NPS Form 10-900 OMB No. 1024-0018

United States Department of the Interior
National Park Service

504

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.

RECEIVED 2280
JUL 11 2014
NAT. REGISTER OF HISTORIC PLACES
NATIONAL PARK SERVICE

1. Name of Property

Historic name: *Mercy Hospital*
Other names/site number: *Valley Plaza Retirement Center*
Name of related multiple property listing:
N/A
(Enter "N/A" if property is not part of a multiple property listing

2. Location

Street & number: *1615 8th Street South*
City or town: *Nampa* State: *ID* County: *Canyon*
Not For Publication: n Vicinity: n

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this _X_ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property _X__ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

___**national** ___**statewide** _X__**local**

Applicable National Register Criteria:

_X_**A** ___**B** ___**C** ___**D**

Kenneth C. Reid Jan 8, 2014

Signature of certifying official/Title: Kenneth C. Reid/Deputy SHPO **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**

Mercy Hospital
Name of Property

Canyon, ID
County and State

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:) _____

for Edson Dr. Beall 8.19.14

Signature of the Keeper Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

Private:	X
Public – Local	
Public – State	
Public – Federal	

Category of Property

(Check only **one** box.)

Building(s)	X
District	
Site	
Structure	
Object	

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

Contributing	Noncontributing	
1	1	buildings
0	0	sites
1	1	structures
0	0	objects
2	2	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use
Historic Functions
(Enter categories from instructions.)
HEALTH CARE/Hospital

Current Functions
(Enter categories from instructions.)
VACANT/NOT IN USE

7. Description

Architectural Classification
(Enter categories from instructions.)
LATE 19TH AND EARLY 20TH CENTURY REVIVALS/Mission/Spanish Colonial Revival

Materials: (enter categories from instructions.)
Principal exterior materials of the property: BRICK / CONCRETE / TERRA COTTA

Narrative Description
(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

Mercy Hospital is a two-story (plus daylight basement), T-shaped, brick building located at 1615 8th Street South, a few blocks from Nampa's downtown core and directly across 16th Avenue South from St. Paul's Catholic Church and School. The hospital property encompasses the entire block between 16th and 17th Avenues South and 8th and 9th Streets South. There are public sidewalks on all four sides of the property, which is partially enclosed by a low brick wall topped with a decorative iron fence. The wall, a non-contributing feature, runs along three edges of the property, broken by a driveway on the southwest side (facing 9th Street South) and an open gate centered on the northwest side. The wall appears to be a later addition to the property as it is not visible in any photographs taken up to the late 1950s.

A wide lawn planted with trees extends across the front of the hospital and along the northwest side (facing 16th Avenue South). At the end of the lawn is an overgrown stone grotto, which is a contributing feature. Behind the grotto there is a small flat-roofed double garage, a non-contributing feature. A formal garden was formerly located on the southeast side of the property, separated from the building by a concrete walk and asphalt driveway. A parking lot extends from 9th Street South along 17th Avenue South, ending at the back of the building. There were four alterations to the building after its construction in 1919: the Ross Wing, added to the rear of the building in 1936, a boiler room/facilities addition, added to the southeast end of the building at the basement level in 1957, an extension of the Ross Wing, constructed in 1957, and a modification of the main entrance in 1959.

Narrative Description

Architectural Description

Mercy Hospital is a two-story brick building on a concrete foundation with a daylight basement. The design of the original building reflects the influence of the Mission Revival style

in its symmetrically curved, shaped parapets, low-pitched tile roof and arched windows. Constructed of "tapestry"—or multi-colored—brick placed in a common running bond, the building features two bands of decorative brick headers separated by three rows of the running bond at the top edges of the windows on the second story on all sides of the original building. Decorative chevron pendants topped with terra cotta crosses flank the windows at each end of the second story on the front façade. Arches over windows on the original building are soldier courses. The arched windows are recessed, below the arch and above the windows bricks are laid in header rows with terra cotta diamonds in the center.

Additions include the 1936 Ross Wing, added to the southwest (rear) elevation, a one-story addition to the southeast elevation completed in 1952, and a two-story addition with basement projecting further southwest off the Ross Wing, completed in 1957. These additions are all historic and have taken on significance in their own right, representative of the growth and evolution of the small-town hospital as the population of Nampa increased and the hospital grew to accommodate it.

The original entrance porch was removed and a new enclosed entrance with a modern entry structure in 1959. Although the modern entry is not sympathetic to the original building, it does not negate National Register eligibility. Overall, the size, scale, and symmetry of the structure and regular pattern of fenestration clearly identify it as institutional in nature, and the building reads immediately as a hospital.

1. <u>Mercy Hospital (1919) - Contributing</u>

Façade (northeast elevation)
Photographs 1-3, 13, 14

The original building is five bays wide with the center and end bays forming projecting wings. The projecting bays have curvilinear parapets between small rectangular piers; parapets and posts are capped with concrete coping. The other two bays are recessed and topped by pent roofs covered with barrel tiles. The recessed bays contain four, one-over-one, double-hung, wood-sash windows on each floor (including the daylight basement). The outside projecting bays contain two blind-arched windows on the second floor, while the center bay has three. In the center bay, the middle arch is larger and extends over two double-hung windows which are recessed under single arches. A terra cotta cross is embedded in the brick above the center arch. Above the cross in the center of the parapet is an arched alcove which has been boarded over. The arches on each side of the larger central arch in the center bay have terra cotta diamonds embedded in the brick under the arches. The side bays also feature terra cotta diamonds in the same configuration; there are also terra cotta crosses embedded within the brick and centered under the posts on each end of the parapet roof. All of the windows on all of the floors have concrete sills.

The center projecting bay is the original hospital entrance, originally accessed through a simple entry porch (no longer extant). The entrance was approached by a wide concrete stairway between concrete sidewalls with brick caps, and was covered by a projecting roof with a roofline wood balustrade on three sides. This original porch was removed in 1959 to allow for a squared, steel-framed enclosed entry structure, finished with vertical, turquoise fiberglass panels. The one-story entry addition projects approximately 20 feet from the front wall of the building and spans the entire width of the front entry bay. This entry addition is entirely

unsympathetic to the original architecture of the building.

On the southeast end of the building, a two-story sun porch (original) with a slightly pitched hipped roof is visible. There are bands of triple, one-over-one, double-hung sash windows on each floor of the sun porch. Between the first and second story, the original wood louvers, which could be opened for air circulation, are still extant but have been boarded over.

Southeast elevation
Photographs 4, 5

This elevation of the original building is divided into three bays between flat brick pilasters that extend above the roof line and are capped with concrete coping. A 1957 photograph of the building shows a curvilinear parapet, matching those on the façade, over the center and north bays, but that feature has been removed. The flat roof extends slightly over each bay. There are triple double-hung windows on the second floor in each of the side bays. Historic photos show that the center bay originally featured the same window configuration, but the windows were later altered into doors. The doors in the bay have now been blocked. The window openings on the main floor have all been boarded over. A metal stairway (fire escape) was attached to the wall in front of the now-blocked doors on the second floor.

In 1952, a one-story addition was placed on this elevation to house the heating, fuel storage, and laundry facilities. The 45 x 48 foot addition was aligned with the daylight basement. The entrance to the addition was via a below grade stairway with a metal rail around the top, which is at ground level. The door and all of the windows of the addition have been boarded over. A flat roof cover, supported by 14 metal posts, extends over the concrete pad adjacent to the addition. The exterior of the addition, originally of brick and concrete, has been stuccoed.

Southwest (rear) elevation

This elevation of the original building is split by the rear addition, which extends southwest from the center of the original building. The two sections of the original building (southeast and northwest) will be described here. The rear addition will be described separately.

Southeast section
Photographs 5, 6

On this elevation, the one-story addition has no windows, and the only opening, which appears to have been a door, has been boarded over.

The sun porch features three double-hung windows on the main and second floors, all of which have been boarded over. The louvers beneath the windows on both floors have also been covered, as have window openings in the daylight basement below the sun porch.

