1950 the last hospital was constructed utilizing the patterns and themes developed for the Second Generation Veterans Hospitals, although the design philosophies could continue to be utilized at a campus for a period of time after 1950. This may be seen in the placement, massing, and architectural design of new buildings within a Second Generation Veterans Hospital campus that are sympathetic with the period of significance outlined in the MPDF. To address the medical needs of veterans returning from World War II, the VA began a substantial building program of hospitals. These medical facilities, referred to as Third Generation Veterans Hospitals, tended to be vertical towers with many services contained in a single building, rather than numerous buildings situated within a campus setting.

Areas of Significance: Criterion A

Health and Medicine

The Cheyenne VA Hospital Historic District is eligible under Criterion A in the area of Health and Medicine at the state level of significance because of the role the Cheyenne VA Hospital played in the mission of the federal government through the VA to provide quality health care to the nation's veterans, primarily those who served in World War I and World War II. Thousands of veterans from Wyoming and adjacent states received subsidized general medical and surgical care during the period of significance that they may not have received if the federal government had not provided such treatment for them. The Federal Board of Hospitalization, including VA administrator Frank T. Hines, proposed locating a new federal general medical hospital in Cheyenne to serve veterans in Wyoming and portions of Colorado and Nebraska. Cheyenne was chosen because of its access to major transportation routes, its proximity to adjacent states, and plentiful water supply.¹⁷ President Herbert Hoover subsequently approved the Federal Board of Hospitalization's recommendation to locate the facility near Cheyenne.¹⁸ One condition the city had to meet was to donate the land for the hospital. Community leaders in Cheyenne created a committee to search for potential hospital sites. After an examination of possible locations, a 600-acre site was chosen and the \$10,000 cost was divided by the city of Cheyenne and Laramie County. An appropriation of \$500,000 for construction of the hospital was authorized by the Federal Board of Hospitalization and approved by President Herbert Hoover in

¹⁷ "Gen. Hines Okehs Veterans Hospital for Wyoming," *Thermopolis Independent Record*, February 6, 1931;

"Why Cheyenne Was Chosen Site for Veterans Hospital," *Thermopolis Independent Record*, October 30, 1931;

"Cheyenne is Awarded Veterans Hospital," *Thermopolis Independent Record*, October 16, 1931.

¹⁸ "Cheyenne is Awarded Veterans Hospital," *Thermopolis Independent Record*, October 16, 1931.

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May 1932. The federal project was a major investment in the community.¹⁹ In January 1933, the plans of the main building (Resource 1, 1932) were revised in order to accommodate the regional offices of the Veterans Administration within its east wing.²⁰ The Cheyenne, Wyoming, facility was one of three new hospitals and additions to existing veterans hospitals that was funded by the seventh construction act (Public No. 868, 71st Congress) passed by congress in March 1931. By the time the 1932 annual report for the VA was published, nearly \$16 million had been appropriated under this act.²¹ The general medical and surgical hospital was expected to have a capacity of 108 patient beds.²² The facility officially opened on May 4, 1934, and was equipped to handle more than 100 patients.²³ On June 30, 1938, the Cheyenne VA Hospital's capacity remained the same as its opening in 1934, with 108 beds. It was estimated that an additional 45 beds would be added to the facility by mid-1940.²⁴ An auditorium and a medical wing were added to the main building in 1940, the latter increasing the hospital's capacity to 142 beds.²⁵ By June 30, 1941, the Cheyenne VA Hospital had a capacity of 151 beds. According to the 1941 annual report, over \$576,000 had been spent on the initial construction and improvements for the Cheyenne VA Hospital.²⁶ By mid-1945 the capacity of the Cheyenne VA Hospital had increased to 201 beds.²⁷ The June 30, 1946, annual report indicates the Cheyenne VA Hospital had a total capacity of 201 beds, comprised of 151 standard beds and 50 emergency beds if its standard capacity needed to be exceeded. All 201 beds were in use at the general medical and surgical hospital on June 30, 1946; 17 beds were in use by neuropsychiatric patients and the remaining 184 beds were filled by general medical and surgical patients.²⁸ The hospital retained the same bed capacity in 1950.²⁹ The capacity of the facility decreased to 151 beds in 1955, and the average annual daily patient load was 112 beds.³⁰ The VA regional office was located at the Cheyenne VA Hospital from its opening until 1946, when it was then moved downtown. With the expansion of the hospital in

¹⁹ "Cheyenne Veterans Hospital Is Authorized Saturday by U.S. Hospitalization Board," *Wyoming State Tribune*, May 28, 1932; "Bids Are Asked For Vet Hospital Here," *Wyoming State Tribune*, July 11, 1932; United States Department of Veterans Affairs, "VA Medical & Regional Office Center, Cheyenne, Wyoming, Historical Data," February 1979, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

²⁰ "Building Offices for Veterans Bureau Here, Wires Gen. Hines," *Wyoming Eagle*, January 13, 1933.