This section of the original building is separated into two bays, which are differentiated by a slightly higher roof level over the southeast bay. The east bay has three windows on the second floor and three on the main floor. The center and northwest windows on the second floor are the chapel windows, with two larger arches encompassing two smaller arches with a simple circle tracery above. Three of the arches have been covered with protective glass or Plexiglas

covers, the fourth has been boarded. The remaining window on the second floor and the three on the main floor have been covered over, as have openings in the daylight basement.

The northwest bay has two double-hung windows flanking a door on each floor. Most of the windows and the doors have been boarded over. A metal stairway (fire escape) has been attached to the building in front of the second floor door.

All windows have concrete sills.

Northwest section
Photograph 12

This section of the building is obscured by a large evergreen tree, but it appears that it is divided into two bays with three double-hung windows in each bay on each floor. All windows have concrete sills. Most of the windows have been boarded over. A door is located in the center of the main floor with a short flight of concrete steps leading to it from the ground level.

Northwest elevation
Photograph 7

The corners of the roof on this elevation extend slightly above the roofline on each side; the corners and the edge of the roof between them are capped with concrete coping. When the hospital was built, a curvilinear parapet extended above the roof on this elevation, but it has been removed. There are three windows on the upper floor. The center window surround is arched with a terra cotta diamond embedded in the brick above the double-hung window. The windows on either side of the arch are oversized openings with six rows of glass blocks around a modern sliding window in the center. These windows replace the original windows which may have been screened windows over louvers, similar to those in the south elevation. The main floor and the daylight basement windows on this elevation include paired double-hung windows centered between single double-hung windows on either side. The basement windows have been boarded over.

Rear Addition (1936 and 1957)

The first addition, designed by the Boise firm Tourtellotte and Hummel, was constructed in 1936. It was attached to the main building at the location of the rear entrance, and measured 38 feet wide by 120 feet long. The 1957 addition, designed by the Portland architectural firm Jacobberger, Stanton, Norman and Franks, extended the 1936 addition southwest on the lot to its current length. This addition, like the 1936 addition, is flat-roofed, but there is a large rectangular concrete equipment room on near the southwest end of the roof of the 1957 addition. Because the 1957 addition was blended into the earlier addition, the two will be described together.

Both additions are faced with dark red brick, similar to the brick on the original building. The original windows on both the southeast and northwest elevations of the 1936 section of the addition are wood double-hung windows with concrete sills. The windows on the 1957 addition include both single- and double-width fixed windows over hopper windows and glass block windows.

Southeast elevation
Photographs, 8, 9

The emergency entrance is located near the L formed where the addition joins the main building. A metal cover supported by metal posts extends from the building over the concrete ramp. The ramp extends up from ground level to the access door at the top. The door opening has been boarded over. A stairway to an entrance in the basement level is adjacent to the emergency entrance ramp; a metal cover with metal post supports extends out from the building parallel to the cover over the emergency entrance. There are five other doors on this elevation. Two are located near the center of the addition; both are fire doors, with one placed at a level between the main and top floors with access to a metal fire escape which is attached to the building, and the other providing egress from the basement level, with a concrete ramp leading to it. Three doors are located near end of the building, one on each floor. The doors on the main and top floors open to a concrete stairway with metal railings. The basement door is access via a stairway extending below grade from the driveway to the door.

The windows on this elevation include wood double-hung windows with concrete sills along the length of the 1936 addition; windows on the 1957 addition appear to be double-width fixed windows with hopper windows below. All windows have been covered with boards.

Southwest elevation
Photograph 10, 11

There are no doors on this elevation, which faces 9th Street South. There are windows on all three levels. Four windows on the top floor include two single-width fixed windows over a single hopper window in the center, flanked by two double-width fixed windows over a single double width hopper window. On the main floor, what may have originally been three banks of glass block lights have been altered with the insertion of vinyl sliding windows in the center of each bank of glass blocks. The basement level retains three banks of glass blocks; small sections of the center bank and the bank to the east of it on the wall have been boarded over; the west bank of glass blocks has a small air conditioning unit in the center with a wood surround.

Northwest elevation
Photograph 11, 12

Windows on this elevation include double-hung windows with concrete sills on the 1936 section of the addition, and single- and double-width fixed windows over hopper windows in the 1957 section. Many of the windows have been covered with boards. A 1946 photograph shows an entrance on this elevation. That entrance was removed in 1957. There are currently no doors on this elevation.

Interior of the Building
Photographs 15-20

The building, vacant and unused for a number of years, has suffered from vandalism and neglect. Despite this circumstance, the building still reads as an institutional structure on the inside as the building retains its historic circulation pattern with double-loaded corridors and wide doorways. Some interior features that date from the historic period do remain. Original hardwood floors can be seen in the hallway and rooms of the 1919 building; however, water infiltration has severely damaged much of it. Some of the stained glass windows in the chapel, which were boarded over, appear to have survived. The later additions retain doors, some wall tile, and some linoleum and tile flooring. Few light fixtures remain. No structural changes were made after the hospital moved to a new location in 1967. When the building was used a nursing home, patient rooms were updated with modern wall and floor coverings, but the floor plan of the building was not altered.

2. <u>Grotto - Contributing</u>
Photographs 21-24

The grotto is located on the northwest side of the hospital, near the end of the 1936 addition. It is constructed of dark colored lava rock and features a niche with tapering walls extending on either side. The walls gradually taper to ground level where rocks have been laid along a curve to complete a circular enclosure that was once a garden area. A path of square concrete stepping stones has been laid from the front of the circled garden toward the main hospital building. The grotto niche and walls are overgrown with vines and shrubs and the garden has died back with no plants remaining.

3. <u>Garage – Non-contributing</u>
Photograph 25

This one-story, flat-roofed, wood-sided building is located on the west side of the hospital at the south end of the 1957 addition. Two overhead doors are located on the south side of the building, facing 9th Street South. Narrow window openings are located in the center of each of the three other elevations. The openings have all been boarded over. Although the building appears in a photo dated 1966 and meets the age requirement for eligibility, it remains a non-contributing feature because it lacks historic or architectural significance.

4. <u>Brick wall and gate posts – Non-contributing</u>
Photographs 1 (gate posts), 26 (brick wall section)

The wall extends along the northwest, southwest, and southeast edges of the property. There are several driveway openings in the wall along 17th Street South and 9th Avenue South, and a pedestrian opening on the 16th Street South side. The wall does not extend across the edge of the property on 8th Avenue South, but a pair of brick gate posts flanks the sidewalk leading to the main entrance of the hospital from the parking area on the street. The wall is constructed of brick on a concrete foundation, and stands approximately three feet high. It is topped with decorative metal in a repeating pattern. The wall is in poor shape, with large sections where the brick has been knocked out. The wall and the gate posts do not appear in the available historic images of the hospital and its grounds up to the 1960s. They are non-contributing features,

which lack historic or architectural significance.

Integrity

Mercy Hospital was vacated in 1967 with the construction of a new, more modern facility at a new location. Over the next twenty years it served as an office building, storage building, and as a Head Start program location before being converted to apartments for use as an assisted living facility in the 1990s. After that facility closed in 2004, the building remained empty and has suffered the effects of vandalism and neglect. Despite this, the hospital retains many aspects of its historic integrity. Overall, the size, scale and symmetry of the structure and its regular pattern of fenestration clearly identify it as institutional in nature, and the size and scale of the building reads immediately as a hospital. The large additions on the rear are from the historic period and reflect the efforts of the Sisters of Mercy to provide the most modern medical care to the community. Although the front entrance addition was also made within the historic period, it does not contribute to the historic significance of the property. While some changes to historic stricture can achieve significance in their own right, the front entry enclosure does not; it is unsympathetic to the original structure in design, materials, workmanship and feeling. Therefore, its removal (with planned replacement with a restored front entry porch) will not adversely affect the integrity of the building.

As a whole, the building retains its integrity of location, setting, materials, workmanship, feeling, and associations. Once the front porch is restored, integrity of deign will also be fully restored.

8. Statement of Significance

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

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

Criteria Considerations
(Mark “x” in all the boxes that apply.)

- [x] 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
- [x] G. Less than 50 years old or achieving significance within the past 50 years

Areas of Significance
(Enter categories from instructions.)
HEALTH/MEDICINE

Period of Significance
1919-1967

Significant Dates
1919
1936
1957

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

Architect/Builder
Tourtellotte & Hummel, arch (1919, 1936)
Lee R. Cooke, arch (1952)
Jacobberger, Stanton, Norman & Franks, arch (1957, 1959)

Cultural Affiliation

Criteria Consideration A:
Although Mercy Hospital was owned and operated by Catholic religious Order, the Sisters of Mercy, the property meets Criteria Consideration A because it derives its primary significance from its historical importance in the area of Health/Medicine, and not for its association with the Church.

Period of Significance/Criteria Consideration G:
The Period of Significance for Mercy hospital begins with its construction in 1919, and closes in 1967, when the hospital itself closed. For 48 years, between 1919 and 1967, the building continuously served the community of Nampa and the surrounding area as the only hospital in the vicinity.

Criteria Consideration G should be checked for a property that continues to achieve significance into a period less than fifty years before the nomination. The end date provided for the resource extends only a few years into the less-than-fifty-year period. The nomination provides sufficient justification for the extended date, as the period encompasses the entire functional life of the resource and sufficient contextual information is available to evaluate the resource for the entire period. The 1967 date is the most appropriate and logical end date.

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

Mercy Hospital is significant under Criterion A/Health Care as a representation of community efforts to bring a modern hospital to Nampa at a time when many towns of a similar size did not have a hospital. Mercy Hospital is significant at the local level, for its place in the history of Nampa and the cooperative efforts that were necessary to achieve a long-term, well-staffed hospital for the town. The period of significance (1919-1967) covers the years from the hospital's construction and opening, through its evolution as a training facility for nurses and expansion of services, to its closure in 1967 when Mercy Medical Center, a new, larger, more modern hospital open to serve Canyon County.

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

Mercy Hospital is significant under Criterion A/Health Care as a representation of community efforts to bring a modern hospital to Nampa at a time when many towns of a similar size did not have a hospital. City leaders and social clubs, along with medical professionals and the general public, devoted more than ten years to the struggle to establish and maintain a hospital. The hospital was also important as a training facility for nurses, providing educational and employment opportunities beginning in 1920, only a year after its construction. Through the efforts of the nursing order of Catholic nuns that administered and staffed the hospital, it continued to expand its services and facilities, doubling in capacity in 1936 with the addition of the Ross Wing and again with the 1957 addition. Residents of Nampa and many nearby communities benefitted from the availability of a modern health care facility and its trained nursing staff.

Mercy Hospital is significant at the local level because of its place in the history of Nampa as a growing, modern community and for the cooperative efforts that were necessary to achieve a long-term, well-staffed hospital for the town.

A Brief History of Nampa

Nampa's early roots, like those of many southwest Idaho towns, are tied to the advent of the railroad and the development of large-scale irrigation projects. In October 1883, the Oregon Short Line Railway, a subsidiary of the Union Pacific, laid track from Granger, Wyoming to Huntington, Oregon. The railroad placed a water tank and pump house at the present site of Nampa.[1]

Two years later, in 1885, Alexander and Hannah Duffes homesteaded 160 acres bisected by the tracks. The same year, James A. McGee and James M. Stewart arrived in Ada County. The two men established the Phyllis Canal Company, acting as agents for a Philadelphia company seeking investment opportunities in Idaho. The Phyllis Company's goal was to construct a canal to deliver irrigation water to the lower part of the Boise valley. When McGee and Stewart ran out of money in early 1887, they tried unsuccessfully to raise money from eastern backers. The partially completed canal was sold to the Idaho Mining and Irrigation Company. In 1888, McGee, Stewart and a new partner, homesteader Alexander Duffes, formed the Nampa Land and Improvement Company. The company developed the Nampa Townsite and promoted irrigation projects essential to support settlement of surrounding lands.[2]

By 1890, the year Idaho became a state, the promoters had lured 250 residents and 29 businesses to the new town. A post office was established and Alexander Duffes was appointed postmaster.

The promise of irrigation brought many emigrants to homestead the land surrounding Nampa. Irrigation water arrived in Nampa and surrounding areas in 1890 through the Phyllis Canal. In 1891, the extension of the Ridenbaugh Canal from Boise was completed. With the completion of these canals, an estimated 150,000 to 300,000 acres of prime farmland adjacent to Nampa could be cleared of sagebrush and put under cultivation.

By 1900, ten passenger trains a day were coming through Nampa. The population had grown to more than 800 residents. Businessmen such as Colonel W.H. Dewey, a wealthy mining investor from Silver City, were attracted to the town. Dewey built the Boise, Nampa & Owyhee Railroad from Nampa to Murphy, and promoted another line from Nampa to Emmett and eventually to Lakeport (McCall). With

Nampa now a junction for four railroads, Colonel Dewey built the Dewey Palace Hotel. When it was completed in 1902, the Dewey Palace was acclaimed as one of the finest hotels in the West.

On July 3, 1909, a devastating fire caused by fireworks burned the entire block between 12th and 13th Avenues and 1st and Front Streets. Despite the wide destruction, Nampa rebounded and new buildings quickly appeared.

The coming of the Pacific Fruit Express Company in 1925 stimulated residential construction and brought a bit of prosperity to Nampa. Nampans worked in a variety of industries, including meat packing companies, a brewery, flour mills, creameries, chicken hatcheries, a broom factory, an auto top shop, a box factory, wholesale seed houses, a harness manufacturer, a sash and door factory, an animal products plant, and fruit and vegetable packing plants.[3]

History of Mercy Hospital

Hospitals were not a common source of health care for people in the United States until the 20th century. Through most of the 19th century, patient care, including surgery, was done at home. The shift toward hospital care began first for the poor and indigent when charitable hospitals were established for their care by charitable and religious groups. Then, as the population of the United States began its rapid growth through immigration, epidemic hospitals were established to care for the victims of cholera and yellow fever that swept through major urban areas almost every year. As the century progressed, advances in manufacturing and transportation processes created more jobs and increased the population as more people came to work in factories, mines, and railroads. Many of the workers traveled far from their families for work, and much of the available work was dangerous. Corporate employers, such as railroads, mining companies, and manufacturers, saw the value of providing medical care to workers and instituted mandatory deductions to cover medical costs. Contracting with hospitals to provide medical care gave the corporations some control over the services and provided a steady source of income for hospitals, which depended upon donations and the few dollars paid by non-charity patients for revenue.[4]

Medical Care in Idaho

Idaho followed a pattern similar to other states in the evolution of medical care. Some communities supported one or more physicians, while others had none. Hospitals first appeared in communities with ties to industries such as mining or railroads, and the first trained nurses tended to be members of Catholic religious orders. The U. S Census Bureau published two reports on facilities in the early 20th century, one in 1904 based on the 1900 census and the second in 1913, based on the 1910 census. In 1904, the listing for Idaho included six hospitals. Three of the hospitals were run by Catholic nuns—St. Alphonsus, established in 1894 by the Sisters of the Holy Cross in Boise; St. Joseph's Hospital in Lewiston, established in 1902 by the Sisters of St. Joseph; and Providence Hospital in Wallace, established by the Sisters of Providence in 1891. The remaining hospitals included the Episcopal Church's St. Luke's Hospital in Boise, established in 1902; Japanese Hospital in Pocatello, established in 1896 by the Association of Japanese Railroad Employees; and Wardner Hospital, established by a private corporation in 1896. By 1910, the Wardner Hospital was no longer listed. There was no required certification or licensing for hospitals, so others may have existed, but the fact remains that there were few modern medical resources for most Idaho residents. Raising the money to establish a hospital, then securing the funds to staff it and keep the doors open were all challenges that many

communities were unable to meet.[5]