²¹ *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1932* (Washington, D.C.: U.S. Government Printing Office, 1932): 21–22.

²² *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1933* (Washington, D.C.: U.S. Government Printing Office, 1933): 14, 75.

²³ "New Vets Hospital Here Opened Today," *Wyoming State Tribune*, May 4, 1934.

²⁴ *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1938* (Washington, D.C.: U.S. Government Printing Office, 1938): 111.

²⁵ *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, 50th Anniversary 1934–1984* (Cheyenne: Veterans Administration, 1984).

²⁶ *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1941* (Washington, D.C.: U.S. Government Printing Office, 1942): 107, 116.

²⁷ *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1945* (Washington, D.C.: U.S. Government Printing Office, 1946): 129.

²⁸ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1946* (Washington, D.C.: U.S. Government Printing Office, 1947): 98.

²⁹ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1950* (Washington, D.C.: U.S. Government Printing Office, 1951): 139.

³⁰ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1955* (Washington, D.C.: U.S. Government Printing Office, 1956): 162.

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the late 1950s with Resource 1C, the regional office returned to the Cheyenne VA Hospital.³¹ Even though the regional offices of the VA did not provide direct patient care, they served veterans with assistance in pensions, compensation, insurance, and vocational rehabilitation training. The Cheyenne VA Hospital Historic District continues to serve as a physical reminder of medical care provided by the federal government through the VA to veterans throughout the period of significance.

Area of Significance: Criterion C

Architecture

The Cheyenne VA Hospital Historic District is eligible under Criterion C in the area of Architecture at the state level of significance as an excellent example of a Period II general medical and surgical Second Generation Veterans Hospital utilizing a mixture of Mission and Spanish Colonial Revival architectural styles. The historic district retains buildings and landscape characteristics of the general medical and surgical hospital sub-type. The Mission and Spanish Colonial Revival architectural styles were nationally popular in the early twentieth century, and the Cheyenne VA Hospital Historic District appears to be a rare example of a Second Generation Veterans Hospital to utilize these architectural styles within a single campus. The Cheyenne VA Hospital Historic District is an excellent example of the use of these architectural styles within the general medical and surgical sub-type. The historic district includes characteristics of this sub-type, such as buildings located on a tract between 50 and 100 acres (although originally the tract contained 600 acres); buildings separated by original function into three groups (central core, staff residences, and maintenance/utility group); the three groups being located in close proximity to one another; the original access drive was a linear lane extending to the front of the main building, but it has been replaced with a curvilinear entrance drive; curvilinear drives did extend to the front and rear of the staff residences; similar building types situated within the historic district dating to the period of significance, including the main building, staff residential quarters, the garage/attendants' quarters/animal house, warehouse, flag pole, boiler plant, garages, and the office building (Resource 1C) constructed for the regional offices. Because of the topography of the site, the main building could not be erected on a rise. The design of the main building also allowed for the auditorium and kitchen/dining hall services to be contained within the building.

The mixture of Mission and Spanish Colonial Revival architectural styles allows the Cheyenne VA Hospital Historic District to stand on its own among the Second Generation Veterans Hospitals. Attributes of the Mission architectural style include low pitched hip roofs covered in red tiles, arched bays, quatrefoil bays, exterior walls covered in stucco, varying facade wall planes, balconies, bell towers, painted exposed rafter tails, and minimal exterior ornamentation except for possibly a stringcourse. The Spanish Colonial Revival architectural style shares similarities with the Mission style but is also characterized by columns or pilasters (often used with arcades), window grilles (in metal or wood), asymmetrical fenestration, and parapets of varying designs. The asymmetrical main building exhibits qualities of the Mission and Spanish Colonial Revival architectural styles such as a bell tower, various projections, a Spanish red tile roof, balconies with wood supports and railings, a segmental entry bay, and the exposed painted rafter tails. The main building (Resource 1) does not follow the standardized designs developed for other Period II Second Generation Veterans Hospitals, nor does the staff residences. The maintenance/utility buildings, such as the boiler plant, follow the general

³¹ "Program for VA Building Dedication Set," *Wyoming State Tribune*, November 1, 1959; "VA Center Dedication Held Today," *Wyoming State Tribune*, November 10, 1959; *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, 50th Anniversary 1934-1984* (Cheyenne: Veterans Administration, 1984).