A Hospital for Nampa

By 1907, some Nampa citizens believed it was time for the town to have a hospital, and over the next four years several attempts were made to generate support (including money) to build, staff, and supply a community hospital. The Chamber of Commerce established a hospital committee in 1910. Charged with investigating the costs and methods for funding a hospital, the committee completed a report that they presented to the directors of the Chamber of Commerce in December. The directors decided not to follow up on the report immediately, feeling that their budget was too limited to pay for a public opinion survey. The committee, however, forged ahead. In March, 1911, they sent a letter to Nampa businessmen outlining the need for a hospital (to keep medical service money in Nampa where it could benefit the town), the costs, and possible locations. Finally, the committee suggested " ... the Sisters of the Catholic Church provide better hospital management and care than is obtainable under a private corporation ... the ownership of the property shall remain in the Chamber of Commerce, the management shall be turned over to the Sisters."[6]

A few months later, unexpectedly, Nampa's first hospital was established by the Utah Construction Company (UCC). The UCC won a contract to build a section of the Idaho Northern Railroad between Emmett and Smith's Ferry. The project headquarters was located in Nampa. Like many corporations that hired workers for high-risk labor, the UCC had established a mandatory insurance program, deducting $0.25/month from employees' wages to cover the costs. An unidentified committee of Nampa businessmen negotiated with the company to set up a hospital in Nampa. In August 1911, a 25-bed hospital was opened at the comer of 13th Avenue and Front Street in the second floor of the Snell Building, formerly the location of the Willard Rooming House (no longer extant). The chief surgeon was Dr. Mark C. Myers of the UCC, but two local physicians were in charge of the day-to-day operations of the hospital. Although the primary purpose of the hospital (and a reliable source of income) was to serve the medical needs of UCC workers from Nyssa, Oregon, as well as Idaho camps like Owinza, and the Emmett-to- Smith's Ferry construction crews, " ...local people took it up and so provided that all local cases can be cared for therein ..." [7]

The UCC operated the hospital for just under a year before the Chief Surgeon, Dr. Meyers, announced that he was moving his offices to Emmett. Initially the company was not interested in selling the hospital to the city of Nampa or any of the local physicians, but when the UCC decided to close down their Nampa offices completely, the opportunity presented itself. A group of investors established The Nampa General Hospital, Ltd. to purchase the fixtures, which was accomplished in December 1912. Within two years, the hospital was moved from the noisy, busy location on 13th Avenue and Front Street to a remodeled house on 11th Avenue and 9th Street South, a location that the *Nampa Leader Herald* described as "cooler in the summer time and in many ways more desirable than the present building."[8]

Financial difficulties continued to plague the hospital—the doctors often volunteered their time and money to keep it open and there were constant shortages of supplies. In addition, Dr. Meyers, the former Chief Surgeon, held a mortgage on the hospital fixtures. He threatened to foreclose in January 1916 if

the mortgage was not paid in full. The Women's Century Club, which had held frequent fundraising events to purchase linens and supplies, started a campaign to raise the funds to pay off the debt. With the help of the hospital's medical staff, the Nampa business community, and others, the hospital was able to negotiate a lower payment to Dr. Meyers. A new board of directors was established and the hospital was reorganized.

The financial struggles continued. A Nampa Hospital Guild was formed, taking over the task of fundraising from the Women's Century Club, but the hospital directors realized that running the hospital was too big a responsibility for them. The Chamber of Commerce, always interested in supporting a city hospital, renewed the idea that hospital management would be best undertaken by someone with more experience in the field. Father J. P. Ries, pastor of St. Paul's Roman Catholic Church in Nampa, was asked to correspond with the Sisters of Mercy and ask for their assistance. In May 1917, four Sisters arrived in Nampa from Pocatello to take over management of the hospital.

The Sisters of Mercy

The religious order the Sisters of Mercy was established by Catherine McAuley in Dublin, Ireland, in December 1831. McAuley, born in Dublin in 1778, had devoted her life to helping the poor. She inherited wealth in the late 1820s and used it to establish what became known as "Mercy House," a center for religious, educational, and social services for women and children. Within a few years, several followers had joined her at the Mercy House. Although she initially resisted the idea of founding a religious order, eventually McAuley, along with two of her colleagues, entered a convent and took vows of poverty, chastity, and obedience. Now within the structure of the church, McAuley was able to establish a new religious order. Within ten years of founding, there were 150 Sisters of Mercy at nine separate foundations (or communities) in Ireland and England, as well as two branches of the Dublin foundation. McAuley, who died in 1841, did not live to see the expansion of the Sisters of Mercy from Europe to Canada, the United States, South American, Australia, and New Zealand.[9]

The first community of the Sisters of Mercy in the United States was established in Pittsburgh, Pennsylvania, in 1843 by Frances Warde, Catherine McAuley's close friend. Four years later Warde opened a hospital in Pittsburgh, the first of many Mercy Hospitals, establishing a tradition of nursing and hospital management for the Sisters of Mercy.

The Sisters of Mercy arrived in Idaho by way of Salt Lake City, where a community had been established to manage Judge Mercy Hospital in 1910. The Salt Lake community was plagued by financial, political, and health problems and by 1916, Bishop Joseph Glass was intent on removing the Sisters of Mercy from Salt Lake.

Meanwhile, Father Augustine Baudizzone, pastor of St. Anthony's Parish in Pocatello, had indicated that he wanted to build a Catholic hospital in that town. With the support of Bishop Alphonse Glorieux of the diocese of Boise, Father Baudizzone invited the Salt Lake Sisters of Mercy to Pocatello. By October 1916, the Sisters were living in a small house on 7th and Center Streets in Pocatello. St. Anthony Hospital opened its doors in 1918.

While the Sisters were settling in at Pocatello, Nampa's hospital crisis came to a head. Knowing that the Sisters had experience with hospital management, the hospital board asked Father J. P. Ries to contact

the Sisters in Pocatello to ask for their help. The board, well aware of the realities of running a hospital, assured Nampans in an article published May 18, 1917, that the Sisters of Mercy would come with experience, additional equipment, and a plan to build a new hospital in the future. Any worries about discrimination against non-Catholics were laid to rest:

> " ... there is of course no discrimination in their hospital work. Whether Catholic, Protestant, Jew or Gentile, all patients are received exactly on the same terms and given the same care .... the Sisters almost invariably found ways and means of putting up a fine hospital wherever they locate." [10]

Four of the Sisters traveled to Nampa and took over management of the Nampa General Hospital on June 1, 1917. Of the four nuns, three were registered nurses: Sister Mary Alphonsus Mulryan, Sister Mary Bonaventure Earle, and Sister Mary Raphael Rohrer. The fourth, Sister Mary Stanislaus Peters, was in charge of the hospital kitchen. [11]

A Hospital Building

When the Sisters took over Nampa General Hospital, it was a remodeled house on 9th Street South and 11th Avenue South. The space was adequate for about eight to ten patients, but frequently housed many more. A small nursery was set up in a comer of the kitchen. The Sisters themselves had no living quarters. For two-and-a-half years they lived in a tent on the lawn of the hospital. The situation was untenable. Before long the Hospital Guild had started a new campaign to "Help the Hospital," and to raise money "for the erection of a hospital suitable to the needs of Nampa."

Fundraising continued for the next year, becoming more challenging after the United States entered World War I. The Hospital Guild defined the need for a hospital as a "war measure," required because "the shortage of doctors due to their being called into service makes a central place to keep the ill imperative." With this focus, the Chamber of Commerce backed the campaign. The Guild now had a plan for a 32-room hospital, estimated to cost $60,000.00. The Sisters of Mercy would put up $35,000.00 and the city would raise the rest of the funds. The Catholic Church donated the land and the people of St. Paul's Parish volunteered to excavate the site. By September 1918, the committee had raised $23,000.00.