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massing and design of similar buildings at other Period II facilities, although with exteriors supporting minimal detailing of the Mission and Spanish Colonial Revival styles. Another character-defining detail of the Cheyenne VA Hospital Historic District is the buildings' brickwork. Tapestry brick was used as the cladding material for all of the buildings. These are a variegated, rough-textured brick popular in the early twentieth century. Fiske & Co., Inc. was one company that produced tapestry brick. They came in various ranges, from red to gray to golden-buff and included various colors such as copper, olive green, brown, and deep blue. These bricks were designed to catch the light and produce a decorative, patchwork finish.³² The Cheyenne VA Hospital may be the only Period II Second Generation Veterans Hospital to have used this type of brick for exterior cladding, which enhanced the design of the buildings within the historic district with its mixture of architectural styles and earth-tone brick cladding that is complementary to the surrounding landscape. The architectural style utilized for the Cheyenne VA Hospital Historic District was developed by the VA's Construction Service in keeping with the region's historic architectural practices. The mixture of Mission and Spanish Colonial Revival styles was viewed as an appropriate interpretation of "western" architecture suitable for Wyoming, rather than the Colonial Revival/Classical Revival architectural styles utilized at the majority of Second Generation Veterans Hospitals, especially those in the eastern half of the nation. The Cheyenne VA Hospital Historic District is an excellent Period II general medical and surgical Second Generation Veterans Hospital that combines a mixture of architectural styles for the creation of a unique set of regional buildings and a campus that retains characteristics associated with this hospital sub-type.

Historical Narrative

The initial request for a veterans hospital in Wyoming was put forth in a 1931 bill drafted by the National War Mothers. Interested in the healing benefits of the hot springs at Thermopolis, Wyoming, the War Mothers of Thermopolis proposed the construction of a federal hospital on the Hot Springs State Reserve. Both houses of Congress passed the bill, though the provision for locating the facility in Thermopolis was eliminated.³³ In February 1931, Veterans Administrator Frank T. Hines officially recommended that a veterans hospital be constructed in Wyoming, but he did not specify a location. Hines also requested that the new hospital be a combined facility, containing both the hospital and the regional offices of the VA. At the time the regional offices were located in Casper, Wyoming, and provided nearly \$50,000 in wages to the local economy. Casper and Thermopolis continued to actively be chosen as the site of the new federal facility.³⁴ A three member committee of the Federal Board of Hospitalization, including the administrator of the VA (Frank T. Hines), visited Wyoming in July 1931 to investigate possible locations for a new federal hospital. The Federal Board of Hospitalization, during its review of possible sites for the federal hospital, proposed constructing a general hospital at Fort McKenzie in Sheridan with a veterans hospital possibly to be constructed near Cheyenne.³⁵ According to a newspaper account, upon notification that the Federal Board of Hospitalization had chosen Sheridan for the location of a veterans hospital, "local civic organizations and individuals got together, and through Wyoming's representatives at Cheyenne, were able to get the board to review their action

³² Demetra Aposporos, "Bricks that Broke the Mold," *Old House Journal online*, <http://www.oldhousejournal.com/magazine/2006/june/Clinker-bricks.shtml> (accessed on May 23, 2011).

³³ Kurt Schweigert and Carrie Schomig, *Wyoming Military Historic Context, 1920–1989*, (Golden Colorado: Tec, Inc., 2009), 199–200.

³⁴ "Gen. Hines Okehs Veterans Hospital for Wyoming," *Thermopolis Independent Record*, February 6, 1931.

³⁵ "Why Cheyenne Was Chosen Site for Veterans Hospital," *Thermopolis Independent Record*, October 30, 1931.

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with the result that an entirely separate unit was given the state aside from the Sheridan hospital.”³⁶ The second location selected by the Federal Board of Hospitalization for a veterans hospital was Cheyenne. President Herbert Hoover subsequently approved the Federal Board of Hospitalization’s recommendation to locate the facility near Cheyenne.³⁷ Factors considered in choosing Cheyenne as the location of the hospital included its proximity to Nebraska and Colorado, an abundant supply of mountain water, and accessibility by railroad, highway, and air.³⁸

A 600-acre tract called the “Cotton site,” situated east of Cheyenne, was chosen as the location of the proposed hospital. The tract, comprised of parcels formerly owned by the Schipper-Black Company and Everett Glafche, was purchased jointly by the City of Cheyenne and Laramie County for \$10,000 and donated to the federal government.³⁹ An appropriation of \$500,000 for construction of the hospital was authorized by the Federal Board of Hospitalization and approved by President Hoover in May 1932.⁴⁰

Plans for the hospital were submitted to the Veterans Administration construction program in June 1932, and bids for its construction were requested in August. The general construction contract was awarded to the Henry B. Ryan Company, which presented a bid of \$214,000.⁴¹ Frank S. Murray, vice president of the Chicago firm, indicated that, excepting foremen, all laborers would be hired locally, be paid the prevailing wage, and carry union membership.⁴² Other contractors contributing to the project included the H.A. Baker Construction Company, Gilbert Nelson, Linn Brown, the Central Realty and Engineering Company of Wichita, John Morandin, and the Otis Elevator Company.⁴³

Administrator Hines conducted an inspection of the hospital site in September 1932⁴⁴. During this visit, Hines estimated that construction of the 150-bed facility would be completed within eight months.⁴⁵ In January 1933, the plans of the main building (Resource 1, 1932) were revised in order to accommodate the regional offices of the Veterans Administration within its east wing.⁴⁶ Final inspection of the Cheyenne facility was conducted in June 1933.⁴⁷

³⁶ “Cheyenne is Awarded Veterans Hospital,” *Thermopolis Independent Record*, October 16, 1931.

³⁷ “Cheyenne is Awarded Veterans Hospital,” *Thermopolis Independent Record*, October 16, 1931.

³⁸ “Why Cheyenne Was Chosen Site for Veterans Hospital,” *Thermopolis Independent Record*, October 30, 1931.

³⁹ “Site East of City Selected for New Veterans Hospital,” *Wyoming State Tribune*, January 16, 1932; “Hospital Site Proceedings Win Approval,” *Wyoming State Tribune*, June 7, 1932; *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, Dedication of Veterans Benefits Regional Office Annex* (Cheyenne: Veterans Administration, 1982).

⁴⁰ “Cheyenne Veterans Hospital Is Authorized Saturday by U.S. Hospitalization Board,” *Wyoming State Tribune*, May 28, 1932.

⁴¹ “Bids on Water Main for Vets’ Hospital Asked,” *Wyoming State Tribune*, June 1, 1932; “Bids Are Asked for Vet Hospital Here,” *Wyoming State Tribune*, July 11, 1932; “Vet Hospital Contract Goes to Ryan Firm,” *Wyoming State Tribune*, August 16, 1932; .

⁴² “Contractor Says Vet Hospital Job to Employ 100 Local Men,” *Wyoming Eagle*, September 2, 1932.

⁴³ “Two Federal Projects Costing \$700,000 to Start this Summer,” *Wyoming State Tribune*, June 11, 1932; “Vets’ Hospital Site Is Scene of Activity,” *Wyoming State Tribune*, June 29, 1932; “Sub-Contracts Being Let Veterans Hospital Project,” *Wyoming State Tribune*, September 1, 1932; “Local Building Projects Top Million Dollar Mark for 1932,” *Wyoming State Tribune*, December 31, 1932.

⁴⁴ “Hines Inspects Hospital Work,” *Wyoming State Tribune*, September 20, 1932.

⁴⁵ “General Hines Notes Decided Hoover Trend,” *Wyoming State Tribune*, September 21, 1932.

⁴⁶ “Building Offices for Veterans Bureau Here, Wires Gen. Hines,” *Wyoming Eagle*, January 13, 1933.

⁴⁷ “Order Veterans Office Moved Here,” *Wyoming Eagle*, June 2, 1933.

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The \$750,000 general medical and surgical facility at Cheyenne officially opened on May 4, 1934. Mah One of Rock Springs was the first patient to be admitted to the new hospital, which was equipped to handle more than 100 patients.⁴⁸ The daily cost of operation at capacity was estimated at \$1,000.⁴⁹

An auditorium appears to have been constructed in the existing western portion of the main building (Resource 1) in 1940 and a medical wing was added to the rear of the main building in 1940, the latter increased the hospital's capacity to 142 beds. The auditorium appears to have taken the place of a number of patient rooms and wards in the original block of the main building. The Cheyenne VA Hospital continued to be designated a general medical and surgical hospital with a capacity of 201 beds in mid-1947, although 50 of these were authorized as emergency beds. The hospital had a total of 113 admitted patients on June 30, 1947, including 23 neuropsychiatric and 90 general medical and surgical patients.⁵⁰