The city's contribution had been raised to $30,000.00, and despite many challenges, the last few thousand dollars were finally raised.

Ground was broken on December 9, 1918, and the excavation work was completed by St. Paul's Catholic Church parishioners before the end of the year. Tourtellotte & Hummel opened construction bids in February 1919. O.W. Allen of Boise won the construction contract and U.S. Heating and Plumbing of Ontario, Oregon, was awarded the heating and plumbing work. Construction began in the spring of 1919 and was completed by October.

The building was dedicated on November 4, 1919. Patients were moved to the building about two weeks later.

In 1920, a nurses training program was approved by the State of Idaho. By 1942, there were forty

student nurses at the hospital. Two years later Misericordia Hall was built across the street from the hospital as a dormitory for the students. The program operated until 1953.[12]

The hospital grounds were beautifully landscaped with a formal garden on the east side of the building, and an expansive lawn planted with trees on the west side. At the south end of the west lawn, a grotto was constructed, sometime before 1936. No details about the builder or the events leading to the creation of the grotto have been located, but grottos are common landscape features of Catholic churches, schools, and hospitals. Grottos, or caves, have had symbolic significance in Western culture since ancient Greece. Their symbolism continued in early Christianity as caves were the location of important events associated with Christ. Grottos as garden features for devout Catholics and Catholic institutions gained popularity in the late 19th century after the first replica of the shrine at Lourdes, France, in the United States was constructed in 1875 near Emmitsburg, Maryland, at Mount St. Mary's College (now Mount St. Mary's University). Grottos were also featured at St. Paul's Church in Nampa (the grotto was replaced by a convent building in 1923) and at St. Mary's Church in Caldwell. The Mercy Hospital grotto garden was planted with trees, flowering shrubs, roses, and a variety of other flowering plants. A statue of Mary and the infant Jesus stood in the grotto. The grotto was featured in photographs and postcards and was the location of at least one nursing school graduation ceremony. When the hospital closed in 1967, the statue was removed and transferred to the grounds of the new hospital on 12th Avenue South.[13]

The hospital expanded several times at the location on 8th Street South. In 1936, the Ross Wing was added to the rear of the building, bringing the hospital capacity to 86. Designed by Tourtellotte and Hummel, the addition was named for Dr. Hugh Prescott Ross, a Nampa physician who had been involved with efforts to build the hospital in the 1910s. Dr. Ross was on the hospital staff, serving as both a doctor and administrator. He died January 17, 1936, and the new wing was named in his honor. In 1957, a $250,000.00 addition was added to the back of the building, increasing the capacity to 100 and adding a surgical and obstetrical suite. The last modification was to the front of the building in 1959 when the front entrance was modified with a steel and glass facade housing an enclosed staircase and administrative offices.[14]

By the late 1960s, the hospital had expanded to its fullest capacity at its 8th Street location. In March, 1967, ground was broken at a new site on 12th Avenue South for a $3.5 million 120-bed hospital. Mercy Medical Center has expanded at the 12th Avenue location several times and now is a 152-bed facility with auxiliary programs. After the hospital moved, the building was used for a variety of purposes, including office space, a Head Start pre-school program, and senior assisted living. Valley Plaza Retirement Center, the last occupant, closed in 2004.

Tourtellotte and Hummel, Architects

John Everett Tourtellotte (1889-1939) was born in Connecticut, apprenticed as contractor in Massachusetts, and moved west, arriving in Boise in 1890. His future business partner, Charles Frederick Hummel, born in Germany, trained as an architect in Stuttgart and immigrated to the United States in 1885, arriving in Boise in 1895. The two men worked in their fields as contractor and architect for several years before forming a partnership, John E. Tourtellotte & Company, in 1900. By 1910, the firm was operating as Tourtellotte and Hummel. [15]

The firm was successful within a few years—by 1897, two years after the company was formed, the

partners were identified as architects for twelve buildings in Boise, rapidly expanding their field of operations beyond Boise to communities in all regions of Idaho and into Oregon by 1902. In 1903, the architects won their first commissions in Nampa, designing commercial buildings for J. M. Brunzell and the firm of Burns and Fox. Aside from the original Mercy Hospital and the 1936 Ross Wing addition, Tourtellotte and Hummel designed a number of commercial and institutional buildings in Nampa. Examples include the Nampa Department Store (1910), the Nampa Presbyterian Church (1918), Nampa and Meridian Irrigation District (1919), St. Paul's Rectory and Sister's Residence (1922), and the Nampa American Legion Hall (1931).

Lee R. Cooke, Architect

Lee R. Cooke was born in Ripon, Wisconsin in 1881. He studied civil engineering at the Colorado Agricultural College in Fort Collins (now Colorado State University) and moved to Nampa in 1906. He worked for many years in Nampa as a civil engineer and architect, serving as Nampa's City Engineer in the 1910s. In 1910, Cooke was a founding member of the Idaho Society of Professional Engineers and in 1957, he was accepted as a member of the American Institute of Architects. He was in charge of the construction of Nampa's first sugar factory in 1906, and designed a gymnasium for Rockland High School in 1950.[16]

Jacobberger, Stanton, Norman & Franks, Architects

Portland architect Francis B. Jacobberger established a partnership with Elmer Zeller in 1945 after running his own architectural firm for fifteen years. The firm underwent several partnership changes before 1957, the year they won the contract for the Mercy Hospital addition. The firm designed many buildings for Catholic institutions, including Holy Trinity Greek Orthodox Church and St. Mary's Academy in Portland. Other designs by Jacobberger, Stanton for the Sisters of Mercy included Mercy Hospital in Roseburg, Oregon (1949) and Mercy Home Chapel in North Bend, Oregon (1944).[17]

End Notes

[1]Information on the history of Nampa is based on *Nampa, Idaho, 1885-1985: A Journey of Discovery* by Lynda Campbell Clark (Nampa: Nampa Centennial Committee, 1985) and *My Home Town,* by Annie Laurie Bird (Caldwell, Idaho: Caxton Printers, 1968). An additional source was a special edition of *The Idaho Free Press*, dated January 1, 1926.

[2] "Irrigation in the Boise Valley, 1789-1869: A Study in Pre-Federal Irrigation," by Paul Lloyd Murphy. (Master's thesis, University of California, Berkeley, 1949), p. 42.

[3]*The Idaho Free Press,* January 1, 1926 and Bird, *My Home Town.*

[4]Two books provide extensive history on the development of hospitals and the involvement of Catholic sisters of various orders in hospital management: Guenter B. Risse, *Mending bodies, saving souls: a history of hospitals,* Oxford University Press, New York, 1999; and Barbra Mann Wall, *Unlikely entrepreneurs: Catholic sisters and the hospital marketplace,* 1865-1925, Ohio State University Press, Columbus, 2005.

[5]John Koren, editor, *Benevolent Institutions*, *1900*, U. S. Government Printing Office, 1904; Edwin Mussell, et al, editors, *Benevolent Institutions, 1910,* U. S. Government Printing Office, 1913, Randall

Hudspeth and Verlene D. Kaiser, *Charting Idaho Nursing*, VKRH Pubs, Boise, 2009.

[5]Annie Laurie Bird, "Efforts to Obtain Local Hospital Started Here Back in 1907," *(Nampa) Idaho Free Press,* May 25, 1965.

[6]Bird, May 25, 1965 and "A New Hospital at Nampa," *Boise Idaho Daily Statesman,* August 10, 1911, p. 5.

[7]Quoted in Annie Laurie Bird, "Sisters of Mercy Took Over Nampa's General Hospital in 1917," *Idaho Free Press,* June 1, 1963, p. 11.

[8]"Who We Are-Catherine McAuley," Sisters of Mercy, www.sistersofmercy.org, accessed June 2013.

[9]Quoted in Bird, June 1, 1963.

[10]Bird, June 1,1963; Kathleen O'Brien, *Journeys: a pre-amalgamation history a/the Sisters a/Mercy, Omaha Province*, Omaha Province, Sisters of Mercy, 1987 p. 571-594; and " ... And His Mercy is from Generation to Generation," typescript of a presentation by Sr. Mary Jean Munk, RSM, 1981, Mercy Medical Center History File.

[11] Bird, May 25 and June 1, 1963.

[13]Naomi Miller, *Heavenly Caves: Reflections on the Garden Grotto*, George Braziller, New York, 1982; John Beardsely, "Grottoes of the Holy Book," in *Gardens of Revelation: Environments by Visionary Artists*, Abbeville Press, New York, 1995 p. 101-132; "Tourtellotte and Hummel Architecture in Idaho," National Register of Historic Places Thematic Resources Nomination, prepared by Patricia Wright, 1982, Site 110 (St. Paul's Rectory and Sisters' Residence) and Site 113 (St. Mary's Church); National Shrine Grotto of Lourdes, Mount St. Mary's University, website, www.msmary.edu.

[14]Munk, 1981; "Twenty-Fifth Anniversary of Mercy Hospital to be Observed," unidentified newspaper clipping dated June 2, 1942, Mercy Medical Center History File; "Nampa to Build Hospital Wing," *(Boise) Idaho Statesman*, March 30, 1936, p. 7; "Work Starting on 3-Story Addition to Mercy Hospital," no date or month, 1957, *Idaho Free Press,* Mercy Medical Center History File.

[15] "Tourtellotte and Hummel Architecture in Idaho," Section 8, p. 1-3.

[16] "Lee R. Cooke Rites Scheduled Today," Idaho Free Press, Nampa, February 3, 1966; "Rockland Gymnasium Will Be Ready Soon," *Idaho State Journal,* Pocatello, November 9, 1960; *Fifty Years of Professional Engineering in Idaho, Golden Anniversary, 1910-1960,* Idaho Society of Professional Engineers, www.idahospe.org.

[17]*Guide to the Jacobberger Architectural Photographs Collection, c. 1900-1956*, Oregon Historical Society, Northwest Digital Archives, nwda.orbiscascade.org; "Historic Resource Evaluation Section 106, Former Oregon School for the Blind, Salem, Oregon," prepared by Fletcher, Farr, Ayotte, Inc., December 11, 2009, p. 14-15, City of Salem, Oregon, www.cityofsalem.net

9. Major Bibliographical References

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

Adams, Annmarie. *Medicine by Design: The Architect and the Modern Hospital, 1893-1943.* Minneapolis: University of Minnesota, 2008.

Beardsley, John. *Gardens of Revelation: Environments by Visionary Artists*. New York: Abbeville Press, 2003.

Bird, Annie Laurie. "Vignettes from Early Nampa," a regular series published in the *Idaho Free Press* newspaper, articles dated May 25, June 1 and June 8, 1963.

_____. *My Home Town.* Caldwell, Idaho: Printed by Caxton Printers, 1968.

Clark, Lynda Campbell. *Nampa, Idaho,* 1885-1985: *A Journey of Discovery*. Nampa, Idaho: Pacific Press, 1985.

Harris, Cyril M. *Dictionary of Architecture and Construction*. New York: McGraw-Hill, 1975.

Hudspeth, Randall and Verlene D. Kaiser. *Charting Idaho Nursing History.* Boise, Idaho:VKRH Pubs., 2009

McAlester, Virginia, and A. Lee McAlester. *A Field Guide to American Houses.* New York: Knopf, 1984.

Miller, Naomi. *Heavenly Caves: Reflections on the Garden Grotto.* New York: George Braziller Inc., 1982.

O'Brien, Kathleen. *Journeys: a Pre-amalgamation History of the Sisters of Mercy, Omaha Province.* Omaha: Omaha Province, Sisters of Mercy, 1987.

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

Wall, Barbra Mann. *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865-1925*. Columbus: Ohio State Univ. Press, 2005.

Wright, Patricia. “Tourtellotte and Hummel Architecture in Idaho,” National Register of Historic Places Thematic Resource Nomination Form, 1982.

Idaho State Archives, Research Library, vertical files, architectural index, microfilmed newspapers.

The Idaho Statesman (Boise) online, accessed June 2013-April 2014.

Archives of the Sisters of Mercy of the Americas, Belmont, North Carolina, correspondence with Grant Gerlich, archivist

Mercy Medical Center, Nampa, Historical Files, accessed 2010.

Roman Catholic Diocese of Boise, correspondence with Cindy Talboy, Executive Assistant.

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:
__X_ State Historic Preservation Office
____ Other State agency
____ Federal agency
__X_ Local government
____ University
____ Other
Name of repository: _____

Historic Resources Survey Number (if assigned): _____

---

10. Geographical Data

Acreage of Property ___2.066__

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates
Datum if other than WGS84:_____
(enter coordinates to 6 decimal places)

1 Latitude: 43.570001 Longitude: -116.562378

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

SEC 27-3N-2W NE/ INTERSTATE ADD ALL VAC BLKS 16 INTERSTATE & BLK 30 WATERHOUSE & VAC ALLEY

Boundary Justification (Explain why the boundaries were selected.)

All of the land, building(s) and structures legally and historically associated with Mercy Hospital.

---

11. Form Prepared By

name/title: *Barbara Perry Bauer & Elizabeth Jacox*
organization: *TAG Historical Research & Consulting*
street & number: *P.O. Box 7333*
city or town: *Boise* state: *Idaho* zip code: *83707*
e-mail office@taghistory.com
telephone: *208-338-1014*
date: *April 15, 2014*

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: *Mercy Hospital*

City or Vicinity: *Nampa*

County: *Canyon* State: *ID*

Photographer: Elizabeth Jacox, unless otherwise stated

Date Photographed: October, 15, 2013, unless otherwise stated

Digital images

Description of Photograph(s) and number, include description of view indicating direction of camera:

1 of 26
Façade (northeast elevation) and non-contributing gate posts, view looking SW
Photo by Teresa Tamura, December 24, 2013

2 of 26
Façade and northwest elevation, view looking S

3 of 26
Façade (northeast elevation) and southeast elevation, including 1952 addition, view looking W; view includes a section of the non-contributing wall

4 of 26
Southeast elevation and 1952 addition, view looking NW; view includes a section of the non-contributing brick wall
Photo by Teresa Tamura, December 24, 2013

5 of 26
Original building and 1952 addition, southeast and southwest (rear) elevations, view looking N
Photo by Teresa Tamura, December 24, 2013

6 of 26
Original building, southwest elevation; rear addition, southeast elevation, view looking NE

7 of 26
Northwest elevations of the original building and the 1936 and 1957 additions, view looking SE; grotto and non-contributing garage at right in photo; view includes a section of the non-contributing wall
Photo by Teresa Tamura, December 24, 2013

8 of 26
Rear addition, southeast elevation and original building, southwest elevation, view looking N. The emergency entrance can be seen near the junction of the original building with the 1936 section of the rear addition, the change in fenestration on the addition indicates the location of the join of the 1957 section to the 1936 section.

9 of 26
Rear addition, southeast and southwest elevations, view looking N

10 of 26
Rear addition, southwest elevation, view looking NE. Also visible to the left in the photograph are the non-contributing garage and a section of the non-contributing brick wall.
Photo by Teresa Tamura, December 24, 2013

11 of 26
Rear addition, northwest and southwest elevations, view looking E. Non-contributing wall and garage are also shown in this view.

12 of 26
Original building, northwest and southwest elevations; 1936 rear addition, northwest elevation, view looking E

13 of 26
Close up view of central bay/main entrance showing curvilinear parapet, arched windows, and terra cotta decorations

14 of 26
Close up view of decorative details and curvilinear parapet

15 of 26
Photos 15-20 by Teresa Tamura, December 24, 2013
Interior, main floor hallway from entrance, view looking SE

16 of 26
Interior, main floor hallway from entrance, view looking SW

17 of 26
Interior, patient room on main floor

18 of 26
Interior, second floor operating room in 1957 addition

19 of 26
Interior, second floor operating room, 1957 addition showing tile wall behind modern dry wall

20 of 26
Interior, second floor, original building, chapel

21 of 26
Grotto and non-contributing garage, view looking SW

22 of 26
Grotto, view looking W

23 of 26
Remnants of garden wall and garden in front of grotto, view looking NW

24 of 26
Close up view of grotto wall
Photo by Teresa Tamura, December 26, 2013

25 of 26
Garage (non-contributing), northwest and southwest elevations, view looing NE

26 of 26
Brick wall section (non-contributing), view looking E

Figures

Figure 1 Mercy Hospital, front elevation, 1919
Courtesy of Hummel Architects, Boise

Figure 2 Mercy Hospital, rear elevation, 1919
Courtesy of Hummel Architects, Boise

Figure 3 Mercy Hospital, c. 1920, view looking S
Courtesy of Mercy Medical Center, Nampa

Figure 4 Mercy Hospital, c. 1960, view looking SW
Courtesy of Mercy Medical Center, Nampa

Figure 5 Grotto and gardens, c. 1940
Courtesy of the Archives of the Sisters of Mercy of the Americas, Belmont, NC

Figure 6 Grotto and gardens, c. 1966
Courtesy of the Archives of the Sisters of Mercy of the Americas, Belmont, NC

Figure 7 Chapel and altar, undated
Courtesy of the Archives of the Sisters of Mercy of the Americas, Belmont, NC

Figure 8 Private Room, c. 1922
Courtesy of the Archives of the Sisters of Mercy of the Americas, Belmont, NC

Figure 9 Operating Room, c. 1922
Courtesy of the Archives of the Sisters of Mercy of the Americas, Belmont, NC

Figure 10 Site map

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 100 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.

Mercy Hospital
Figures

Canyon, ID
1

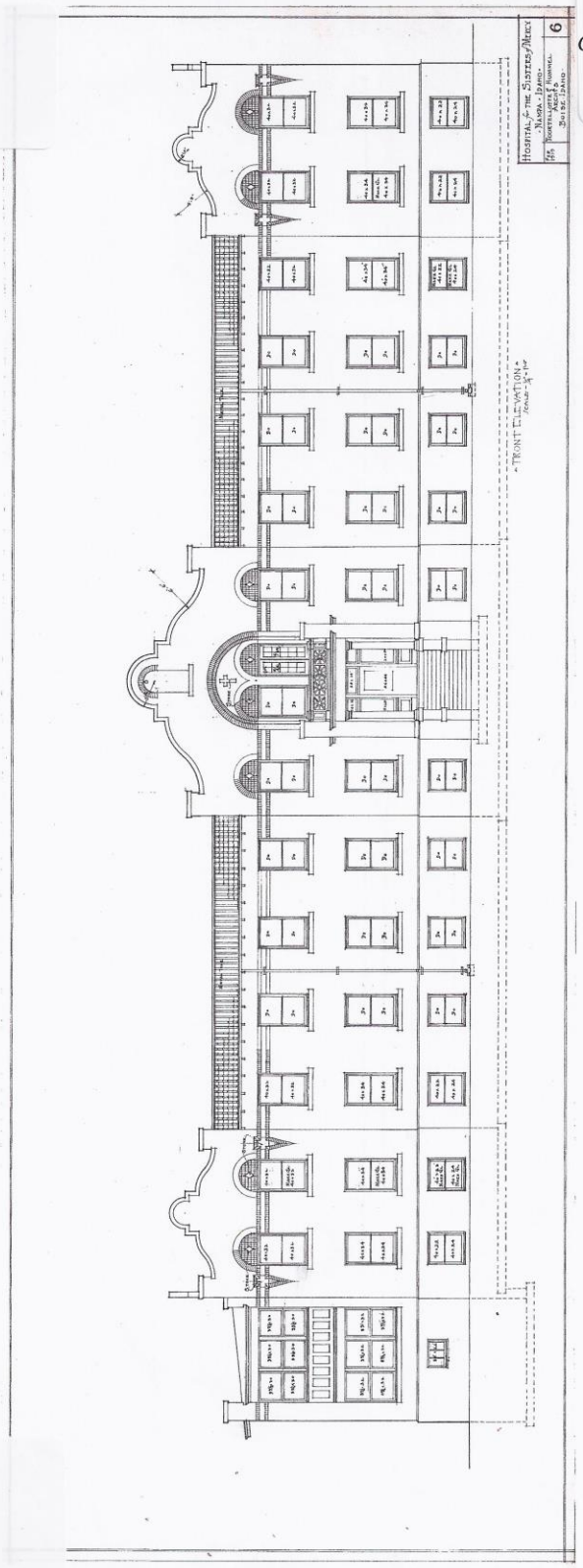


Figure 1 Front Elevation, 1919
Courtesy of Hummel Architects

Mercy Hospital
Figures

Canyon, ID
2

Figure 2 Rear Elevation, 1919
Courtesy of Hummel Architects

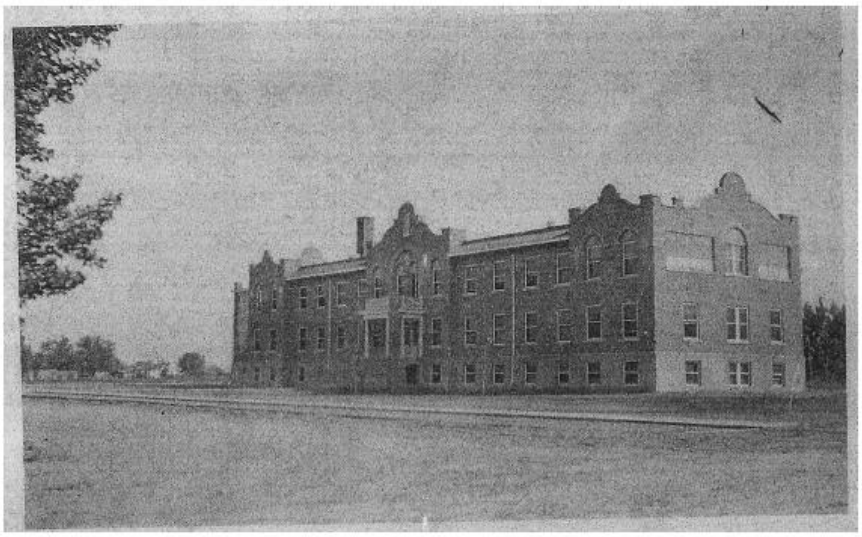


Figure 3 Mercy Hospital, c. 1920, view looking south

Figure 4 Mercy Hospital c. 1960, view looking SW
Courtesy Mercy Medical Center

Figure 5 Grotto, 1946, courtesy of the Archives of the Sisters of Mercy of the Americas

Figure 6 Grotto, 1958, courtesy of the Archives of the Sisters of Mercy of the Americas

Mercy Hospital
Figures

Canyon, ID

Figure 7 Chapel altar, undated image, courtesy of Mercy Medical Center

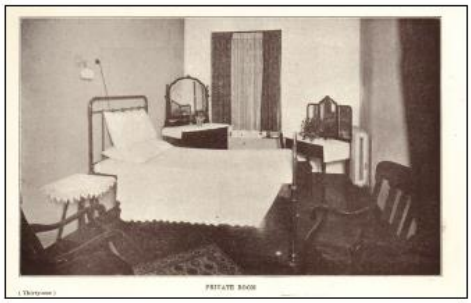


Figure 8 Private Room, c. 1922

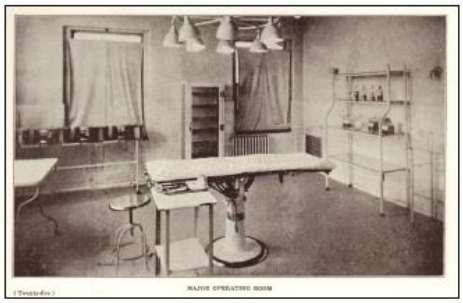


Figure 9 Operating Room, c. 1922

Courtesy of the Archives of the Sisters of Mercy of the Americas

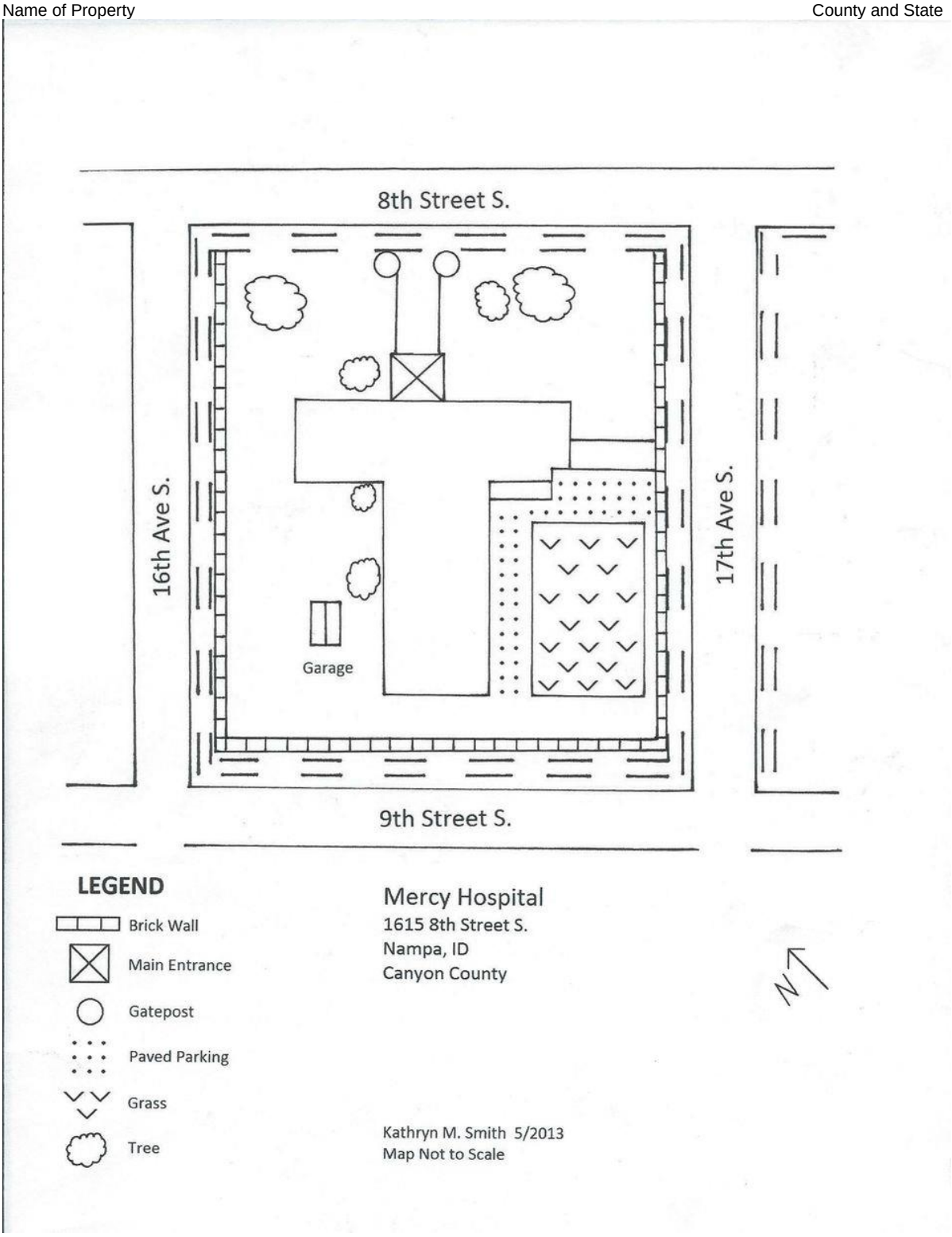
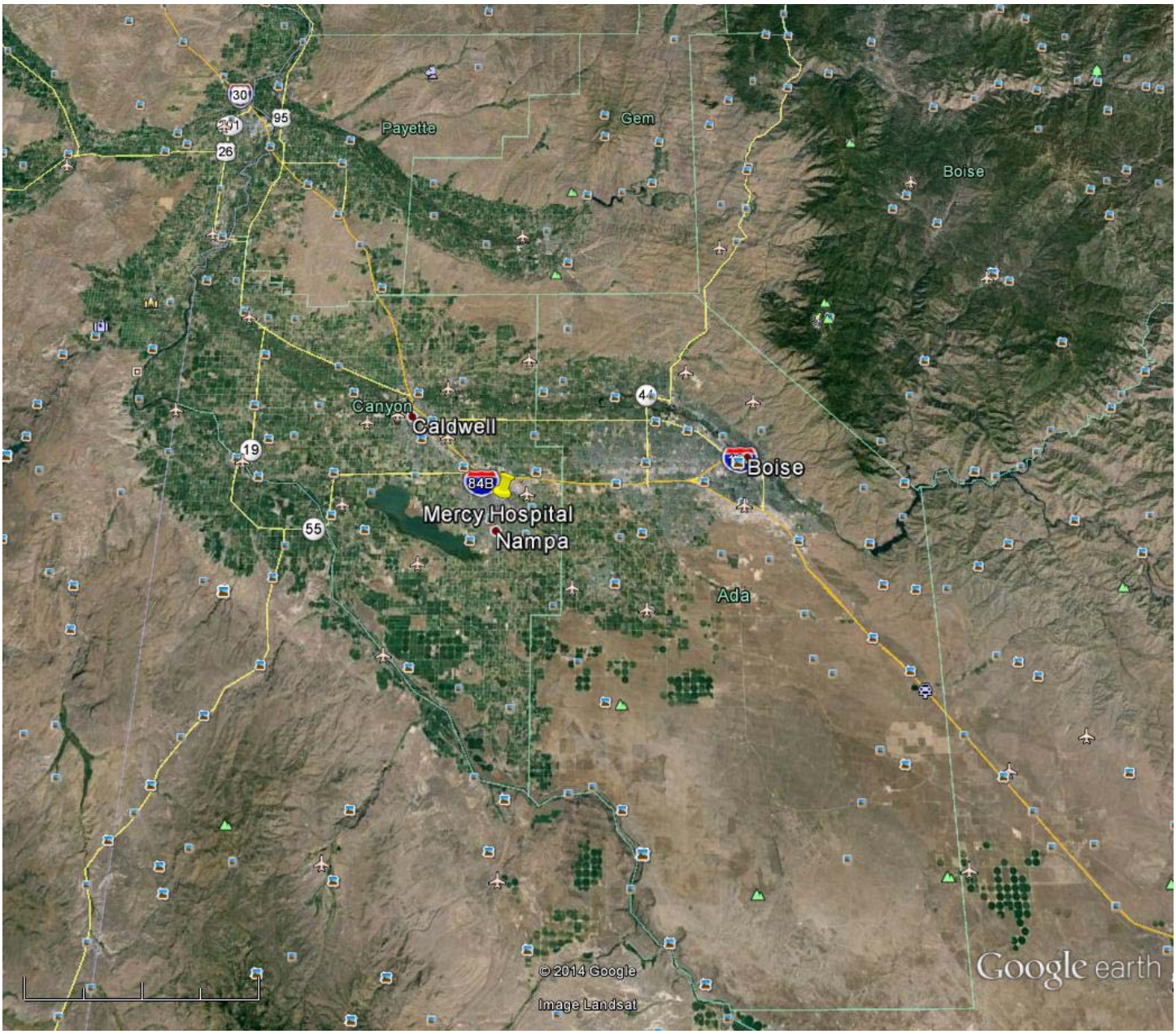


Figure 10: Site map

Mercy Hospital
Coordinates: Latitude: 43.570001 Longitude: -116.562378



Google earth

miles 30
km 50

Church of
¡VAYA!