On June 29, 1948, Public Law 831 of the Eightieth Congress was passed, allowing the VA to transfer ownership of a portion of the Cheyenne VA Hospital's property to the city of Cheyenne. It is unclear as to the amount of the transferred property. The land was to be utilized by the city for a public park and/or golf course. The hospital had a total of 128 patients admitted on June 30, 1948. The majority was general medical and surgical patients (107) and the remainder (21) was neuropsychiatric patients.⁵¹ The number of patient beds filled on June 30, 1949, had declined to 105. Once again, the majority was filled with general medical and surgical patients (87 beds), and 17 percent (18 beds) filled with neuropsychiatric patients.⁵² There were 120 patient beds filled on June 30, 1951, with the majority serving general medical and surgical patients.⁵³ For fiscal year 1955 the Cheyenne VA Hospital had an average of 151 operating patient beds. The average daily patient load was 112 beds, with 86 beds filled with general medical and surgical patients and the remainder neuropsychiatric patients.⁵⁴

More than \$1,250,000 was appropriated in 1957 for further expansion and renovation of the main building, resulting in the construction of two additional wings. The regional offices of the Veterans Administration, which had been removed to the United Services Organization building in downtown Cheyenne in 1946, were subsequently relocated to the hospital campus.⁵⁵

The facility converted from coal to gas in 1965, resulting in the demolition of a prominent 114-foot smokestack located just northeast of the boiler plant (Resource 13, 1932).⁵⁶ A nursing home care unit

⁴⁸ "New Vets Hospital Here Opened Today," *Wyoming State Tribune*, May 4, 1934.

⁴⁹ "Vets Hospital Here Will Be Used 50 Years at Least," *Wyoming State Tribune*, May 4, 1934.

⁵⁰ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1947* (Washington, D.C.: U.S. Government Printing Office, 1948): 99.

⁵¹ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1948* (Washington, D.C.: U.S. Government Printing Office, 1949): 91, 115.

⁵² *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1949* (Washington, D.C.: U.S. Government Printing Office, 1950): 119.

⁵³ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1951* (Washington, D.C.: U.S. Government Printing Office, 1952): 153.

⁵⁴ *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1955* (Washington, D.C.: U.S. Government Printing Office, 1956): 162.

⁵⁵ "Program for VA Building Dedication Set," *Wyoming State Tribune*, November 1, 1959; "VA Center Dedication Held Today," *Wyoming State Tribune*, November 10, 1959; *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, 50th Anniversary 1934-1984* (Cheyenne: Veterans Administration, 1984).

⁵⁶ *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, 50th Anniversary 1934-1984* (Cheyenne: Veterans Administration, 1984).

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and an intensive care unit, both housed within the main building, were opened in 1966 and 1970, respectively.⁵⁷

The Department of Veterans Benefits regional office annex, a 9,400-square-foot single-story addition to the main building's south addition (Resource 1C), was constructed in 1981 and 1982.⁵⁸ In 1985, approximately \$14.6 million was appropriated by Congress for the construction of a two-story, 101,000-square-foot clinical addition to house radiology, pathology, and dental services.⁵⁹ The addition was put into service in 1990.⁶⁰ A new chapel, located within the main building in a room formerly used as a pharmacy, was dedicated in 1993.⁶¹

The acreage of the hospital reservation at Cheyenne has been reduced significantly since its donation to the Veterans Administration in 1932. Of the 600 acres originally comprising the reservation, approximately 549 acres have been declared surplus and returned to the City of Cheyenne. Currently, the hospital reservation encompasses approximately 50 acres.⁶²

⁵⁷ *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, Dedication of Veterans Benefits Regional Office Annex* (Cheyenne: Veterans Administration, 1982).

⁵⁸ *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, Dedication of Veterans Benefits Regional Office Annex* (Cheyenne: Veterans Administration, 1982).

⁵⁹ S.J. Giovali, "56 Years if the Cheyenne Department of Veterans Affairs Medical and Regional Office Center," n.p.

⁶⁰ United States Department of Veterans Affairs, files of the Engineering Department of the Cheyenne Veterans Affairs Medical Center.

⁶¹ "Officials Dedicate New Chapel During SRO Ceremony at VA Medical Center," *Wyoming Eagle*, June 4, 1993.

⁶² S.J. Giovali, "56 Years if the Cheyenne Department of Veterans Affairs Medical and Regional Office Center," n.p.; *Veterans Administration Medical and Regional Office Center, Cheyenne, Wyoming, Dedication of Veterans Benefits Regional Office Annex* (Cheyenne: Veterans Administration, 1982).

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Laramie County, Wyoming

County and State

United States Second Generation
 Veterans Hospital

Name of multiple listing (if applicable)

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Cheyenne Veterans Administration
Hospital Historic District

Name of Property

Laramie County, Wyoming

County and State

United States Second Generation
Veterans Hospital

Name of multiple listing (if applicable)

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United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

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Cheyenne Veterans Administration
Hospital Historic District

Name of Property

Laramie County, Wyoming

County and State

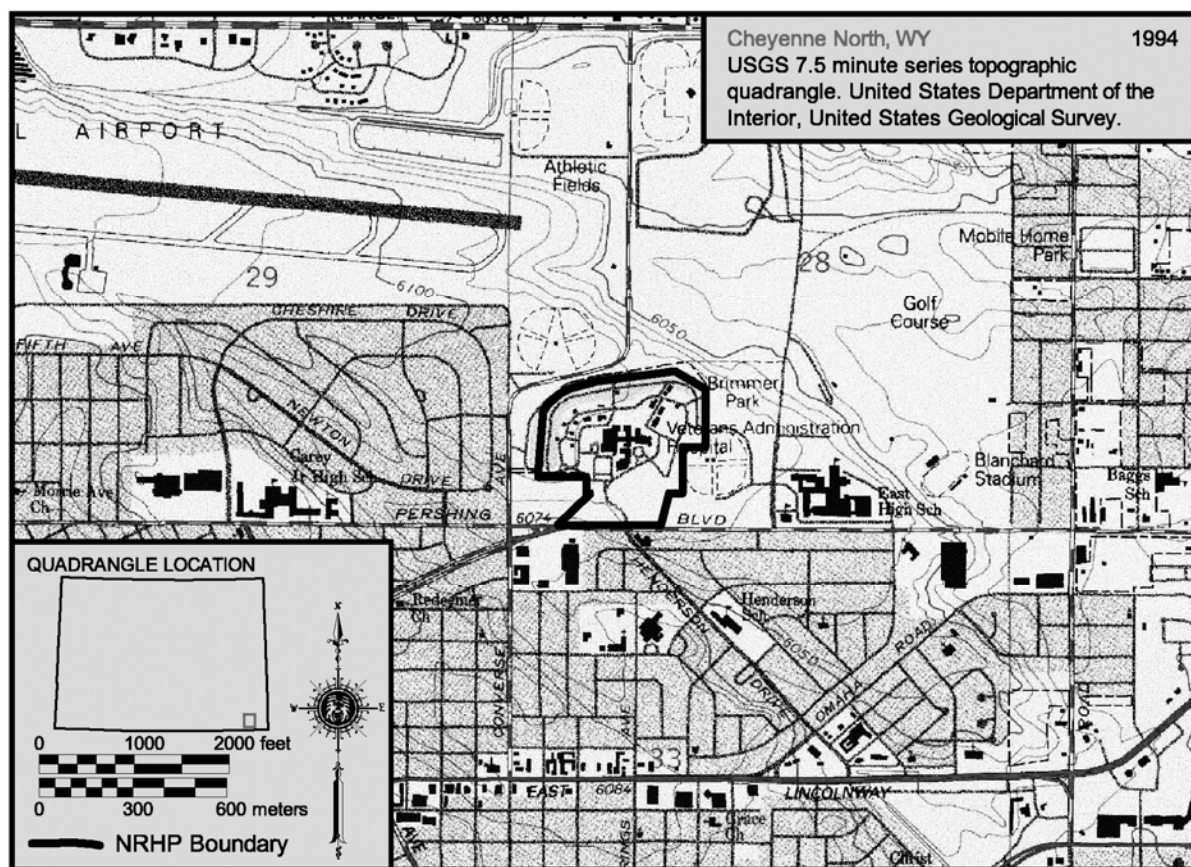
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Veterans Hospital

Name of multiple listing (if applicable)

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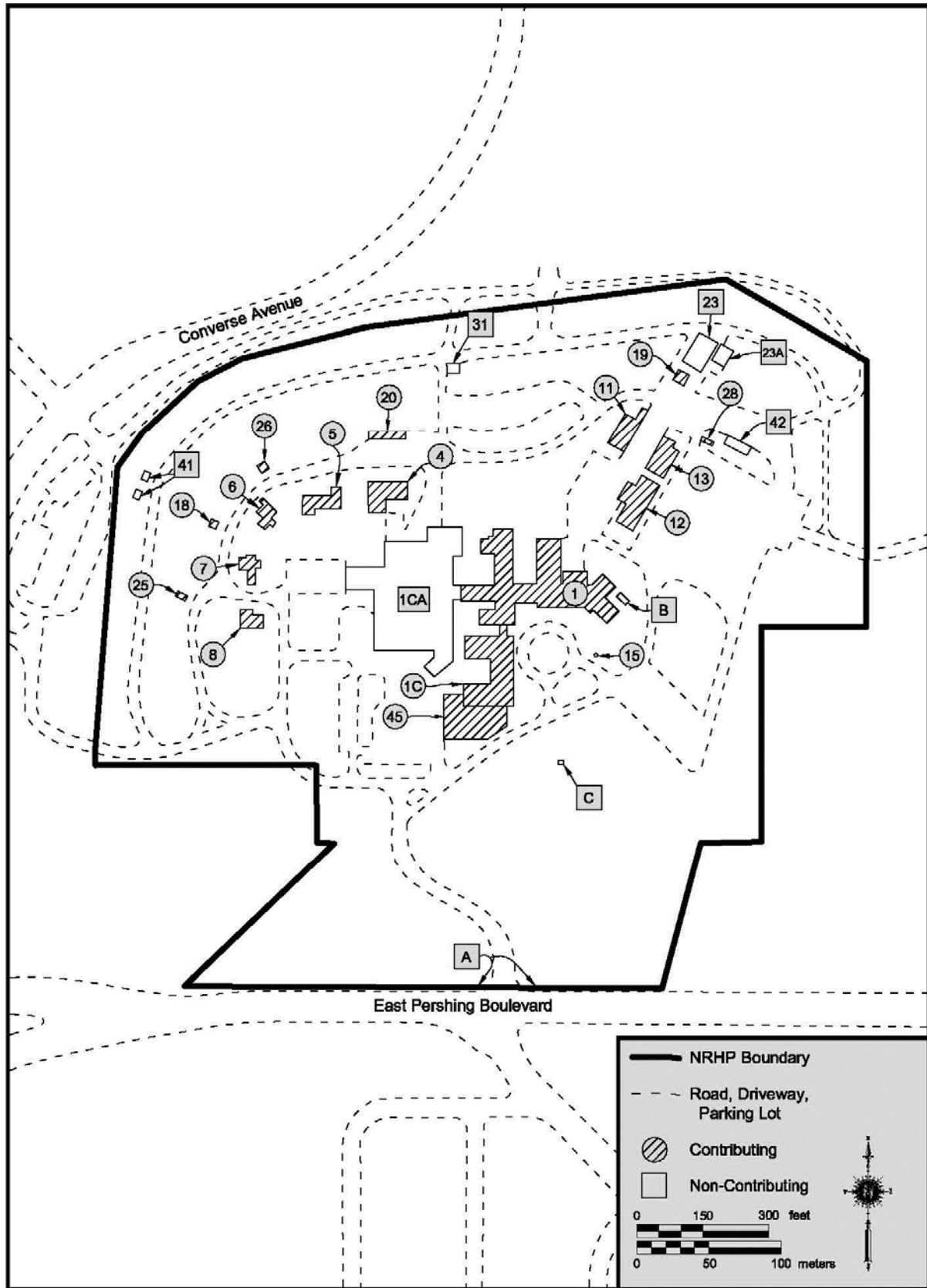
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1994 Cheyenne North, Wyoming 7.5-minute topographic quadrangle showing National Register boundary.



National Register boundary indicated on an aerial map.



Sketch map indicating National Register boundary, contributing and noncontributing resources.

United States Department of the Interior
National Park Service

Cheyenne Veterans Administration
Hospital Historic District

National Register of Historic Places Continuation Sheet

Name of Property

Laramie County, Wyoming

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United States Second Generation
Veterans Hospital

Section number Photographs Page

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Name of multiple listing (if applicable)

Photograph Continuation Sheet

Name of Property: Cheyenne Veterans Administration Hospital (same for all photos)

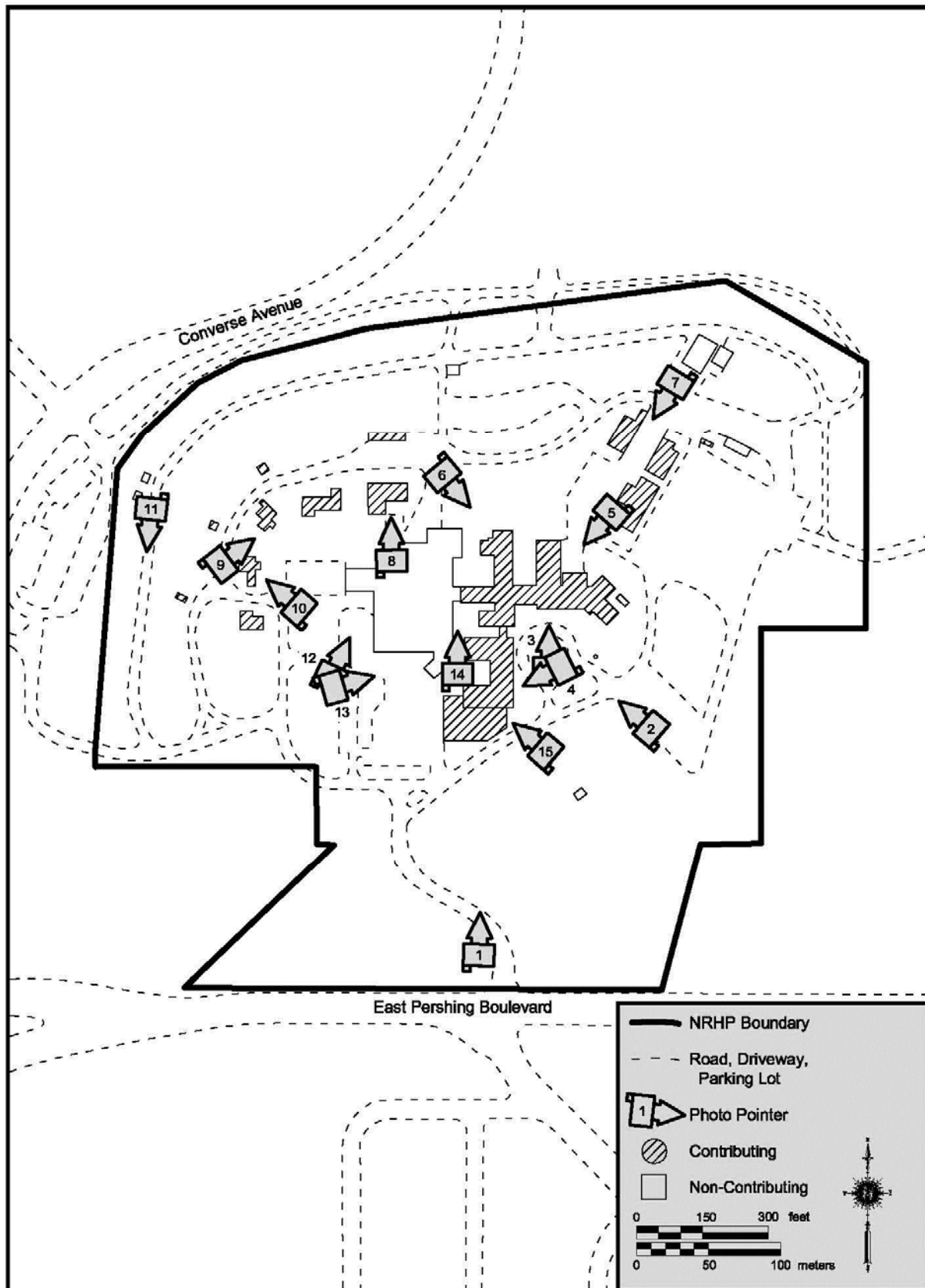
City, County, State: Cheyenne, Cheyenne County, Wyoming (same for all photos)

Photographer: Trent Spurlock (same for all photos)

Photo date: March 30, 2010 (same for all photos)

Original Negative: N/A (submitted compact disc, same for all photos)

1. View looking north to Resources 1C/45 and 1 from main entrance drive.
2. View looking northeast to Resources 1C/45, 1, and 15.
3. Facade of Resource 1. View looking north.
4. Facade of Resource 1C/45. View looking west.
5. Northeast and rear (north) elevations of Resource 1. View looking southwest from near Resource 12.
6. Rear (north) elevation of Resource 1. View looking southeast.
7. View looking southwest to Resources 13, 12, 1, and 11.
8. Facade of Resource 4. View looking north.
9. View looking northeast from drive to rear of residences to Resources 26, 6, 5, 4, and 7.
10. Facade and south elevation of Resource 7. View looking northwest.
11. View of dirt road within the wind break looking south-southwest from near Resource 41.
12. West and south elevations of Resource 1CA with recent addition. View looking northeast.
13. West and south elevations of Resource 1CA showing main entrance and west elevation of Resource 1C/45. View looking northeast.
14. South and east elevations of Resource 1CA, south elevation Resource 1, and west and south elevations of Resource 1C/45. View looking north.
15. Facade (east) and southeast elevations of Resource 45. View looking to the northwest.



Sketch map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet.