

SBR Draft

National Register of Historic Places Registration Form

1. Name of Property

Historic Name: W.I. Cook Memorial Hospital
Other name/site number: W.I. Cook Children's Hospital
Name of related multiple property listing: NA

2. Location

Street & number: 1212 West Lancaster Avenue
City or town: Fort Worth State: Texas County: Tarrant
Not for publication: Vicinity:

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this 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 (meets does not meet) the National Register criteria.

I recommend that this property be considered significant at the following levels of significance:
 national statewide local

Applicable National Register Criteria: A B C D

_____ State Historic Preservation Officer	_____ Date
Signature of certifying official / Title	
Texas Historical Commission State or Federal agency / bureau or Tribal Government	

In my opinion, the property <input type="checkbox"/> meets <input type="checkbox"/> does not meet the National Register criteria.	
_____ Signature of commenting or other official	_____ Date
State or Federal agency / bureau or Tribal Government	

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register.
- removed from the National Register
- other, explain: _____

Signature of the Keeper

Date of Action

5. Classification

W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Ownership of Property

<input checked="" type="checkbox"/>	Private
<input type="checkbox"/>	Public - Local
<input type="checkbox"/>	Public - State
<input type="checkbox"/>	Public - Federal

Category of Property

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

Number of Resources within Property

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

Number of contributing resources previously listed in the National Register: NA

6. Function or Use

Historic Functions: HEALTH CARE: Hospital

Current Functions: VACANT/NOT IN USE

7. Description

Architectural Classification: LATE 19TH AND 20TH CENTURY REVIVALS: Italian Renaissance

Principal Exterior Materials: LIMESTONE, STUCCO

Narrative Description (see continuation sheets 7-7 through 7-16)

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8. Statement of Significance

Applicable National Register Criteria

<input checked="" type="checkbox"/>	A	Property is associated with events that have made a significant contribution to the broad patterns of our history.
<input type="checkbox"/>	B	Property is associated with the lives of persons significant in our past.
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	D	Property has yielded, or is likely to yield information important in prehistory or history.

Criteria Considerations: NA

Areas of Significance: SOCIAL HISTORY (*local*) and ARCHITECTURE (*local*)

Period of Significance: 1929-1974

Significant Dates: 1929, 1958, 1969

Significant Person (only if criterion b is marked): NA

Cultural Affiliation (only if criterion d is marked): NA

Architect/Builder: Clarkson, Wiley G. (Architect); Geren, Preston M. (Architect)

Narrative Statement of Significance (see continuation sheets 8-17 through 8-28)

9. Major Bibliographic References

Bibliography (see continuation sheet 9-29 through 9-31)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested. *Part 1 approved on May 13, 2020.*
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey #
- recorded by Historic American Engineering Record #

Primary location of additional data:

- State historic preservation office (*Texas Historical Commission, Austin*)
- Other state agency
- Federal agency
- Local government
- University: University of Texas at Arlington
- Other -- Specify Repository:

Historic Resources Survey Number (if assigned): NA

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10. Geographical Data

Acreege of Property: approximately 2.3 acres

Coordinates:

Datum if other than WGS84: NA

1. Latitude: 32.747509° Longitude: -97.339530°

Verbal Boundary Description: JENNINGS WEST ADDITION Block 21 Lot 12 (Property ID 01456369) and JENNINGS WEST ADDITION Block 22 Lot A (Property ID 01456377), as recorded by the Tarrant County Appraisal District (accessed May 13, 2022) and shown on Map 5.

Boundary Justification: The boundary includes all property historically and currently associated with the nominated hospital. It excludes a parking lot on the north side of the block, which was developed after 1970 (see Figure X).

11. Form Prepared By

Name/title: Cindy Hamilton/Nate Curwen
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Additional Documentation

Maps (see continuation sheets 32-35)

Additional items (see continuation sheets 36-49)

Photographs (see continuation sheets 50-67)

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

W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photograph Log

Name of Property: W.I. Cook Memorial Hospital

City or Vicinity: Fort Worth

County: Tarrant

State: Texas

Photographer: Erin Ward

Date Photographed: July 2021

Photo 1: 1929-1958 Section, South Elevation, looking north.

Photo 2: 1929-1958 Section, South Elevation, looking northeast.

Photo 3: 1929-1958 Section, South and West Elevations, looking northeast.

Photo 4: 1929-1958 Section, West Elevation (right); 1989 Addition, West and South Elevations (left), looking east.

Photo 5: 1929-1958 Section, East Elevation, looking southwest.

Photo 6: 1929-1958 Section, South and East Elevations, looking northwest.

Photo 7: First Floor, 1929 Section, entrance vestibule, looking north.

Photo 8: First Floor, 1929 Section, atrium, looking north.

Photo 9: First Floor, 1929 Section, atrium, looking north.

Photo 10: First Floor, 1929 Section, corridor, looking south.

Photo 11: First Floor, 1929 Section, lobby, looking west.

Photo 12: First Floor, 1929 Section, corridor, looking east.

Photo 13: First Floor, 1929 Section, conference room/library, looking southwest.

Photo 14: Second Floor, 1958 Section, former therapy room, looking east.

Photo 15: Second Floor, 1958 Section, lobby, looking northwest.

Photo 16: Second Floor, 1958 Section, corridor, looking west.

Photo 17: Third Floor, 1958 Section, former therapy room, looking northeast.

Photo 18: Third Floor, 1958 Section, corridor, looking east.

Photo 19: Third Floor, 1958 Section, stair, looking north.

Photo 20: Basement, 1929 Section, utility room, looking east.

Photo 21: Basement, 1929 Section, corridor, looking southeast.

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Photo 22: 1989 Addition, North Elevation, looking south.

Photo 23: First Floor, 1989 Addition, lobby, looking northwest.

Photo 24: Second Floor, 1989 Addition, elevator lobby, looking northwest.

Photo 25: Second Floor, 1989 Addition, patient room, looking southeast.

Photo 26: Third Floor, 1989 Addition, corridor, looking west.

Photo 27: 1969 Outpatient Services Building, South and West Elevations, looking northeast.

Photo 28: 1969 Outpatient Services Building, North and West Elevations, looking southeast.

Photo 29: 1969 Outpatient Services Building, First Floor, lobby, looking east.

Photo 30: 1969 Outpatient Services Building, Second Floor, office, looking southwest

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Narrative Description

The 1929 W.I. Cook Memorial Hospital is three-story I-plan building with a projecting 5-sided, three-story central wing facing West Lancaster Avenue in Fort Worth, Tarrant County. It is of steel construction on a concrete foundation with smooth limestone exterior and shallow hipped green tile roof. The private hospital exhibits Renaissance Revival architectural style in strong division of floors, differing window surrounds on each floor, articulated cornice, paired Corinthian pilasters, and floral reliefs. In 1958, architect Preston Geren designed a two-story addition to the front elevation wing that matched the style, fenestration, and materials of the original Renaissance Revival hospital. A hyphen on the north elevation connects the hospital to a large non-historic addition. Completed in 1989, this addition is secondary in scale, ornamentation, and materials to the 1929/1958 building and does not significantly detract from the original design. The hyphen, however, renders it one resource for nominating purposes. The nominated boundary, a rectangular parcel, includes the two-story stucco 1969 Outpatient Services building as a contributing resource. W.I. Cook Memorial Hospital retains excellent integrity to communicate its historical and architectural significance.

Setting: The W.I. Cook Memorial Hospital is located approximately a half mile southwest of downtown Fort Worth in the Eastchase District (see Map 2). The building is roughly four blocks north of Interstate 30, a major highway for the city. The surrounding area is primarily commercial in setting, with low-to-mid-rise buildings located to the north, south, east, and west. Located within the adjacent block to the east is the 1937 Masonic Temple, a monumental architectural example of Modern Classicism (NR 2017)¹. Located within the adjacent block to the west is the Jane Justin School, a simple modern two-story building. The neighborhood features some residential buildings, including apartment complexes and single-family homes to the north of the subject building (see Map 3).

Site: The W.I. Cook Memorial Hospital is located on a rectangular-shaped lot bound by W. Lancaster Avenue to the south, Collier Street to the west, Lake Street to the east, and Texas Street to the north. The site is largely covered by a grassy lawn to the south with hardscaping and pavement to the east, west, and north sides of the building. The site features some mature trees and landscaping, but it is mainly open providing clear sightlines of the building. The perimeter of the block features concrete sidewalks that provide access to a paved walking path that leads to the building's primary south elevation. This path is paved with non-historic pavers. These pavers are also used in the courtyard located at the southeast corner of the building. There are two lightwells located in between the original building and the 1989 addition. The west lightwell features a concrete loading dock area. The east lightwell features a paved concrete patio. A large paved parking area is located to the north of the main building (see Maps 4 and 5). There are two contributing resources within the nominated boundary: W.I. Cook Memorial Hospital and the 1969 Outpatient Services Building.

W.I. Cook Memorial Hospital (1929/1958 and 1989 Addition)

The W.I. Cook Memorial Hospital has a symmetrical footprint and is comprised of the original I-shaped main building built in 1929, and an almost seamless two-story 1958 addition above the five-sided projecting wing. The first story of the wing was originally constructed with the main building in 1929. Both the 1929 and 1958 sections are constructed of large smooth limestone block with limestone ornamentation, which is typical of Renaissance Revival buildings. Fenestration throughout consists of non-historic hung simulated-lite vinyl windows.

Main Building, Exterior

South Elevation

¹ National Register of Historic Places, Masonic Temple, Fort Worth, Tarrant County, National Register # 100001227. <https://npgallery.nps.gov/NRHP/GetAsset/00cc011c-e99a-48ff-ac7e-78862db6f5f6>.

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The south elevation of the main building consists of three window bays on either side of a central portion of elevation, which is not visible because it abuts the south wing. The two east-most and west-most bays protrude and extend slightly farther south than the central portion of the elevation. Located between the two end bays at either side of the east and west ends are engraved limestone tablatures. Above each tablature is a limestone pediment that extends from the roof's cornice. The rooftop cornice features a dentil pattern, typical of the Renaissance Revival Style. The east and west ends also feature a string course with a running arched pattern that delineates between the second and third floors. The elevation is constructed of large smooth limestone block. Renaissance Revival buildings commonly feature different window surrounds on each level, and this is also true of the W.I. Cook Memorial Hospital. The first-floor windows feature blind stone arches with prominent keystones and round carvings at the center, the second-floor windows feature simple sills and lintels, and the third-story windows have the running arch string course below them and carved floral lintels above them. Fenestration throughout the south elevation is modern and consists of hung, simulated-lite vinyl windows (see Photos 1 and 2).

East and West Elevations

The east and west elevations are three stories tall and five bays wide. They feature a similar configuration to the east and west ends of the south elevation, with similar cornice details, string courses, window surrounds, and pediments. There is one entrance located centrally at each elevation. The entrances feature non-historic double-leaf aluminum-framed glazed doors, set within an ornamental limestone pediment surround. A small set of stone steps with a simple metal railing provides access to the entrance (see Photos 3, 4, 5, and 6).

Wing, Exterior

South Elevation

For the purposes of this nomination, the south elevation consists of the central 4-bay south-facing elevation as well as the 3-bay angled southwest and southeast elevations on either side of it. The south elevation has a symmetrical façade that is three-stories tall, with the primary entrance located immediately at its center. The elevation is constructed of large smooth limestone block. Fenestration throughout the south elevation is not historic and consists of hung, simulated-lite vinyl windows (see Photos 1 and 2).

The south elevation is 10-bays wide with five bays flanking either side of the centrally located primary entrance. The third, fourth, and fifth bays on each side of the primary entrance are angled 45 degrees north from the east-west plane of the façade. The floor levels of the south wing are delineated by limestone string courses. The string course separating the first and second floor is simple in design, while that separating the second and third floor is more pronounced with a running arched pattern. The rooftop cornice has a dentil pattern, typical of the Renaissance Revival Style. As with the main building, the windows at each level feature different surrounds. On the first floor are paired Corinthian limestone pilasters situated between the windows, as well as more ornate Corinthian pilasters around the primary entrance. The second-floor windows feature simple sills and lintels, and the third-story windows have the running arch string course below them and floral lintels above them.

The primary entrance is accessed by a centered entry vestibule that is set back slightly from the building plane. This vestibule features an ornamental metal gate at its entrance. Like the building as a whole, the gate is symmetrical and features curved, interconnecting floral patterns that complement the floral engraving on the pilasters. Above the gates, "W.I. COOK MEMORIAL HOSPITAL" is engraved with surrounding acanthus leaf engraving. The entrance surround is ornamental and extends to the second floor, which features an arched semi-dome, which is visually supported by the Corinthian pilasters below. Within the semi-dome are rows of carved ornaments in a variety of patterns, some reminiscent of the floral motifs on the gates and pilasters and others that recall the dentils of the building's cornice. A limestone entablature sits directly above, and further up on the third floor is a limestone engraved crest symbol. The

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enclosed vestibule is constructed of the same large limestone block and features paneled wood doors on its north, east, and west elevations. These entrances feature carved ornamental limestone surrounds.

East and West Elevation

The east and the west elevations are three-stories in height and four bays wide. The visual composition of the bays on the south wing is similar to the south elevation as mentioned above, with pilasters located between the windows at the first floor, a simple limestone string course delineating the first and second floors, a more ornamental string course with an arched pattern delineating the second and third floors, and a rooftop cornice with dentils. (see Photos 3, 4, 5, and 6).

North Elevation

The north elevation is consistent with the design and materiality of the east, west, and south elevations. Constructed of large smooth limestone block, the elevation is dissected by the 1989 hyphen and features six bays on both its east and west ends. This elevation features similar ornamentation, cornice, and pediment details to the east, west, and south elevations. Fenestration on this elevation is consistent with the rest of the main building and 1958 addition consisting of simulated-lite, vinyl hung windows.

Roof

The 1929 main building roofline is constructed of green clay tile in a cross-hipped configuration that is flat at center. The flat portion is comprised of a non-historic EPDM membrane. It features mechanical equipment. The 1958 wing addition features a flat EPDM membrane roof with a front gable roof clad in green clay tile at its center. This roofline is surrounded by a roughly four-foot parapet.

Main Building and Wing Interior

The building has been vacant for several years, yet still reflects its last and former use as a hospital as no other tenants have occupied the building since its close. The interior is comprised of an entrance atrium surrounded by a hallway that provides access to offices followed by an open lobby. Furthest north is an east-west running corridor that is flanked by offices and patient rooms to the north and south.

First Floor

Upon entry at the first floor from the primary entrance at the south end is a three-story atrium (see Photos 7 and 8). The atrium covers a surface area of roughly 40 feet by 50 feet. An arcade with limestone columns and a vaulted plaster ceiling surrounds the perimeter of the atrium at the first floor, with perimeter walls comprised of limestone (see Photo 9). Above the arcade at the north perimeter is a small section of green terra cotta tiles that are most likely remnants of the original 1929 roof. The south, east, and west perimeter gypsum board walls feature 4/4 paired single-hung painted wood windows. The north perimeter wall features five arched openings with double-leaf doors. These doors provide access to offices beyond the atrium. The floor is finished with non-historic marble tiles.

The upper floors of the atrium are clearly distinguishable from the original 1929 section as the original 1929 section is only extant at the north elevation on the second and third floors. This elevation features an ornamental limestone façade, while the 1958 addition features gypsum board walls with non-historic casement windows on the second and third floor's east, west, and south perimeter walls.

A U-shaped corridor surrounds the atrium with offices located along the perimeter. The corridor features plaster walls, an arched plaster ceiling, and marble floors. Simple non-historic light fixtures hang from the ceiling. Access to the offices is via non-historic single-leaf wood doors. Finishes within the offices are non-historic and consist of carpet floors, painted gypsum board walls with simple vinyl baseboard, and suspended acoustic tile ceilings. In some instances, the ceiling terminates slightly below the window head. The windows feature simple wood trim and sills. The

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perimeter walls have been furred out. The corridor continues around the lobby to the north with finishes consisting of stone walls, a timber framed ceiling, and marble floors (see Photo 10).

Just north of the atrium is the lobby. The lobby features smooth limestone walls, marble tile floors, and a ceiling with exposed timber beams (see Photo 11). The ceiling between beams is finished with gold leaf. This room is accessed through the arched openings at the north wall of the atrium. The north elevation of the lobby features paneled wood doors that lead to the east/ west running corridor.

To the north of the lobby is an east/ west running corridor that is flanked by offices to the north and south. This corridor also provides access to a conference room and kitchen (see Photo 12). At the center of the corridor is one of the building's elevators and stairs. Finishes within the corridor include gypsum board walls with applied wallpaper, a semi-arched gypsum board ceiling with crown molding, and polished stone tile floor. Handrails and simple wood trim are applied to the walls. Non-historic lighting is located within the coves of the ceiling. Access to the offices is provided by non-historic single-leaf doors. Finishes within the offices are non-historic and include vinyl tile or carpet floors, painted gypsum board walls, and suspended acoustic tile ceilings.

At the southeast corner of the east wing is a former conference room/library that still retains most of its historic finishes. The walls feature a wood veneer with shelving and cabinetry. The room is finished with a plaster ceiling with an ornate bronze crown molding and wood floors (see Photo 13).

The kitchen is located at the west end of the corridor and is utilitarian in character with non-historic finishes throughout. Finishes in the kitchen include non-historic ceramic tile floors, painted gypsum board walls, and acoustic tile ceilings. Non-historic metal kitchen appliances and hoods are installed throughout.

Second Floor

The south end of the second floor is generally open in floorplan. The five-sided southern wing portion was constructed in 1958. A hallway and open room surround the atrium in the five-sided wing. The space looks down onto the atrium via large non-historic casement windows. A stair is located at the southwest corner of this area, with bathrooms and a few offices located at the west perimeter. Finishes within the large open room are non-historic and include vinyl tile flooring, painted gypsum board walls, and an acoustic tile ceiling. The space features painted round wood columns with simple square bases. The windows at the exterior perimeter feature simple painted wood sills (see Photo 14).

Just north of the atrium area is a waiting room that features marble tile floors, gypsum board walls, and a plaster ceiling with plaster cornice. The north elevation of the waiting room features a double leaf non-historic wood door and a single leaf non-historic wood door to its east. Centered between the doors is a decorative niche.

The layout of the east/west running corridor generally mimics its configuration on the first floor. The floorplan consists of an east/ west running corridor flanked by offices to the north and south, and a central lobby that features an elevator and stair. The lobby is similar in design to the first floor, yet simplified. The lobby finishes consist of stone tile floors, gypsum board walls with marble baseboard, and a gypsum board ceiling with crown molding (see Photo 15). The finishes of the corridor are similar to the corridor at the first floor with vinyl tile floors, gypsum board walls with applied wallpaper, and a semi-arched gypsum ceiling with crown molding. Handrails and simple wood trim are applied to the walls. Non-historic lighting is located within the coves of the ceiling (see Photo 16). Access to the offices is provided by non-historic single-leaf doors. Finishes within the offices are non-historic and include vinyl tile or carpet floors, painted gypsum board walls, and suspended acoustic tile ceilings.

Third Floor

The configuration of the third floor is consistent with the second floor. The five-sided southern wing portion was constructed in 1958. The finishes in the five-sided south end of the building/ atrium space are consistent with the

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second floor and consist of vinyl tile flooring, painted gypsum board walls, acoustic tile ceilings, and painted wood columns. The offices at the west end of the atrium space are accessible via non-historic single-leaf wood doors and have non-historic finishes including vinyl tile or carpet floors, painted gypsum board walls, and suspended acoustic tile ceilings (see Photo 17).

The east/ west running corridor contains the same layout as the first and second floor. The lobby at the third floor has even simpler finishes than the second-floor lobby including a vinyl tile floor, painted gypsum board walls, and a painted gypsum board ceiling. The finishes in the corridor are consistent with the second floor and include vinyl tile floors, gypsum board walls with applied wallpaper, and a semi-arched gypsum board ceiling with crown molding. Handrails and simple wood trim are applied to the walls. Non-historic lighting is located within the coves of the ceiling. Access to the offices flanking the north and south sides of the corridor is provided by non-historic single-leaf doors. Finishes within the offices are non-historic and include vinyl tile or carpet floors, painted gypsum board walls, and acoustic tile ceilings (see Photo 18).

Basement:

The basement is utilitarian in character and features back of house and mechanical spaces. The basement features some historic finishes including ceramic tile floors, terrazzo floors, tile walls, and window surrounds (see Photos 20 and 21).

Rear Addition – Exterior

The 1989 addition consists of a three-story stucco clad hyphen located to the north of the 1929 section followed by a three story stucco-clad rectangular shaped addition that is similar in scale to the 1929 section of the building. The hyphen is much smaller in scale than the northern addition creating lightwells at the east and west sides of the building between the 1929 section of the building and the 1989 addition.

South Elevation

The south elevation of the 1989 addition is separated into east and west wings that are dissected by the 1989 hyphen. This elevation is clad in a smooth stucco similar in color to the limestone façade of the 1929 and 1958 sections of the building. Each wing is five bays wide and features limited ornamentation with two simple cornices delineating the second and third floor levels and a larger cornice at the roofline. Fenestration on this elevation consists of simulated-lite vinyl hung windows. The east end of the south elevation features a service entrance on the first floor.

West Elevation

The west elevation is comprised of the one bay, three story hyphen to the south followed by a four bay, three story addition to the north. Both portions of the building are clad in a smooth stucco similar in color to the limestone façade of the main building and southern wing. This elevation features limited ornamentation with two simple cornices delineating the second and third floor levels and a larger cornice at the roofline.

To the west of the hyphen's west elevation is a lightwell located in between the north elevation of the 1929 main building and the south elevation of the 1989 addition. This lightwell features a concrete loading dock area accessed by concrete stairs with a metal pipe railing on its south end and a concrete ramp with a metal pipe railing on its north end. The connector can be accessed on its west elevation by two single leaf metal doors on the first level.

Located to the north of the lightwell is the remainder of the 1989 addition. This section of the elevation is generally windowless, save for two stacked simulated-lite vinyl hung windows located at the north end of the elevation. Below the windows is a utilitarian entrance that consists of a metal single-leaf door and a small set of concrete steps with a simple railing. Immediately to the south of this entrance is a service entry.

North Elevation

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The north elevation is three-stories in height, symmetrical in composition, and roughly 13-bays wide. The elevation is clad in a smooth stucco similar in color to the limestone façade of the 1929 and 1958 sections. Located centrally on the elevation at the first floor is a three-bay wide porte-cochère. The porte-cochère is rectilinear in design, constructed of stucco-clad concrete. A small set of concrete stairs with simple metal railing is located along the north perimeter. A non-historic aluminum-framed glazed entrance is located at the south perimeter of the porte-cochère. At the first floor of the east and west ends of the elevation are open air covered parking areas. Fenestration throughout the elevation consists of simulated-lite vinyl hung windows (see Photo 22).

East Elevation

The east elevation is nearly identical to the west elevation in composition and configuration. Slight differences are found within the lightwell and at the façade of the 1989 addition. The lightwell on the east side features a concrete paved patio with access to the connector. A single leaf metal and glass door with arched overhead transom and sidelights is centered on the first level of the east elevation of the connector. The second and third stories of the connectors' east elevation feature stacked simulated-lite vinyl hung windows. At the first floor of the 1989 addition there are two service entrances.

Roof

The 1989 connector features a flat roof. The roof to the 1989 addition is largely flat with a hip roof at center that is clad in green clay tiles. The center of the hipped portion is flat and features mechanical equipment. The flat portions of the roof are clad with an EPDM membrane.

Rear Addition – Interior

The building still reflects its last and former use as a hospital as no other tenants have occupied the building since its close. The 1989 addition interior is largely comprised of an east west running corridor with patient rooms and offices flanking its north and south sides. The hyphen contains an elevator lobby at each floor, installed in 1989 with the addition.

First Floor

The hyphen features an elevator lobby. Finishes within the elevator lobby are non-historic and include polished stone tile floors, gypsum board walls with applied wallpaper, simple wood baseboards, and a gypsum board ceiling. The elevators feature non-historic metal doors with simple wood veneer surrounds (see Photo 23).

To the north of the elevator lobby is a reception lobby via the porte-cochère, a former pool therapy room, and bathrooms. Finishes in the reception lobby are the same as the elevator lobby with polished stone tile floors, gypsum board walls with applied wallpaper, and gypsum board ceilings. The former pool therapy room has been reconfigured and the pool no longer exists. Finishes of this room include vinyl tile floors, gypsum board walls with applied wallpaper, and a suspended acoustic tile ceiling.

Second Floor

As with the first floor, the north wing is accessible via the 1989 elevator lobby in the hyphen (see Photo 24). Finishes within the elevator lobby at the second floor vary slightly with the installation of marble panels at the elevator surrounds. The remainder of the finishes consist of vinyl tile floors, gypsum board walls with applied wallpaper, and gypsum board ceilings. The wall behind the elevator bank is comprised of glass block.

The layout of the 1989 addition consists of a central circulation desk that dissects an east-west running corridor. Former patient rooms are located at the north and south perimeter of the corridor and are accessible via non-historic single-leaf wood doors. Finishes within the corridor include vinyl tile floor, gypsum board walls with applied wallpaper, and suspended acoustic tile ceilings. Handrails are applied to the walls. Finishes in the former patient rooms

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include vinyl tile floors, gypsum board walls with applied wallpaper and simple vinyl baseboards and suspended acoustic tile ceilings (see Photo 25).

Third Floor

The third-floor layout and finishes are nearly identical to the second floor. Former patient rooms are located at the north and south perimeter of the corridor and are accessible via non-historic single-leaf wood doors. Finishes within the corridor include vinyl tile floor, gypsum board walls with applied wallpaper, and suspended acoustic tile ceilings. Handrails are applied to the walls. Finishes of the former patient rooms include vinyl tile floors, gypsum board wall with applied wallpaper and simple vinyl baseboard and suspended acoustic tile ceilings (see Photo 26).

1969 Outpatient Services Building (Resource 2)

Exterior

The building is two stories tall with an exposed ground story level on its north, south, and east elevations. The ground story is clad in stucco with the first and second stories clad in large tile with a large concrete cornice delineating the first and second stories. A stucco clad elevator shaft extends from the center of the roof. Fenestration consists of aluminum framed storefront systems and hung windows.

West Elevation

The west elevation is eight bays wide and two stories tall. The elevation is clad in large tile with two large concrete cornices delineating the first and second floors of the building. The southern and northern ends of the elevation are a single story with a two-story center section. This elevation features a porte-cochere at its center. The port-cochere is supported by square concrete columns that run the full two-story height of the center section. Entry into the building is provided by two double leaf metal doors. At the south end of the elevation is a single leaf, metal framed glass door. The north end of the elevation features a single leaf, metal framed glass door with single sidelight. Two aluminum framed hung windows are located to either side of the port-cochere. An exterior metal stair at the north end of the center section provides access to the second story (see Photo 27).

North and South Elevations

The north and south elevations are nearly identical. These elevations feature a smooth stucco finish at the ground level and a tile clad first and second level with large concrete cornices delineating the floors. The second story features aluminum framed storefronts and hung windows. The north elevation features a single leaf, metal framed door at the center of the second level that provides access to the exterior metal stair. The west end of the north elevation and the east end of the south elevation feature a balcony at the first story. The south elevation features a single leaf metal door at the east end of the first story that is accessed by a set of concrete stairs. (See Photo 28)

East Elevation

This elevation is similar in design to the other elevations with a stucco clad ground level and a tile clad first and second story with large concrete cornices delineating the floors. The first story features a balcony that is supported by large square concrete columns that run the full height of the building. The balcony features a painted metal railing. Fenestration on this elevation consists of aluminum framed casement windows and storefront. There are two single leaf metal doors located in the north corner of the building. The second door in from the corner is enclosed by a painted metal gate.

Roof

The roof is flat and clad in an EPDM membrane.

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Interior

The building still reflects its last and former use as an outpatient building as no other tenants have occupied the building since its close. The building contains storage space at the ground level and patient rooms, waiting areas, and offices at the first and second levels. Finishes within the patient rooms, waiting areas, and offices are consistent and include vinyl tile or carpet floors, gypsum board walls with vinyl baseboard, and suspended acoustic tile ceilings (see Photo 29). Some spaces have wallpaper applied to the gypsum board walls. The storage space is utilitarian in design and materials and features concrete floors, concrete walls, and concrete ceilings (see Photo 30).

Alterations

As noted above, the building has had two major renovation campaigns, one in 1958 with the addition of two floors to the south wing, and the addition of the hyphen and north wing in 1989. In addition to the construction of the north wing in 1989, the building underwent improvements throughout the 1929 and 1958 sections. This included the installation of non-historic finishes such as new flooring, walls, and ceilings within the offices and patient rooms. These alterations are typical of a hospital building, particularly one that was constructed in 1929, in order to keep up with the ever-evolving modern standards of the medical field. At the exterior, the building generally remains the same as it did when it was completed.

The Secretary of the Interior Guidelines state that additions, “should be designed and constructed so that the character-defining features of the historic building are not radically changed, obscured, damaged, or destroyed in the process of rehabilitation.”² In keeping with these guidelines, the 1989 hospital addition is located at the rear, and its size has been limited so that it cannot be seen when looking at the primary, south, elevation. The building is designed to be sympathetic to the style of the 1929 and 1958 sections but is clearly differentiated as non-historic. Its color is compatible with the smooth limestone, but is clad in different material, stucco. Further, it features elements like cornices between stories that echo the ornament on the historic resources, but in a less intricate way that distinguishes it as modern. In addition, the use of the hyphen allowed for the least possible loss of historic material since the addition is only connected to the main building at a small point rather than across the entire elevation. The majority of the north elevation of the historic building is still extant and highly visible in the lightwells.

The alterations to the W.I. Cook Memorial Hospital correspond with the evolving standards of U.S. hospitals as well as the needs of the community as it grew, necessitating more beds and facilities. The 1989 addition is connected to the historic building through the hyphen, and thus both resources are described in this nomination. As stated above, though the addition is a sizable non-historic building, it is set back from the historic building, sympathetic in style but clearly distinguished as modern, and has not significantly disturbed the historic fabric of the 1929 and 1958 sections. As such, the 1989 addition and hyphen follow the Secretary of the Interior guidelines, and their design does not change, obscure, damage, or destroy the 1929 building and 1958 addition.

Historic finishes that remain intact at the exterior include the smooth limestone block, limestone entablature and cornices, the ornamental metal gate that provides access to the vestibule at the center of the south elevation, the paneled wood doors within the vestibule, and the green clay terracotta roofing. The remaining doors and windows were replaced during the 1989 renovation. At the interior, finishes within the ground floor of the 1929 section remain intact in many locations including the atrium, lobby, and corridors. These finishes include smooth limestone walls, marble tile floors, exposed timber beam and gold leaf ceiling, arched openings at the north wall of the atrium, and paneled wood doors. The U-shaped corridor that surrounds the atrium retains original finishes including plaster walls, an arched plaster ceiling, and marble floors. The

² “The Secretary of the Interior’s Standards for Rehabilitation & Illustrated Guidelines for Rehabilitating Historic Buildings,” U.S. Department of the Interior (1997), 90.

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lobby features smooth limestone walls, marble tile floors, and a ceiling with exposed timber beams. The ceiling between beams is finished with gold leaf. Finishes in the main east/west running corridor and the remainder of the interior largely date to the 1989 renovation.

Integrity

The W.I. Cook Memorial Hospital is locally significant under Criterion A in the area of Health/Medicine and under Criterion C in the area of Architecture. The W.I. Cook Memorial Hospital retains sufficient integrity to convey its historic values, which represent the building's historic use as a general and children's hospital. The exterior of the building, in addition to its landscape features which include a paved parking lot, an open lawn, and a patio, remain generally intact. The interior floorplan and significant original features remain intact.

Location: The W.I. Cook Memorial Hospital is in its original location.

Association: The exterior of the building continues to visually display the same characteristics as when the building functioned as a hospital. This includes the original Italian Renaissance Revival limestone clad exterior of the 1929-1958 section. The open lawn at the south end of the lot is in keeping with the original landscape plan of the site. Open lawn spaces like this were typical for hospitals during this time to allow for patients to experience outdoor space.

Feeling: The building retains its appearance from the period of significance. The site retains its hospital campus-like feeling with its landscaping and building footprint. The interior retains its layout as a hospital with its various corridors, offices, patient rooms, and specialty rooms.

Setting: The building was constructed adjacent to downtown Fort Worth, TX to make it easily accessible for all the city's residents. The surrounding area was a mixture of commercial and residential when the subject building was constructed, and the setting has retained its commercial and residential character. Overall, the setting remains consistent with the period of significance.

Design: The building has undergone minimal exterior alterations and thus its Italian Renaissance Revival design remains highly intact. The windows have been replaced yet the historic window openings have been kept and the replacement windows are compatible with the original design of the building and do not alter the overall integrity. The historic resources retain Renaissance Revival characteristics such as the articulated cornice with its dentil pattern, strong string courses that differentiate between levels, different window surrounds on each level, including blind stone arches, floral ornament, and simple lintels and sills. In particular, the primary entrance on the wing retains important character defining features such as the paired Corinthian pilasters and the metal gates. Above it, the 1958 addition was almost seamlessly connected to the first story and continued the Renaissance Revival elements, including the semi-dome, entablature, and engraved crest. Further, as stated above in Alterations, the 1989 rear addition of the does not significantly detract from the design of the historic fabric of the main building and wing.

Materials and Workmanship: The materials and workmanship of the building are still highly evident at the exterior and within the primary interior public spaces. Original finishes that remain intact at the exterior include the smooth limestone block, limestone entablature and cornices, the ornamental metal gate that provides access to the vestibule at the center of the south elevation, the paneled wood doors within the vestibule, and the green clay terracotta roofing. Historic interior finishes that remain include smooth limestone walls, marble tile floors, exposed timber beam and gold leaf ceiling, arched openings at the north wall of the atrium, and paneled wood doors. The U-shaped corridor that surrounds the atrium retains original finishes including plaster walls, an arched plaster ceiling, and marble floors. The lobby features smooth limestone walls, marble tile floors, and a ceiling with exposed timber beams. The ceiling between beams is finished with gold leaf.

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Overall, the W.I. Cook Memorial Hospital retains integrity and remains recognizable to a contemporary from its period of significance, so much so that in 1992, the Historic Preservation Council for Tarrant County awarded Healthsouth with the Pinnacle Award to recognize their commitment to restoring Fort Worth landmarks.³

³ Carolyn Poirot, "Rehabilitated," *Fort Worth-Star Telegram*, May 22, 1992.

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Statement of Significance

W.I. Cook Memorial Hospital in Fort Worth, Tarrant County is nominated to the National Register of Historic Places under Criterion A in the area of Social History at the local level of significance for its important role as a charity pediatric hospital. Completed in 1929, the hospital was established with a charitable endowment from Missouri Matilda Nail Cook (1858-1932) in memory of her deceased husband, William Ivy (1857-1923) and daughter Jesse Cook Head (1877-1901). The private medical facility primarily served indigent women and children. Cook Memorial Hospital shifted its focus to pediatric care in 1952, a response to the nationwide polio epidemic, and provided medical services to children through the 1980s. Noted Fort Worth architect Wiley Clarkson designed the 1929 hospital, which was built of smooth limestone panels with Renaissance Revival façade organization and ornamentation. An elaborate iron entrance gate was designed by Charles O. Chromaster. In 1958, architect Preston M. Geren designed a seamless two-story addition to the central wing that shares the composition and materials of Clarkson's original work. The hospital is also nominated under Criterion C in the area of Architecture at the local level of significance as an excellent example of early 20th century American Eclecticism as applied to a hospital. The green tile roof, floral reliefs, varying window elaborations, distinct façade divisions, and Corinthian pilasters are characteristics of that era's Renaissance Revival style. The period of significance is 1929-1974, the current 50-year threshold for National Register listing.

Construction of W.I. Cook Memorial Hospital

Prior to the construction of the W.I. Cook Memorial Hospital, the site housed a 2½-story single-family residence, that belonged to cattleman and former member of the Board of City Commissioners Sam Davidson, with outbuildings situated along present-day Collier Street.⁴ The site for the hospital was specifically chosen by its benefactor Missouri Matilda Cook so it could be of "maximum service" to the community.⁵ By the mid-1920s, plans for the hospital were set in motion and the Davidson home was demolished. By late-1926, excavation for the new building was underway.⁶ The deed defined the site as 200 by 362 feet, bounded by North Street (later Lancaster Avenue) to the south, Lake Street to the east, West 13th Street to the north, and Collier Street to the west.⁷

The hospital was constructed atop a hill overlooking Fort Worth's business district.⁸ Upon completion in January 1929, the *Fort Worth Star-Telegram* highlighted the building and its location within the city, noting:

Two years ago, the building was begun. Today it is completed, a beautiful structure, standing in silent tribute to the noble idealism of its builder [Mrs. W.I. Cook]. Shining on its hilltop, the Cook Memorial Hospital lifts skyward a living refutation of the current idea 'man's inhumanity to man...' The building itself has the perfection of the ideal.⁹

The hospital officially opened on January 28, 1929, to high praise from the community, who referred to the hospital as "the most modern hospital known to science to be operated without individual profit."¹⁰

The hospital was designed by the well-known Fort Worth-based architect Wiley G. Clarkson in the Italian Renaissance Revival style (see Images 1-3).¹¹ Unfortunately, Clarkson's records were destroyed in a fire, including the historic

⁴ Sanborn Fire Insurance Co. Map, Fort Worth, Tarrant County, TX, 1910; "Cook Estate Funds Make Institution Possible," *Fort Worth Star-Telegram*, July 11, 1926.

⁵ "Dr. Truett Pays Tribute To Founder," *Fort Worth Record-Telegram*, Jan. 18, 1929.

⁶ "New Cook Hospital Excavation Begun," *Fort Worth Record-Telegram*, Dec. 8, 1926.

⁷ "Cook Estate Funds Make Institution Possible," *Fort Worth Star-Telegram*, July 11, 1926.

⁸ "Mrs. W.I. Cook Memorial Hospital Takes Form," *Fort Worth Record-Telegram*, Jan. 6, 1928.

⁹ "Modern Hospital Will Be Opened Saturday," *Fort Worth Star-Telegram*, Jan. 13, 1929.

¹⁰ "Modern Hospital Will Be Opened Saturday," *Fort Worth Star-Telegram*, Jan. 13, 1929.

¹¹ "New Cook Hospital Excavation Begun," *Fort Worth Record-Telegram*, Dec. 8, 1926.

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drawings and plans for the W.I. Cook Memorial Hospital. Construction of the building was undertaken by Harry J. Friedman at a cost of approximately \$500,000.¹² Upon opening, the hospital contained 30 beds and was laid out symmetrically, comprised of a south wing, an east wing, and a west wing. Initial design of the building was collaborative, involving various parties, such as the hospital's director of nursing, Angelica Didier, who had a say in the final layout.¹³

Clarkson's final design placed the primary entrance to the hospital centrally on the south wing. The entrance led to an open-air promenade that faced the south lawn along present-day Lancaster Avenue. The hospital featured an X-ray department, emergency operating room, treatment rooms, and a physical therapy room. It also contained modern systems and patient amenities, including a call light system, an emergency bell, a telephone, and a radio at each bed for patient enjoyment. Clarkson's design emphasized the importance of natural light and air, which were key components of hospital architecture in the late-19th and early-20th centuries.¹⁴ As such, the building contained the prominent first floor open-air promenade, as well as a sun parlor at the second floor.¹⁵

In 1930, the final piece to the hospital was installed: its main gate. The double-leaf gates, which are located at the primary entrance at the south wing, were designed in the Italian Renaissance style by Charles Osborn Chromaster, an architect in the offices of W.G. Clarkson and Company in Fort Worth. Chromaster studied architecture at the Art Institute of Chicago and worked in the Midwest before finding success collaborating with Clarkson in the 1920s.¹⁶ Chromaster's gates for the hospital were hand-wrought at a bronze foundry in Minneapolis over a six-month period. Prior to their installation, they were exhibited at the International Exhibition of Bronzes in New York City and were then requested for display in Chicago. While in New York, one art critic marveled at the gates, calling them "About the most beautiful of their kind I have ever seen."¹⁷ Chromaster and Clarkson continued to work together until Chromaster left the firm in 1939, after which he continued designing buildings in Fort Worth, particularly churches, until his death in 1955.¹⁸

Between 1929 and the early-1950s, the W.I. Cook Memorial Hospital operated as a general hospital, treating patients of all kinds. When construction of the hospital was announced in the mid-1920s, it was reported that the initial plans called "for an enlargement later."¹⁹ This expansion eventually happened after the City of Fort Worth was significantly impacted by an outbreak of polio in the 1940s and early 1950s, leading the hospital administration to transform from a general hospital to a pediatric hospital.²⁰ On September 1, 1952, the W.I. Cook Memorial Hospital officially changed its name to the W.I. Cook Memorial Hospital Center for Children. In order to accommodate this conversion, the hospital was renovated, expanding the total number of beds from 30 to 55. The completed renovation of the hospital cost \$373,760, which was paid through the combined funds of the original Cook endowment and a trust fund set up by former hospital board member Mr. Thomas B. Owens. The converted hospital was considered to be "[Fort Worth] and area's first fully complete and modern hospital dedicated exclusively to the care of children."²¹

¹² "Cook Hospital Permit Is Filed," *The Fort Worth Record-Telegram*, May 19, 1927.

¹³ "Progress Report 1952-1959: The W.I. Cook Children's Hospital Story," Page 18.

¹⁴ Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940*. University of Pittsburgh Press, 2017.

¹⁵ "Modern Hospital Will Be Opened Saturday," *Fort Worth Star-Telegram*, Jan. 13, 1929.

¹⁶ Andrew Klooster, "Chromaster, Charles Osborn," Texas State Historical Association, <https://www.tshaonline.org/handbook/entries/chromaster-charles-osborn>. Accessed February 28, 2023.

¹⁷ "W.I. Cook Hospital Gates Are Praised By Art Critic," *Fort Worth Star-Telegram*, March 30, 1930.

¹⁸ Klooster, "Chromaster, Charles Osborn," Texas State Historical Association, <https://www.tshaonline.org/handbook/entries/chromaster-charles-osborn>. Accessed February 28, 2023.

¹⁹ "New Cook Hospital Excavation Begun," *Fort Worth Record-Telegram*, Dec. 8, 1926.

²⁰ Bill Fairley, "Polio swept city, world in '40s, '50s," *Fort Worth Star-Telegram*, March 4, 1998.

²¹ "Progress Report 1952-1959: The W.I. Cook Children's Hospital Story," Page 23.

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In 1958, due to the increase in the number of patients and overall success of the hospital as a pediatric facility, a two-story addition was constructed atop the south wing.. The addition was designed by Preston M Geren and cost \$525,000. Geren studied at the Agricultural and Mechanical College of Texas (now Texas A&M University) and then joined the United States Army Corps of Engineers.²² He later worked as chief engineer for the Fort Worth architectural firm of Sanguinet, Staats & Hedrick before starting his own firm in 1934, where he designed buildings throughout Texas and partnered with other local architects like Wiley G. Clarkson.²³ Geren's hospital addition provided 20 patient rooms and 45 new beds, increasing the overall number to 100 beds. Further advancements were made to the building in the form of upgraded equipment and new recovery and surgical rooms.²⁴ \$240,000 was spent on a "special" air-conditioning system that exhausted air from the individual rooms, rather than circulating the air into adjacent rooms.²⁵ Further, sleeping space was provided for parents in the 1958 expansion, so that they could stay in their child's room overnight.²⁶

In 1969, an outpatient services building, and surface parking lot were constructed to the north of the hospital building. Newspaper articles further indicate that the outpatient services building housed a permanent residence for the hospital's administrator in addition to medical offices. In 1976, for example, Michael J. McMahon, a native of Worcester, Massachusetts, moved into the building when he was named administrator.²⁷ Historic aerials from the late-1970s and early-1980s, illustrate that the parking lot was further expanded north, extending Texas Street, by 1981.

General upgrades in equipment and staffing continued at the hospital during the subsequent decades in order to ensure that the hospital continued its leading activities in pediatric care. In 1985, W.I. Cook Memorial Hospital Center for Children merged with the Fort Worth Children's Hospital. A new hospital building was constructed to house the combined operations, which resulted in the sale of the subject building. In 1989, Healthsouth bought the building and subsequently constructed a three-story addition with patient rooms to the north end of the original building. This addition was designed by Gresham, Smith & Partners with Healthsouth corporate architects, and the building was then known as Healthsouth Rehabilitation Hospital. Originally based in Nashville, Gresham, Smith & Partners specialized in hospital design and construction. The architects intended the addition to harmonize with the original hospital building in an effort to minimize its effects. At the same time, the new owners rehabilitated the 1928 building, cleaning the brass gates, uncovering original finishes and fixtures, and repairing historic friezes.²⁸ In 1992, the Historic Preservation Council for Tarrant County awarded Healthsouth with the Pinnacle Award to recognize their commitment to restoring Fort Worth landmarks.²⁹ Marty Craddock, then-executive director of the council, emphasized the success of the restoration and the minimal effect of the addition, saying, "The sensitive new addition respects the design and materials of the original building ... [Healthsouth has] maintained and enhanced the historic character of the building."³⁰ The building is currently vacant.

Criterion A: Social History

The W.I. Cook Memorial Hospital, located in Fort Worth, TX, is locally significant under Criterion A in the area of Social History for its role as a charitable pediatric hospital in Fort Worth. During the 20th century, the hospital served as both a private medical facility dedicated to the city's indigent women and children. Following the hospital's

²² Judith S. Cohen, "Geren, Preston Murdoch, Sr." Texas State Historical Association,

<https://www.tshaonline.org/handbook/entries/geren-preston-murdoch-sr>. Accessed February 28, 2023.

²³ Cohen, "Geren, Preston Murdoch, Sr." Texas State Historical Association, <https://www.tshaonline.org/handbook/entries/geren-preston-murdoch-sr>. Accessed February 28, 2023.

²⁴ "Cook Hospital Announces Friday Open House to Show New Facilities," *Fort Worth Star-Telegram*, April 30, 1958.

²⁵ "Hospital Plans Guided Tours," *Fort Worth Star-Telegram*, May 1, 1958.

²⁶ "Cook Hospital Announces Friday Open House to Show New Facilities," *Fort Worth Star-Telegram*, April 30, 1958.

²⁷ "Administrator named at Cook," *Fort Worth Star-Telegram*, April 25, 1976.

²⁸ Carolyn Poirot, "Rehabilitated," *Fort Worth-Star Telegram*, May 22, 1992.

²⁹ Carolyn Poirot, "Rehabilitated," *Fort Worth-Star Telegram*, May 22, 1992.

³⁰ Carolyn Poirot, "Rehabilitated," *Fort Worth-Star Telegram*, May 22, 1992.

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permanent shift to pediatric care, it served as one of Fort Worth's leading and most state-of-the-art institutions. Regardless of its specific use, the mission of W.I. Cook Memorial remained steadfast and dedicated to providing the best health care to the citizens of the city, particularly those less fortunate.

Origins of Fort Worth Medical Care during the Early-20th century

As Fort Worth continued to establish itself as a town in Texas during the late-19th century, locals realized a need for medical institutions. There were three types of hospitals established in Fort Worth, those conceived by businesses, those conceived by religious institutions, and those conceived by public officials of the city. The first medical institution founded in Fort Worth was Saint Joseph's Infirmary, a business-conceived hospital, which was established in 1883 by the Missouri, Kansas & Texas Railway Company, one of the leading industrial companies in the city.³¹ The company sold the hospital to Sisters of the Incarnate Word shortly after inception.

The All-Saints Hospital was the first religiously affiliated hospital established in the area. It opened in 1906 with 24 patient beds, located at the southeast corner of W. Magnolia and 8th Avenue.³² Plans for this hospital began ten years prior in 1896 by 15 women of the Trinity Episcopal Church who called themselves the Comfort Band and, later, the All Saints Hospital Association. After years of receiving donations and holding benefits to raise money, the "sisters" were finally able to construct a permanent two-story hospital, which officially opened on December 27, 1906.³³

The region's City-County Hospital, the third type, constructed by the city, opened in 1914 on East 4th Street in downtown Fort Worth, designed by local prominent architects Sanguinet and Statts.³⁴ This new building took over the former medical college building of Fort Worth University, which had closed its doors a few years prior. which did not stay long on the premise and transferred to Baylor University.³⁵ The hospital was under the control of Tarrant County and the city of Fort Worth and was sustained by public funds.³⁶

The first children's hospital constructed in Fort Worth was the Fort Worth Free Baby Hospital in 1912. Established using the philanthropic ideology that was popular throughout the United States during the early-20th century, the Fort Worth Free Baby Hospital was founded by the Federation of Women's Clubs led by Mrs. Ida L. Turner. The federation utilized funds gathered through donations and benefits to pay for the construction costs and the hospital was finished in 1913. Staffed primarily by volunteers at the start, the hospital accepted any ill child under the age of four to receive expert medical care, free of charge.³⁷ In 1920, the population of Fort Worth was 106,482 making it the fourth largest city in the state.³⁸ The popularity of the hospital required an additional story to be constructed to house additional rooms for patients. In addition to the new floor, the name of the hospital also changed to the Fort Worth Children's

³¹ Buckley B. Paddock, "History of Texas: Fort Worth and the Texas Northwest Edition: Volume 2," Lewis Publishing Company: Madison, WI. Page 646.

³² "Baylor Scott & White All Saints Medical Center," Architecture in Fort Worth.

<http://www.fortwortharchitecture.com/md/allsaints.htm#:~:text=All%20Saints%20Episcopal%20Hospital%20began,The%20old%20building%20was%20closed.>

³³ "Hospitals After St. Joseph's: Benefits, Bealls, and Baby Davy (Part 1)," Hometown by Handlebar.

<https://hometownbyhandlebar.com/?p=21096>; the hospital, pictured above, continued to function until 1959 when the building was demolished and a new hospital was erected.

³⁴ "Hospitals After St. Joseph's: Benefits, Bealls, and Baby Davy (Part 3)," Hometown by Handlebar.

<https://hometownbyhandlebar.com/?p=21151>

³⁵ "Hospitals After St. Joseph's: Benefits, Bealls, and Baby Davy (Part 3)."

³⁶ Buckley B. Paddock, Page 647.

³⁷ "Fort Worth Free Baby Hospital," Fort Worth Star-Telegram (Fort Worth, Texas). August 7, 1919.

³⁸ "Texas History: Big farm families and growing Texas cities in 1920 US Census," Austin American—Statesman (Austin, TX). December 4, 2020.

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Hospital.³⁹ The hospital remained the primary pediatric care center in Fort Worth until the W.I. Cook Memorial Hospital officially became a children's hospital in 1952.

As Fort Worth's population ballooned in the early decades of the 20th century, the need for additional hospitals was felt. Through the philanthropic efforts of Missouri Matilda Cook, the W.I. Cook Memorial Hospital opened in 1929. Throughout the remainder of the century, the hospital served the population of Fort Worth.

History of W.I. Cook Memorial Hospital

The establishment of the W.I. Cook Memorial Hospital would not have been possible without the generosity and dedication of Missouri Matilda Cook, née Nail (see Image 4). Cook was born in 1858 in Fannin County, TX. In 1877, she married William Ivy (W.I.) Cook, the son of pioneer settlers, and the two went on to found Cook Ranch in Shackleford County. During their marriage, the couple had one child, a daughter Jessie, who passed away in 1901.⁴⁰

In 1923, William Cook passed away from a heart condition, thus leaving the ranch in the sole possession of his wife. Three years later, in 1926, oil was discovered on the premises of the 200,000-acre ranch.⁴¹ At that time, she was in failing health and sought to use her newfound well for the betterment of society. As such, she planned to construct a new hospital for the city.⁴²

To ensure that the proper funds were set in place for continued financing of the hospital long after her death, Cook established an endowment.⁴³ The original endowment consisted of \$300,000 in oil royalties from the Cook Ranch wells. Additionally, she instituted a one-fourth royalty fee for the use of the oil on her ranch, which averaged an additional \$32,000 a year, which was utilized to further finance the construction of the hospital and fund its continued operation.⁴⁴ A third portion of financing for construction and funding came from alternative donors. In total, outside donations accounted for an additional \$300,000. Following Cook's death in 1932, her will stipulated an additional one-fourth royalty fee from the use of oil from her wells, which further funded operations of the hospital during the peak of the Great Depression.⁴⁵

By the late-1920s, Fort Worth was in the midst of a consistent population increase that has continued to the present-day; Fort Worth's population has increased each decade dating back to the 19th century.⁴⁶ Cook's desire to construct a hospital, though necessary and tied to the growth of Fort Worth, is more appropriately described as a memorial to her husband and daughter. As she explained it, "If God lets me live, I'll put the sunshine in their lives into the lives of others."⁴⁷ Upon completion of the hospital, in addition to the institution being named in honor of her husband, Cook installed her daughter's piano and some of her paintings in prominent locations.⁴⁸

A dedication ceremony for the hospital took place on January 18, 1929 with roughly 200 people in attendance. The event, which was highlighted in various Fort Worth newspapers, served as a celebration of Cook's dedication to her

³⁹ Ibid.

⁴⁰ "Mrs. W.I. Cook, Donor Of Hospital Here, Dead," *Fort Worth Star-Telegram*, Feb. 23, 1932.

⁴¹ "Cook Estate Funds Make Institution Possible," *Fort Worth Star-Telegram (Fort Worth, Texas)*. July 11, 1926.

⁴² "Two Women, One Promise to Our Community," Cook Children's Hospital. <https://cookchildrens.org/centennial/story-2women.html>

⁴³ "Progress Report 1952-1959: The W.I. Cook Children's Hospital Story," Paul Ridings Public Relations. Published 1959. Taken from the Fort Worth Digital Archives. Page 15.

⁴⁴ "Progress Report 1952-1959: The W.I. Cook Children's Hospital Story," Page 15.

⁴⁵ Ibid. Page 15.

⁴⁶ "Historical Population, Fort Worth City," *Population.US*, accessed Oct. 15, 2021, <https://population.us/tx/fort-worth/>.

⁴⁷ "Cook Hospital is Dedicated to 'Give Sunshine to Others,'" *Fort Worth Star-Telegram (Fort Worth, Texas)*. January 19, 1929.

⁴⁸ "Dr. Truett Pays Tribute To Founder," *Fort Worth Record-Telegram*, Jan. 18, 1929.

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fellow man. Dr. K.H. Beall, who was installed as medical director of the hospital, gave perhaps the most glowing depiction of Cook's role in the hospital's founding. Per the *Fort Worth Record-Telegram*:

“Dr. K.H. Beall described the new institution as ‘the fruition of a useful life, a life filled with love.’ He pointed out that the entire plan of a hospital to succor the sick was thought out by Mrs. Cook on her ranch in Shackelford County... ‘Mrs. Cook in her life has had many crosses to bear,’ Dr. Beall said, ‘but in this work she has emulated the First Cross Bearer. Thousands yet unborn will share in her benefactions. No one has done a greater deed for our community.’”⁴⁹

Dr. Beall's sentiments were echoed by others at the ceremony, including W.P. Bomar, a trustee of the hospital and presider over the dedication, who stated “The unselfishness of Mrs. Cook has bestowed upon us a perpetual blessing.”⁵⁰

When the hospital was operational, starting January 21, 1929, it began its successful run as a general hospital in Fort Worth. At that time, the building housed 30 patient beds, featuring an X-ray department, emergency operating room, treatment rooms, and a physical therapy room. In addition to the standard hospital, a doctors' clinic, known as the Beall Clinic, was housed in one of the building's wings. The Beall Clinic's association with the hospital was yet another desire of its benefactor. Dr. K.H. Beall and his brother Dr. Frank C. Beall were the Cook family's physicians and Cook predicated that the brothers' head operations of the hospital as an adjunct of their clinic. For the first approximately twenty years of operation, the hospital functioned as a closed-staff hospital, in which membership of the attending and consulting staff was restricted.⁵¹

As a general hospital, the W.I. Cook Memorial Hospital treated various illnesses and the surgical needs of the local community. Cook's vision, however, sought to accomplish more than just standard hospital practices. Special funding, therefore, was provided through the endowment to provide medical care to the less fortunate, particularly “working girls and women without funds or with only limited means.”⁵² Additionally, the hospital established a social service department that was dedicated to restoring “those cured of physical ailments to the places in society of which their misfortunes have deprived them.”⁵³

Although Cook passed away in 1932, the hospital remained dedicated to her vision throughout the Great Depression and in the post-World War II era. Following her death, the community continued to celebrate the work of the hospital, with one letter from the editor of the *Fort Worth Star-Telegram* highlighting the philanthropic mission of the hospital. As explained in the letter, “Here any woman who is dependent upon her own resources, may obtain hospital treatment at little or no cost.”⁵⁴ Additionally, the hospital remained under the dutiful care of Dr. K.H. Beall, who continued in his role of senior physician until his death in 1946 at the age of 68.

In the 1940s and early-1950s, the increase in polio cases in Fort Worth, the State of Texas, and the United States as a whole was one of the primary medical crises of the time. By 1951, the crisis was determined an epidemic. The first cases of the outbreak in Fort Worth were identified in 1943. Over the ensuing decade, the State of Texas was second only to California in total cases.⁵⁵ In 1946, for example, the Texas State Health Department reported 292 cases in 66

⁴⁹ “Dr. Truett Pays Tribute To Founder,” *Fort Worth Record-Telegram*, Jan. 18, 1929.

⁵⁰ Ibid.

⁵¹ “Progress Report 1952-1959: The W.I. Cook Children's Hospital Story,” Page 17-18.

⁵² “Modern Hospital Will Be Opened Saturday,” *Fort Worth Star-Telegram*, Jan. 13, 1929.

⁵³ “Dr. Truett Pays Tribute To Founder,” *Fort Worth Record-Telegram*, Jan. 18, 1929.

⁵⁴ “Letters From the People: A Tribute to Mrs. Cook,” *Fort Worth Star-Telegram*, March 2, 1932.

⁵⁵ Bill Fairley, “Polio swept city, world in ‘40s, ‘50s,” *Fort Worth Star-Telegram*, March 4, 1998.

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counties, and this number rose to 580 the following year.⁵⁶ By 1950, cases in Fort Worth and its surrounding area reached an all-time annual high, with 327 patients treated in local hospitals, an increase from 1949's 262 cases.⁵⁷

By 1951, the number of polio cases treated throughout the city, including children afflicted with infantile paralysis, had reached a high enough level to warrant a complete re-organization of the W.I. Cook Memorial Hospital. In May 1951, the Tom B. Owens Trust donated approximately \$1.25 million to the W.I. Cook Memorial Trust for the purpose of converting the W.I. Cook Memorial Hospital into a children's hospital. The merger between the two trusts was meant to merge the Cook hospital with the Fort Worth Children's Hospital and create the city's first hospital exclusively for children, allowing Fort Worth to have a comparable children's hospital to other major American cities.⁵⁸ The official merger of the two hospitals, however, did not happen at that time.

In late-1952, the W.I. Cook Memorial Hospital trustees announced that they would not merge with the Fort Worth Children's Hospital, nor would they build a new hospital on an adjacent lot.⁵⁹ The permanent shift to pediatric care, though directly tied to the polio epidemic and the Owens Trust donation, was also the result of Dr. Frank Beall's retirement in 1951 and a report that highlighted the need for a children's hospital in Fort Worth. Dr. Beall's retirement allowed the hospital's board of directors to take time to think about whom to hire next and what direction they wanted to go after over 20 years of leadership from the Beall brothers. Additionally, a local study from Ross Garret and Associates explained that the city's greatest and most urgent health care need was for a well-equipped children's hospital.⁶⁰ Despite the change to a pediatric care center, the Cook hospital remained dedicated to its original mission and continued to treat "both charity cases and paying patients."⁶¹

As a result of this change, the hospital was renovated in 1952, reopening on September 16 of that year.⁶² Included among the first patients to enter the new children's hospital was Doris Ann Taylor, a 12-year-old girl being treated for post-polio physical therapy. Prior to the opening of the Cook children's hospital, Doris Taylor was being treated at the City-County Hospital.⁶³ Taylor, was the first patient to take advantage of the special equipment for polio treatment, such as a Hubbard Tank for aquatic therapy.⁶⁴ The renovations also expanded the total number of beds from 30 to 55.⁶⁵ The impact of the transition to a children's hospital was immediate. Within the first year of operation, the hospital received over 2,000 patients, ranging from Fort Worth city proper to far West Texas. Patient attendance increased each proceeding year, with 21,225 total in their first seven years as a pediatric center.⁶⁶

Even after the Salk Vaccine slowed the spread and eventually ended the threat of polio in the United States, the W.I. Cook Memorial Hospital Center for Children remained a staple in the medical field for Fort Worth in the following decades. By 1958, with the spike in patient numbers, the hospital expanded, adding two additional floors on the south end of the building. This allowed for 45 additional beds, raising the grand total to 100, and 20 additional rooms.⁶⁷ In keeping with the spirit of the hospital, the rooms allowed for space for parents to stay overnight and sleep in their child's room (see Image 4).

⁵⁶ "78 New Polio Cases Bring State Total for Year to 580," *Fort Worth Star-Telegram*, July 1, 1948.

⁵⁷ "Polio Patients from 1950 Set All-Time Record Here," *Fort Worth Star-Telegram*, Jan. 2, 1951.

⁵⁸ "Owens, Cook Trusts Merged To Build Children's Hospital," *Fort Worth Star-Telegram*, May 2, 1951.

⁵⁹ "Cook Trustees Release Child Hospital Contract," *Fort Worth Star-Telegram*, Oct. 15, 1952.

⁶⁰ "Progress Report 1952-1959: The W.I. Cook Children's Hospital Story," Pages 20 and 21.

⁶¹ "Owens, Cook Trusts Merged To Build Children's Hospital," *Fort Worth Star-Telegram*, May 2, 1951.

⁶² "Child Cases Now Entering Cook Hospital," *Fort Worth Star-Telegram*, Sep. 16, 1952.

⁶³ "Cook Admits Polio Patient For Therapy," *Fort Worth Star-Telegram*, Sep. 16, 1952.

⁶⁴ "Progress Report 1952-1959: The W.I. Cook Children's Hospital Story," Page 38.

⁶⁵ *Ibid*, Page 20.

⁶⁶ *Ibid*, Page 24.

⁶⁷ "Cook Hospital Announces Friday Open House to Show New Facilities," *Fort Worth Star-Telegram*, April 30, 1958.

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Continued work on championing new medical discoveries highlighted the early decades of the 20th century's second half, which included one of the first muscular dystrophy clinic in Texas in 1962. In 1968, the hospital opened an inhalation therapy department to help children with respiratory conditions, which included asthma and COPD. Then, in 1970, the hospital received its first computer, a Burroughs L9000, which allowed for greater overall management and administrative practices for the hospital's nurses and doctors.⁶⁸

In 1985, the W.I. Cook Memorial Hospital Center for Children and the Fort Worth Children's Hospital merged into one functioning body. The merger resulted in the construction of a new hospital building for the combined entities. The subject building, meanwhile, was sold to Healthsouth, a medical outpatient company.

For nearly 60 years, the W.I. Cook Memorial Hospital served the Fort Worth community as both a general and children's hospital. Throughout its existence at the subject property, the hospital maintained the mission set out by its founder Mrs. W.I. Cook to provide high-quality health care to those less fortunate. As a hospital, therefore, the citizens of Fort Worth experienced the highs and lows life has to offer, ranging from celebration of births to the mourning of deaths. To this day, the building signifies "Man's Humanity to Man," a gift from its benefactor to benefit the Fort Worth Community.⁶⁹

Criterion C: Architecture

The W.I. Cook Memorial Hospital is locally significant under Criterion C in the category of Architecture as an excellent example of the Italian Renaissance Revival style in Fort Worth, Texas. In addition, it retains many of the characteristics that defined early twentieth century hospital design in the United States, including spaces dedicated to modern treatments, private and semi-private patient rooms, and access to light and fresh air.

Early 20th Century American Hospital Design

In the 1800s, the Civil War was a major catalyst for the growth of hospital buildings and capabilities.⁷⁰ Hospitals became staffed with professionals and specific departments, and they were designed most commonly as pavilion-wards. Popularized by Florence Nightengale, these hospitals contained large open wards for care and support spaces.⁷¹ Ideas about hospitals and their layouts began to change at the turn of the century. While nineteenth-century hospital designers considered hospitals to be therapy, twentieth century designers began to think of the hospital as a tool to facilitate medical treatments.⁷² By the 1920s, though, hospital design and structure was rethought to incorporate advancements in science, medicine, and technology. Architects were thoughtful about the plan of the building, focusing on the circulation of staff and patients as well as air flow and air quality.⁷³ Instead of large, open wards, the twentieth century hospital had smaller wards in a variety of sizes and both private and semi-private patient rooms.⁷⁴ In addition, they typically had facilities for specialized equipment, offices, and sometimes libraries or lecture rooms since hospitals were often training centers for nurses. Air flow and air quality were integral components of hospital design, and, as such, ventilation was of great importance.⁷⁵ Therefore, patient rooms were generally located along the perimeter of the building so they could have windows and were accessible by a central corridor.

⁶⁸ "First Hospital Computer," [Cook Children's Hospital](https://cookchildrens.org/centennial/history.html). <https://cookchildrens.org/centennial/history.html>

⁶⁹ "Modern Hospital Will Be Opened Saturday," *Fort Worth Star-Telegram*, Jan. 13, 1929.

⁷⁰ Alfred H. Katz, "How Our Hospitals Happened," *The Los Angeles Times*, November 8, 1987.

⁷¹ Jeanne Kisacky, « An Architectural History of US Community Hospitals," *AMA Journal of Ethics* (2019).

⁷² Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940*. (University of Pittsburgh Press, 2017).

⁷³ Kisacky, *Rise of the Modern Hospital*.

⁷⁴ Kisacky, "An Architectural History of US Community Hospitals."

⁷⁵ Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940*.

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The W.I. Cook Memorial Hospital embodies many of the then-new ideas of a modern American hospital. The hospital was laid out primarily around a central east-west corridor with patient rooms on either side, meaning nearly every room in the building had access to light and fresh air. This configuration remains intact. The building also had spaces of varying sizes that could be used as both private and semi-private rooms. It also featured dedicated spaces for an X-ray department, emergency operating room, treatment rooms, and a physical therapy room, incorporating new advancements in medical technology that were necessary in a modern hospital. While there have been adjustments to the floorplan over time, the building retains its mixture of public, private, and semi-private spaces that served patients up until its closing. Clarkson's design continued to emphasize the importance of natural light and air with the prominent first floor open-air promenade, as well as a sun parlor at the second floor.⁷⁶

Italian Renaissance Revival Style

The Italian Renaissance Revival style became one of the most dominant styles for public and municipal buildings in the late-19th and early-20th centuries. As denoted by its name, the style was inspired by the 14th and 15th century Renaissance architecture of Italy. The catalyst for the style's popularity was the World's Columbian Exposition of 1893 in Chicago, which showcased an eclectic array of architectural styles, namely those found in Europe in centuries past. As a result of this newly enlightened vision, cities throughout the United States started to commission architects to construct public and municipal buildings in the Renaissance Revival style.⁷⁷

Usually rectangular in plan, the style features symmetrical facades, with masonry or stone exterior walls highlighted by cast stone or terra cotta detailing. Often, the formal design is distinguished by a rusticated ground level and quoining at the corners of the main facade. Other distinguishing elements include a strong division of floors by elaborate string courses, which often define the sills of windows; rows of round topped windows made up of two lights under one arch separated by a colonette; and a deep articulated cornice. Windows of a different type are often found on each floor and are commonly highlighted by strongly marked vousoirs, pilasters, spandrel panels or pediments. Most Italian Renaissance Revival Style buildings have low pitched or flat roofs which are hidden by cornices, short parapet walls or balustrades. Small scale examples such as depots and dwellings utilize hip roofs with wide overhanging eaves covered in clay tile, which harkens to the Mediterranean roots of the style.⁷⁸

Italian Renaissance Revival Style Architecture in Fort Worth, TX

The city of Fort Worth has an eclectic array of architectural styles, ranging from Colonial Revival to Georgian Revival, to Art Deco, to Post-Modernism. Many of these architectural styles can be found in downtown Fort Worth, and due to the relatively small size of the city, it provides the casual viewer an excellent glimpse of the development of the city through these various styles. Specific to Italian Renaissance Revival architecture, the city of Fort Worth provides a handful of buildings that demonstrate this style, some of which being listed on the National Register of Historic Places. Prominent examples of Renaissance Revival architecture in Fort Worth are the following: The First Christian Church (1914), the Flatiron Building (1907), the Fort Worth Club Building (1926; 1953-54), the Old Southwestern Cattle Raisers Association Building (1930), and the Sanger Lofts (1929).

The First Christian Church (1914)

The First Christian Church, located at 612 Throckorton Street, is perhaps the most high-class example of Renaissance Revival architecture in the city. The church was designed by architects Van Slyke and Woodruff. With elements that

⁷⁶ "Modern Hospital Will Be Opened Saturday," *Fort Worth Star-Telegram*, Jan. 13, 1929.

⁷⁷ "Italian Renaissance," *Architectural Styles of America and Europe*. <https://architecturestyles.org/neoclassical/>

⁷⁸ "Italian Renaissance Revival: 1910-1930," *Department of Archeology and Historic Preservation*. <https://dahp.wa.gov/historic-preservation/historic-buildings/architectural-style-guide/italian-renaissance-revival>

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could be in line with Italian Renaissance Revival architecture, a sub-type that takes elements specifically from Mediterranean areas, and Beaux-Arts, the building sets itself apart from the surrounding buildings within downtown Fort Worth. The building is constructed of large, rusticated limestone block with a large, centrally located dome. The building was placed on the National Register of Historic Places in 1983.⁷⁹

Flatiron Building (1907)

The Flatiron Building is a seven-story Renaissance Revival style building located at 1000 Houston Street. The building, compared to the First Christian Church, is much more simplistic in design with a commercial style building feel and consists of a base-shaft-capital configuration. The building was designed by Sanguinet and Staats and was modeled after the Flatiron Building in New York, NY (1902). The building is comprised of buff brick with limestone and cast stone ornamentation. The building was placed on the National Register of Historic Places in 1971.⁸⁰

The Fort Worth Club Building (1926; 1953-54)

The Fort Worth Club Building is a 13-story Renaissance Revival style building located at 306 W. 7th Street and designed by Sanguinet and Staats. The building has similar characteristics as the Flatiron Building in that it has a general base-shaft-capital composition. The base and capital of the building is comprised of large limestone block, while the shaft is comprised of buff brick. The footprint is rectilinear in shape and symmetrical in design. Ornamentation throughout is comprised of limestone and cast stone. The building is not currently listed on the National Register of Historic Places.⁸¹

Old Southwestern Cattle Raisers Association Building (1930)

The Old Southwestern Cattle Raisers Association Building is a relatively small two-story Renaissance Revival style building located at 410 E. Weatherford Street. Relatively speaking, the exterior design of the building is perhaps the closest in overall features to the W.I. Cook Memorial Hospital, with a large, rusticated limestone block exterior, pedimented window and door openings, tablatures, and a clay-shingled roof. These similarities can be attributed to the fact that the building was designed by Wiley G. Clarkson, the same architect as the W.I. Cook Memorial Hospital. The building is not currently listed on the National Register of Historic Places but is a Texas Historic Landmark.⁸²

Sanger Lofts (1929)

The Sanger Lofts is a five-story Renaissance Revival style building located at 410 Houston Street. Designed by Wyatt C. Hedrick, the building is comprised of large limestone block with ornamental Italianate ornamentation atop the fifth floor and a dentil cornice. The building was placed on the National Register of Historic Places in 1994.⁸³

The W.I. Cook Memorial Hospital as an Example of Italian Renaissance Revival Architecture

⁷⁹ "First Christian Church," Fort Worth Architecture: Downtown Fort Worth, the Heart of the City.

<http://www.fortwortharchitecture.com/1stchris.htm>

⁸⁰ "Flatiron Building," Fort Worth Architecture: Downtown Fort Worth, the Heart of the City.

<http://www.fortwortharchitecture.com/flatiron.htm>

⁸¹ "Fort Worth Club Building," Fort Worth Architecture: Downtown Fort Worth, the Heart of the City.

<http://www.fortwortharchitecture.com/fwclub.htm>

⁸² "Old Southwestern Cattle Raisers Association Building," Fort Worth Architecture: Downtown Fort Worth, the Heart of the City.

<http://www.fortwortharchitecture.com/swcattle.htm>

⁸³ "Sanger Lofts," Fort Worth Architecture: Downtown Fort Worth, the Heart of the City.

<http://www.fortwortharchitecture.com/sanger.htm>

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The W.I. Cook Memorial Hospital was built in 1929 as a private charitable medical facility. In 1958, a two-story addition was constructed atop the south wing that blended seamlessly into the existing structure. These two contributing components to the original hospital display as an excellent example of Italian Renaissance Revival architecture. The design and materials of the building reflect specific design elements of Italian Renaissance Revival architecture, which was highly prevalent in a wide variety of building types during the early 20th century. The W.I. Cook Memorial Hospital fully reflects the character-defining features of the Italian Renaissance Revival style. Defining features of the Italian Renaissance Revival style include the following: symmetrical appearance, large, rusticated and smooth stonework, floral ornamental motifs and tabatures, paired Corinthian pilasters, stone bands, string courses delineating floors, a defined cornice, and Mediterranean green clay tile roofs. All the character defining features survive in excellent condition and continue to express the W.I. Cook Memorial Hospital as an exemplary representation of Italian Renaissance Revival architecture.

Additional Information

*Wiley G. Clarkson (Architect)*⁸⁴

Architect Wiley G. Clarkson was born on November 28, 1885, in Corsicana, Texas. He studied at the University of Texas for two years before moving to Chicago to study engineering at the Armour Institute of Technology and architecture at the School of the Art Institute of Chicago. After graduating in 1908, Clarkson returned to his hometown, where he practiced for four years. In 1912, he opened a solo practice in Fort Worth, launching one of the most prolific architectural careers in Texas. During his forty-year career, Clarkson was responsible for hundreds of commercial and residential commissions in Fort Worth, including Trinity Episcopal Church (1925-27), the YMCA Building (1925-27), and the Methodist Harris Hospital (1930).⁸⁵ His high-profile commissions also included federal projects for the U.S. Housing Authority and U.S. Army Corps of Engineers, for which he acted as chief architect on several hospitals and housing projects. He also worked as the associate architect for Paul Philippe Cret on the United States Courthouse in Fort Worth (1933, NR 2001).

Clarkson's work in the 1920s was heavily influenced by his education in Chicago. His projects represented a wide variety of styles not typically employed in Fort Worth, with commissions that exemplified Neoclassical, Gothic, Italianate, Beaux Arts, and other revivalist architectural movements. In the 1930s, he increasingly designed in the new Moderne and Art Deco styles in Fort Worth, including the Sinclair Building (1929, NR 1992), Masonic Temple (1930), the Collins Art Company (1932), the Municipal Airport Administration Building (1936), and the Tarrant County Building and Loan Association (1938). He also worked with Herbert Bayer, Gordon Chadwick, and A. George King to design the Fort Worth Art Center (completed in 1953, after his death).

Over the course of his career, Clarkson also designed several commercial buildings and department stores. The Sanger Brothers Building was among the earliest, predating his commissions for the F.W. Woolworth Building (1926, NR 1994), Cox Department Store (1932), the W.C. Stripling Department Store (1937, not extant), remodeling of the McCrory Store (1937), and the Fair Store (1945). Clarkson was a charter member of the Texas Society of Architects and was president in 1942-43. He was also a founding member of the Fort Worth chapter of the American Institute of Architects and served as its president in 1948. He died in Fort Worth on May 5, 1952.⁸⁶

⁸⁴ Unless otherwise noted, information on Wiley G. Clarkson is drawn from Judith Singer Cohen's book *Cowtown Moderne: Art Deco Architecture of Fort Worth, Texas* (Fort Worth: Texas Christian University Press, 1988): 19-20.

⁸⁵ "Professional Record of W.G. Clarkson & Co., Architects, 610 First National Bank Building, Fort Worth, Texas," 1945, accessed November 22, 2013, www.clarksons.org/W%20G%20Clarkson%20Architech/Prof_record.pdf

⁸⁶ Christopher Long, "Clarkson, Wiley G. (1885-1952)," Texas State Historical Association Handbook of Texas. <https://www.tshaonline.org/handbook/entries/clarkson-wiley-g>

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Conclusion

W.I. Cook Memorial Hospital in Fort Worth, Tarrant County is nominated to the National Register of Historic Places under Criterion A in the area of Social History at the local level of significance for its important role as a charity pediatric hospital. Completed in 1929, the hospital was established with a charitable endowment from Missouri Matilda Nail Cook (1858-1932) in memory of her deceased husband, William Ivy (1857-1923) and daughter Jesse Cook Head (1877-1901). The private medical facility primarily served indigent women and children. Cook Memorial Hospital shifted its focus to pediatric care in 1952, a response to the nationwide polio epidemic, and provided medical services to children through the 1980s. Noted Fort Worth architect Wiley Clarkson designed the 1929 hospital, which was built of smooth limestone panels with Renaissance Revival façade organization and ornamentation. An elaborate iron entrance gate was designed by Charles O. Chromaster. In 1958, architect Preston M. Geren designed a seamless two-story addition to the central wing that shares the composition and materials of Clarkson's original work. The hospital is also nominated under Criterion C in the area of Architecture at the local level of significance as an excellent example of early 20th century American Eclecticism as applied to a hospital. The green tile roof, floral reliefs, varying window elaborations, distinct façade divisions, and Corinthian pilasters are characteristics of that era's Renaissance Revival style. The period of significance is 1929-1974, the current 50-year threshold for National Register listing.

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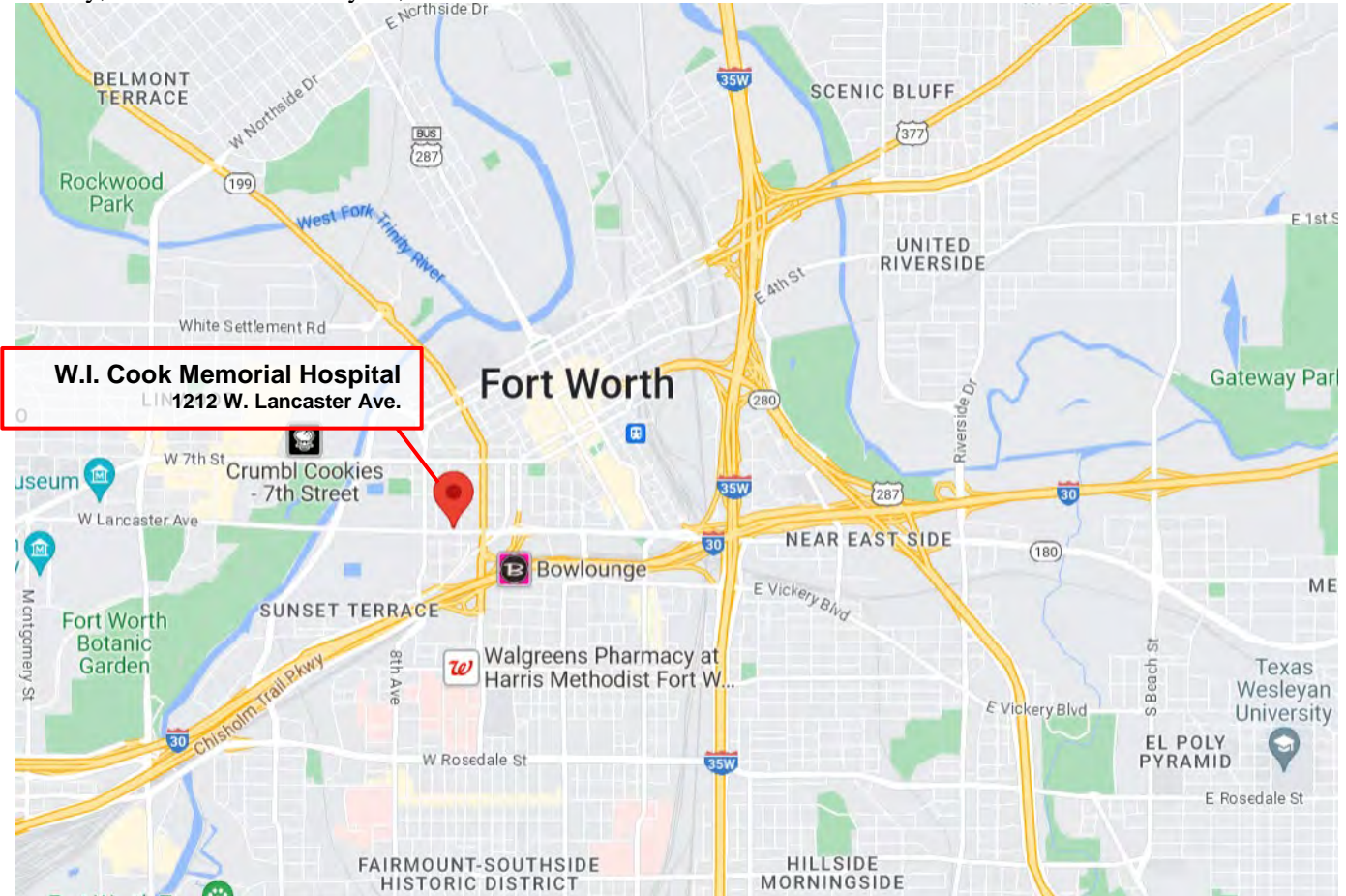
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Maps

Map 1: Tarrant County, Texas



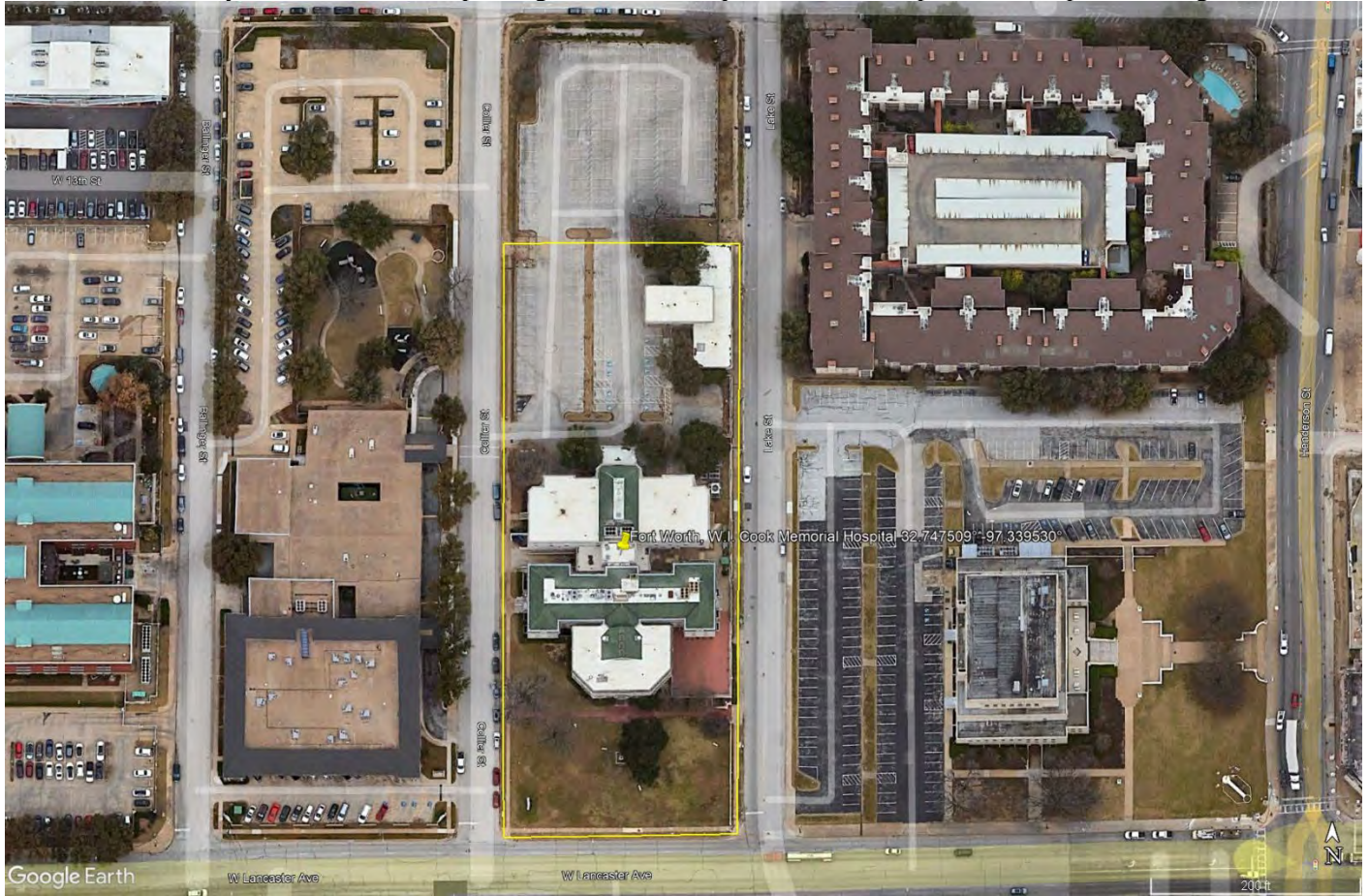
Map 2: Google Map showing W.I. Cook Memorial Hospital, located at 1212 West Lancaster Ave., Fort Worth, Tarrant County, Texas. Accessed May 16, 2022.



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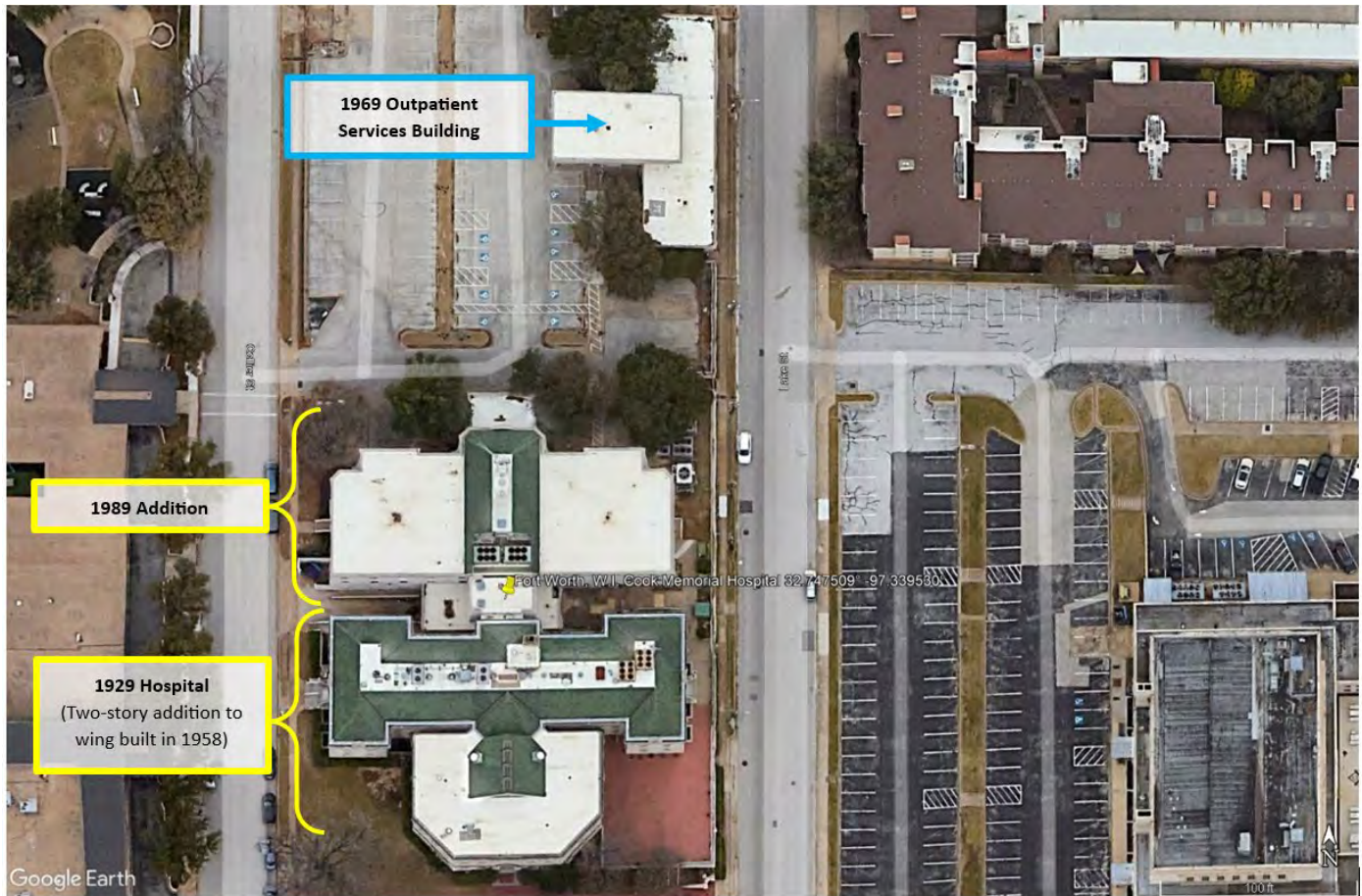
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Map 3: Fort Worth, W.I. Cook Memorial Hospital 32.747509° -97.339530° Source; Google Earth (11/06/23). The nominated boundary excludes the north parking lot, an area acquired and developed after the period of significance.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Map 4: Map of nominated hospital and outpatient services building.



SBR Draft

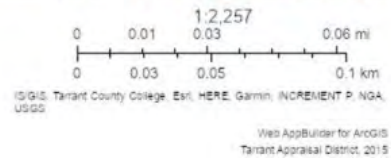
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Map 5: JENNINGS WEST ADDITION Block 21 Lot 12 (Property ID 01456369) and JENNINGS WEST ADDITION Block 22 Lot A (Property ID 01456377), as recorded by the Tarrant County Appraisal District (accessed May 13, 2022). Source: Tarrant CAD (11/6/23)

ArcGIS Web Map



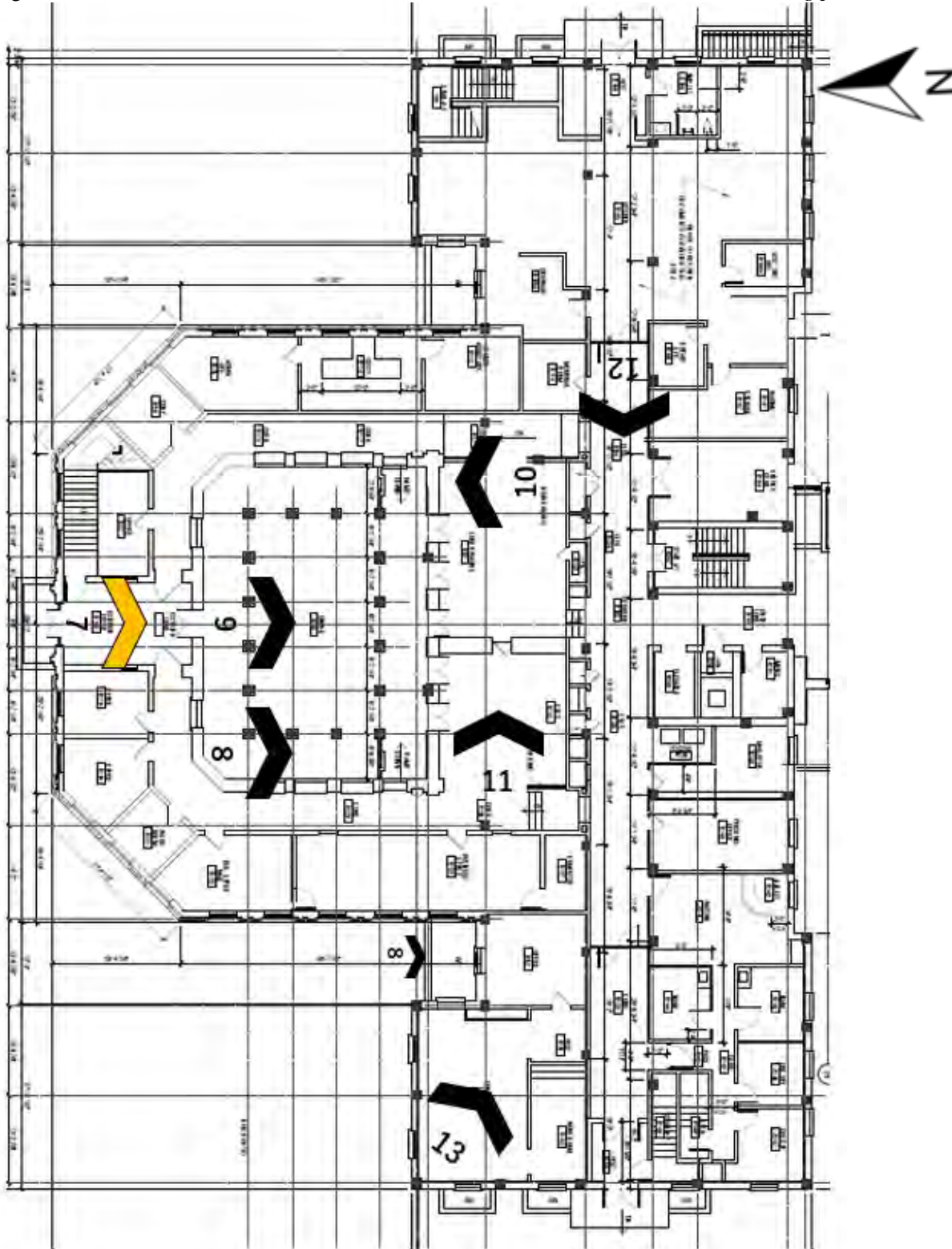
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W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

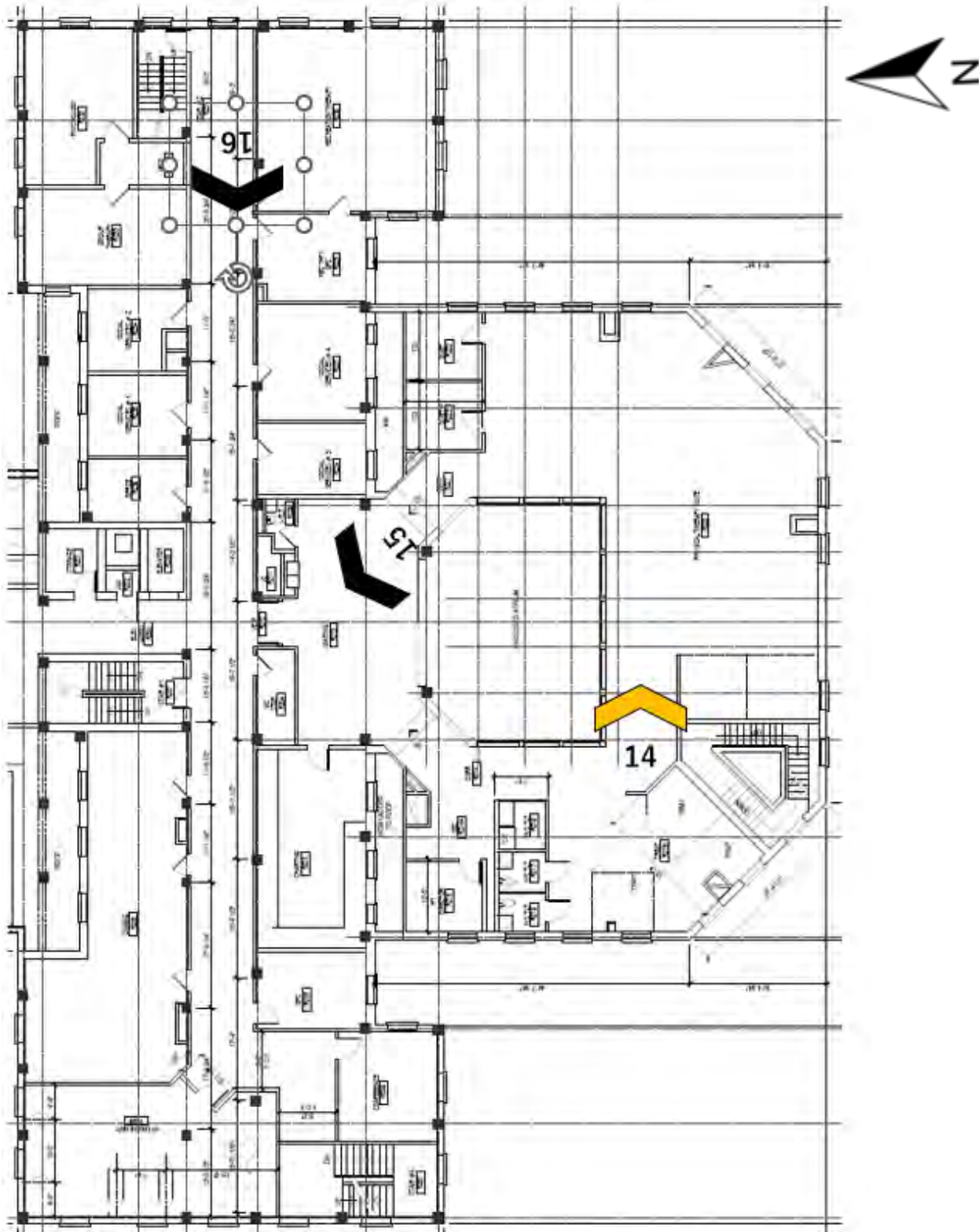
Figures

Figure 1: First Floor, 1929-1958 Section. Photos 7 – 13 *Yellow arrow indicates starting point*



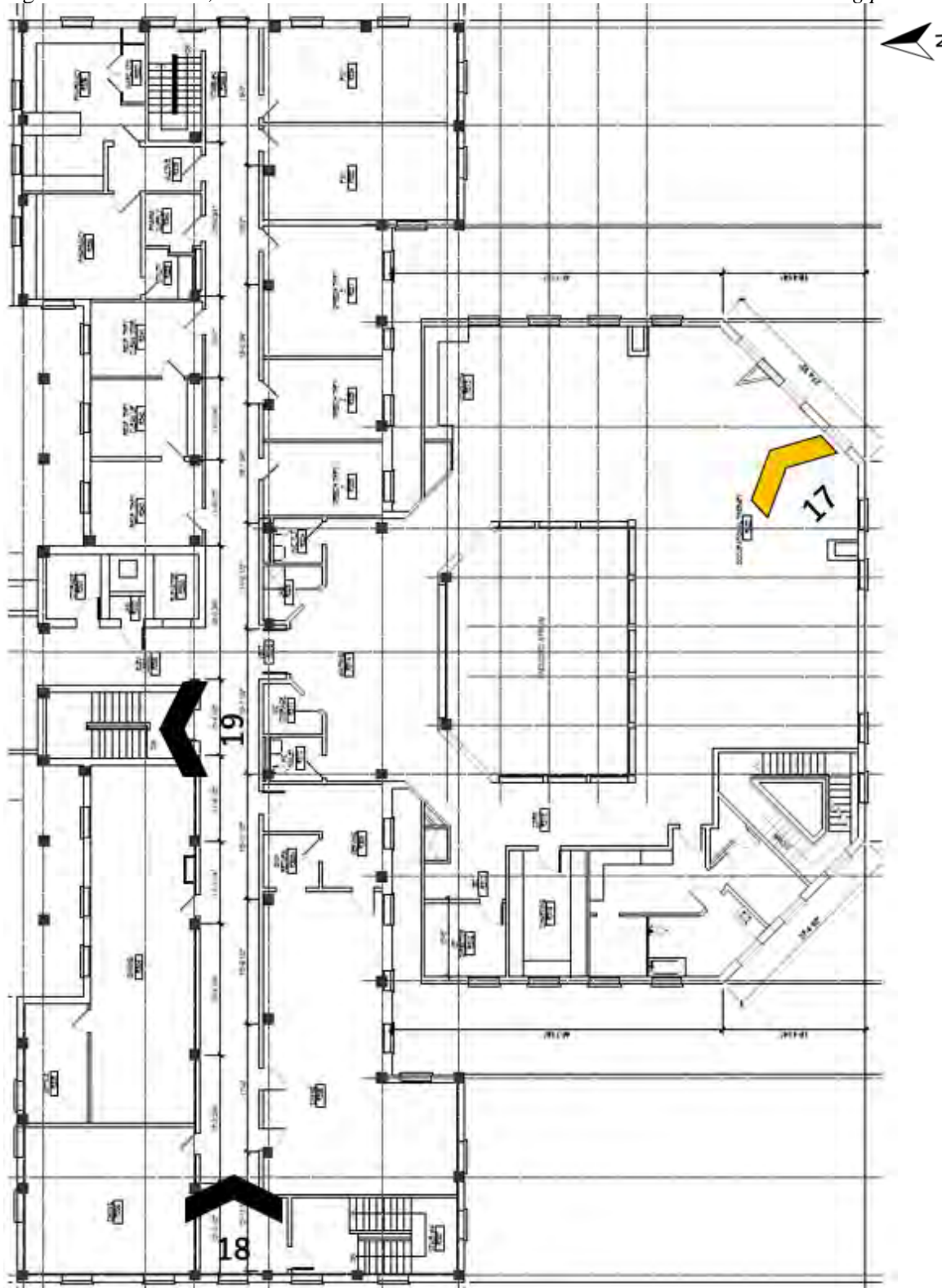
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 2: Second Floor, 1929-1958 Section Photos 14 – 16, *Yellow arrow indicates starting point*



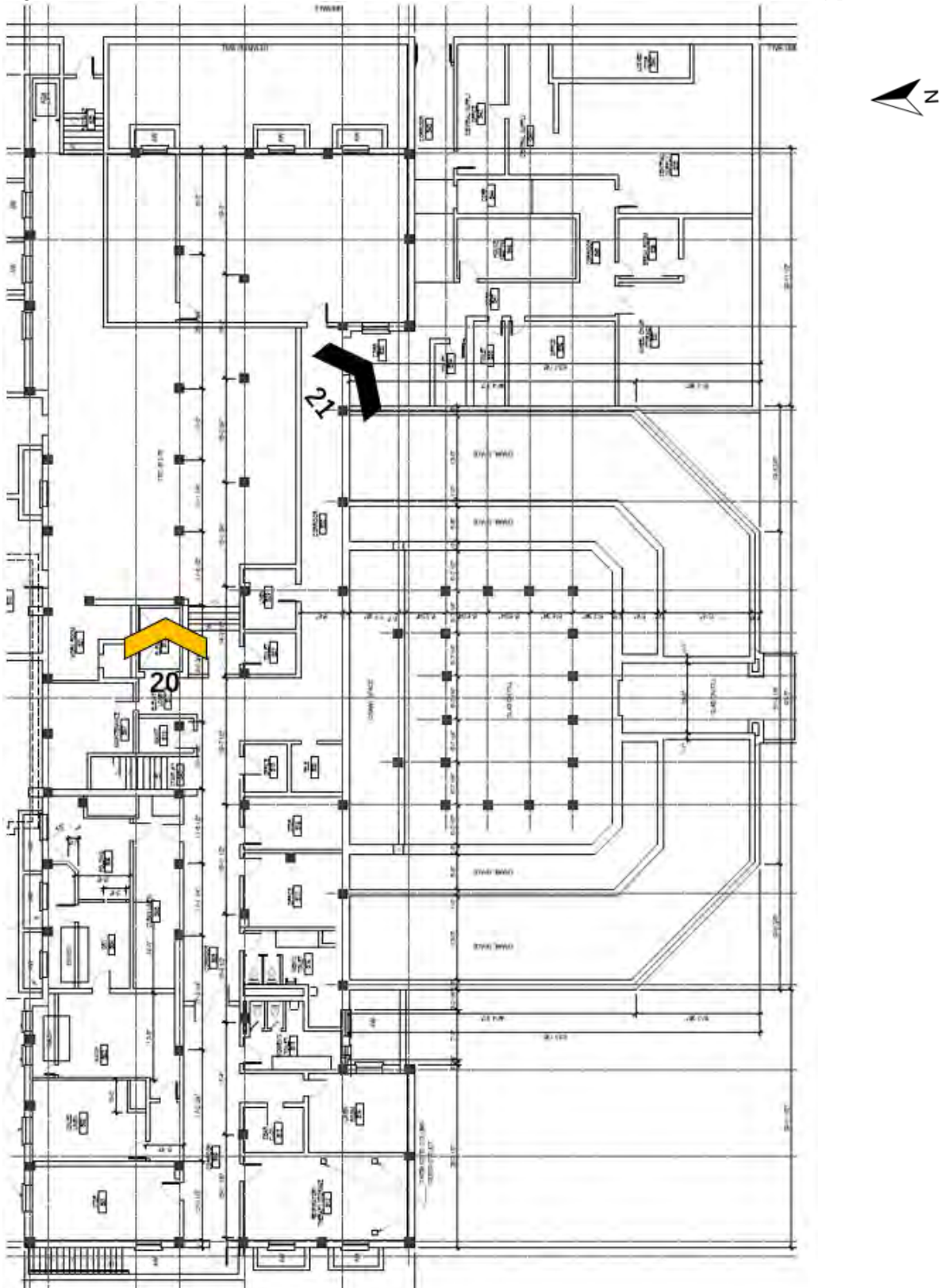
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 3: Third Floor, 1929-1958 Section. Photos 17 – 19 *Yellow arrow indicates starting point*



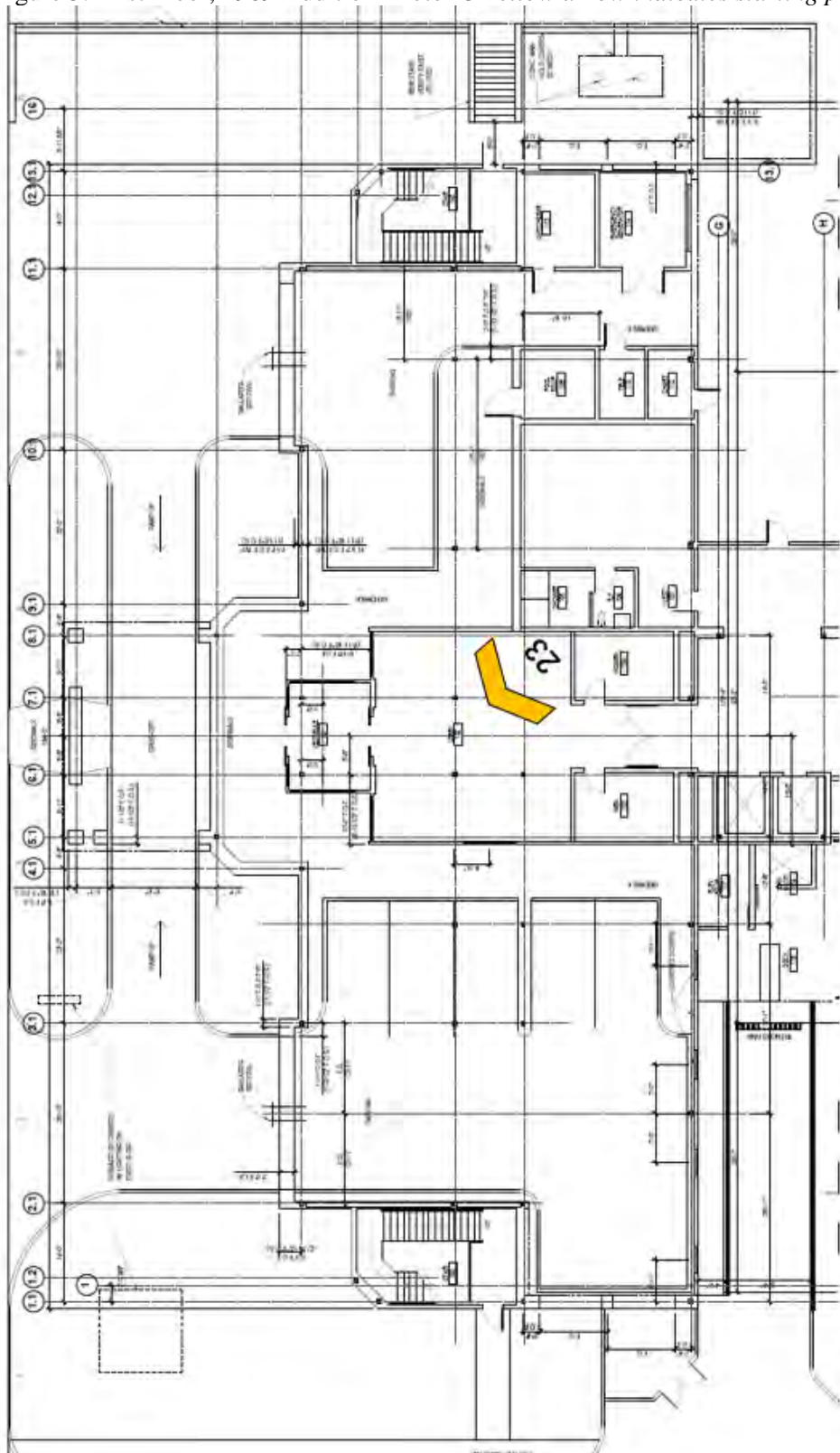
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 4: Basement, 1929-1958 Section. Photos 20 – 21. *Yellow arrow indicates starting point*



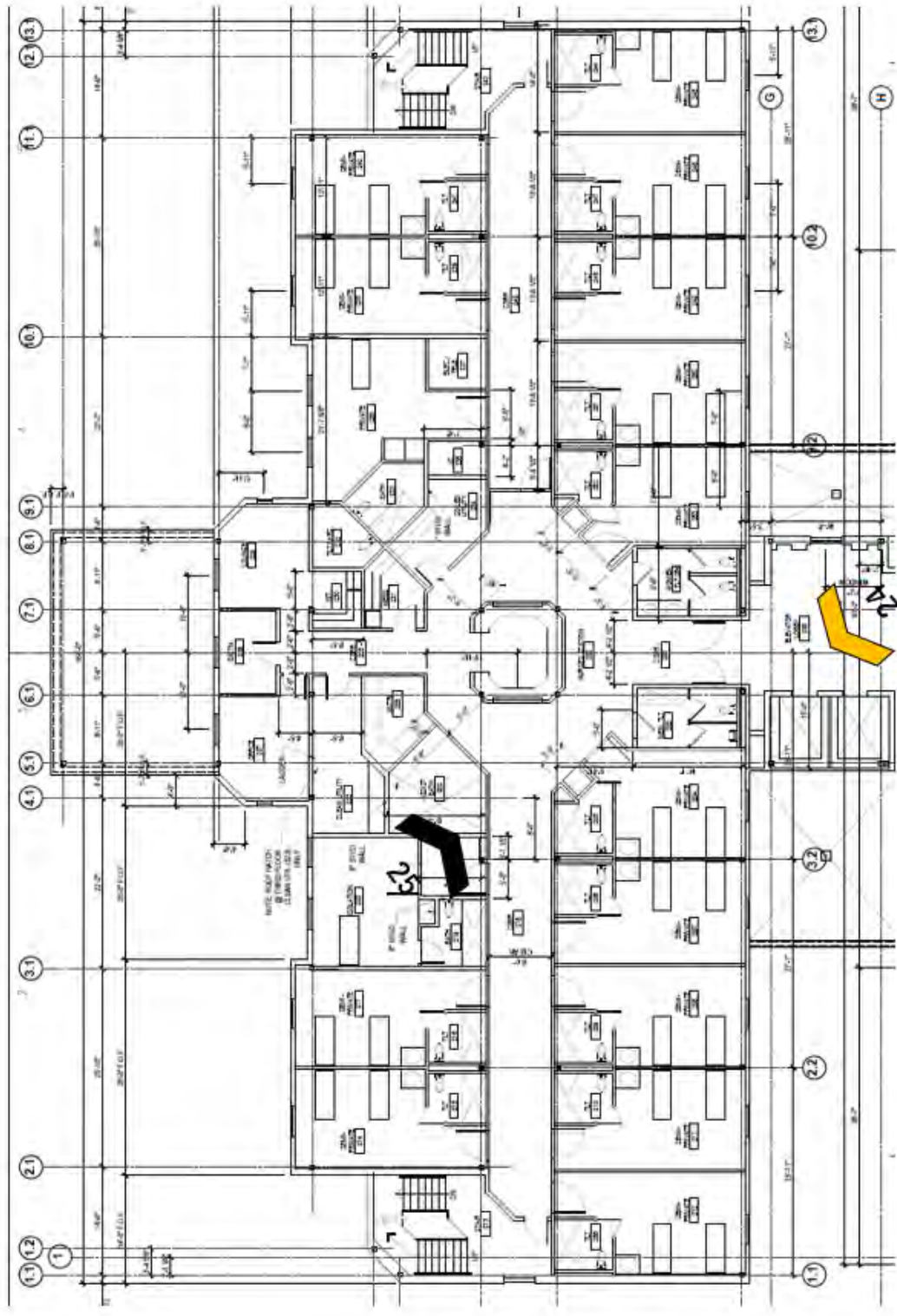
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 5: First Floor, 1989 Addition Photo 23 Yellow arrow indicates starting point



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 6: Second Floor, 1989 Addition, Photos 24-25. Yellow arrow indicates starting point



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 7: 1969 Outpatient Services Building, First Floor
Photos 29

Yellow arrow indicates starting point

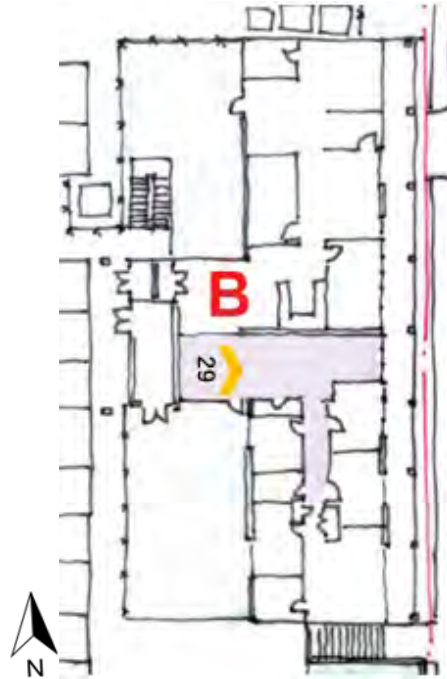
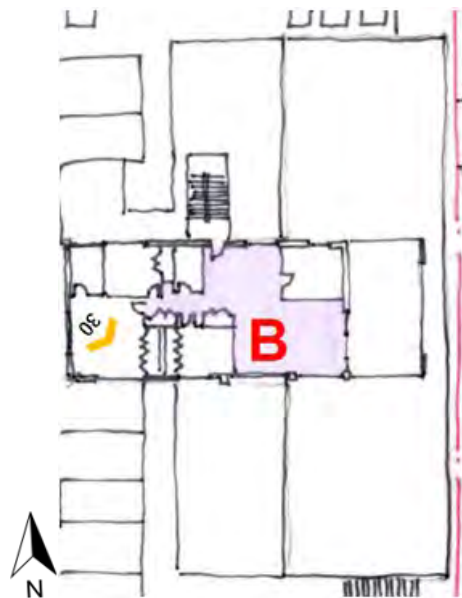


Figure 8: 1969 Outpatient Services Building, Second Floor
Photos 30

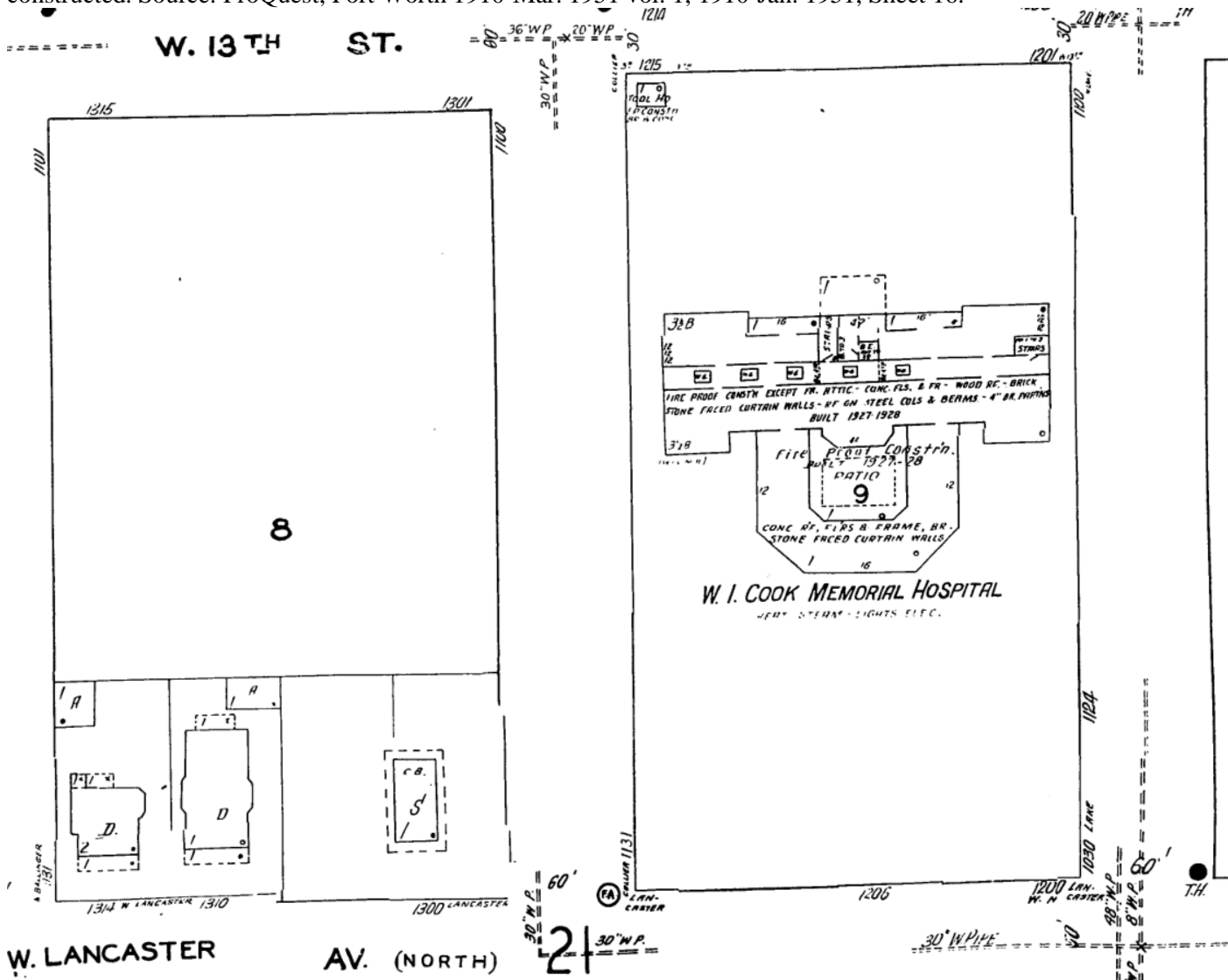
Yellow arrow indicates starting point



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W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

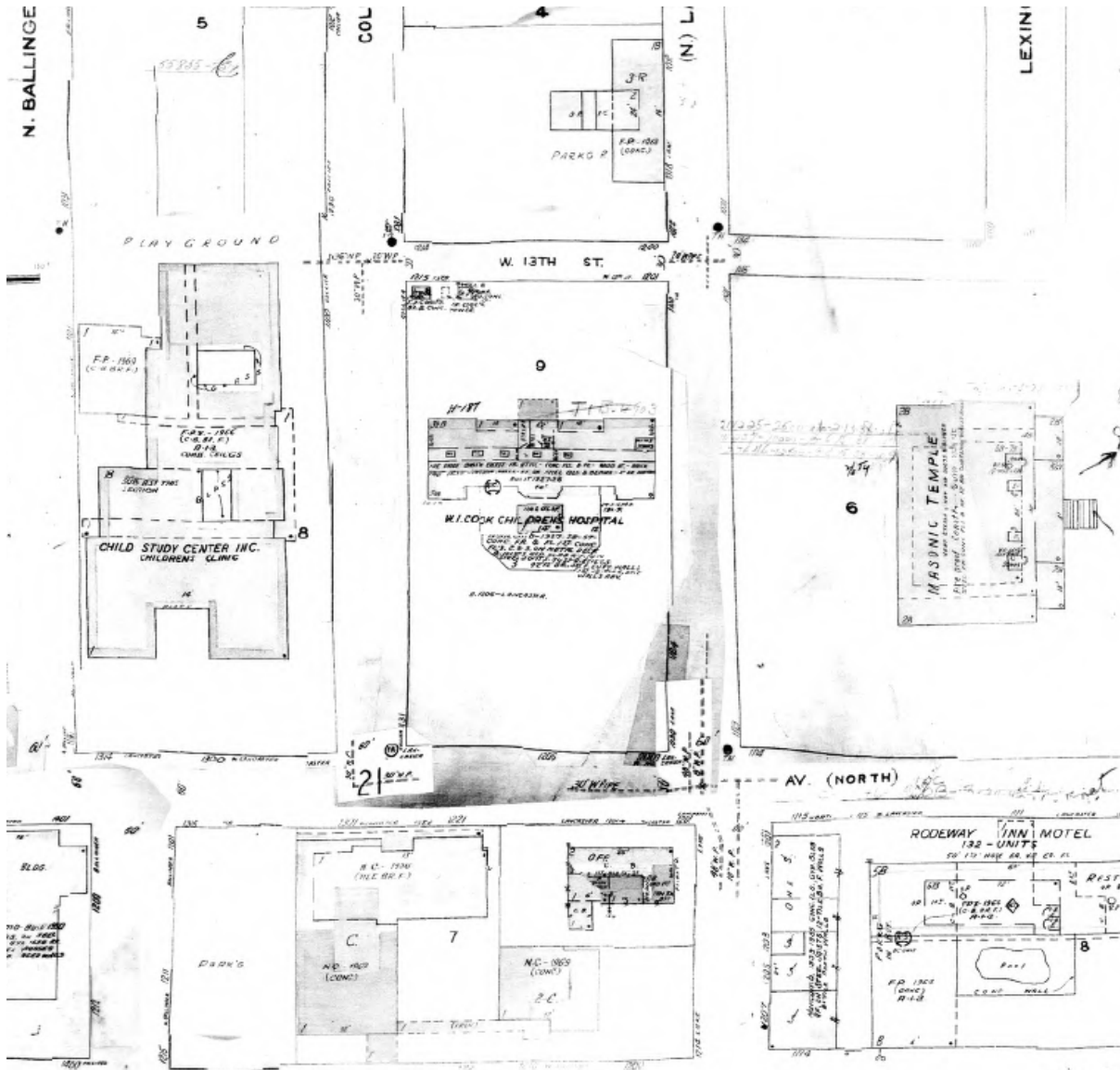
Figure 9: Sanborn Fire Insurance Map updated in 1951 showing the nominated hospital before additions were constructed. Source: ProQuest, Fort Worth 1910-Mar. 1951 vol. 1, 1910-Jan. 1951, Sheet 16.



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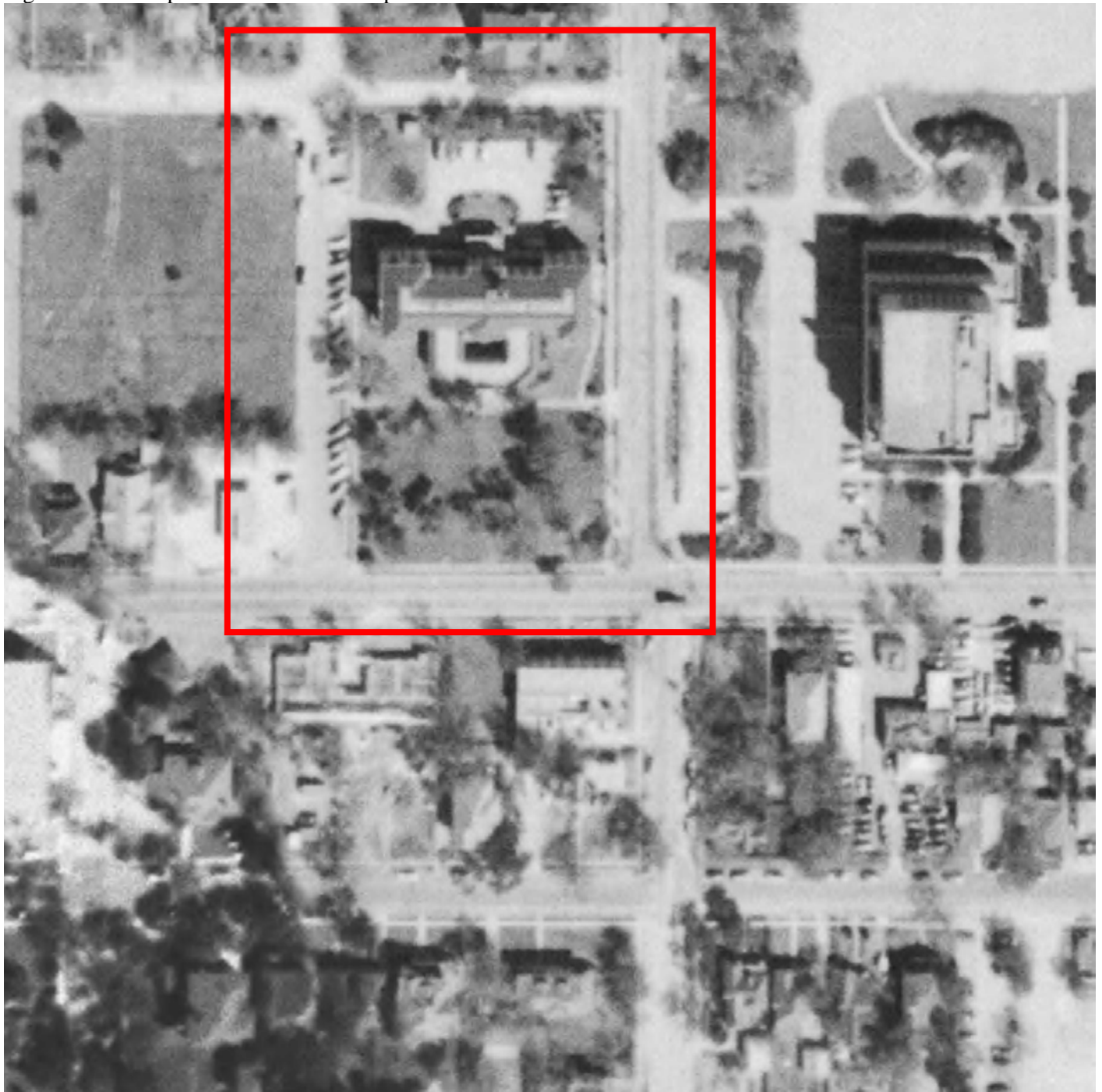
W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 10: Sanborn Map updated to 1970 showing additions.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 11: Aerial photo of nominated hospital in 1952. Source: HistoricAerials.com



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 12: 1970 Aerial of nominated property showing the 1969 outpatient services building.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 13: Missouri Matilda Nail Cook (Image courtesy of cookchildrens.org)



Figure 14: Image of Building, 1929 (Image courtesy of University of Texas at Arlington Digital Gallery)



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 15: Image of Building, 1929 (Image courtesy of cookchildrens.org)



Figure 16: 1958 Addition by architect Preston M. Geren. (Courtesy of University of Texas at Arlington Digital Gallery)



W. I. COOK MEMORIAL HOSPITAL CENTER FOR CHILDREN - FORT WORTH TEXAS
PRESTON M. GEREN - ARCHITECT & ENGINEER - FORT WORTH TEXAS

W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Figure 17: Students present Easter baskets to patients at Cook Memorial Hospital on April 12, 1954. Source: Fort Worth Star Telegram Collection, UT Arlington.



Figure 18: "Though he suffers from hemophilia-dread bleeding disease, youthful hillbilly performer Curtis Goodman, 14, keeps up spirits." Nov. 29, 1953. Source: Fort Worth Star Telegram Collection, UT Arlington.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photos

Photo 1: 1929-1958 Section, South Elevation, looking north.



Photo 2: 1929-1958 Section, South Elevation, looking northeast.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 3: 1929-1958 Section, South and West Elevations, looking northeast.



Photo 4: 1929-1958 Section, West Elevation (right); 1989 Addition, West and South Elevations (left), looking east.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 5: 1929-1958 Section, East Elevation, looking southwest.



Photo 6: 1929-1958 Section, South and East Elevations, looking northwest.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 7: First Floor, 1929 Section, entrance vestibule, looking north.



Photo 8: First Floor, 1929 Section, atrium, looking north.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 9: First Floor, 1929 Section, atrium, looking north.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 10: First Floor, 1929 Section, corridor, looking south.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 11: First Floor, 1929 Section, lobby, looking west.



Photo 12: First Floor, 1929 Section, corridor, looking east.



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W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 13: First Floor, 1929 Section, conference room/library, looking southwest.



Photo 14: Second Floor, 1958 Section, former therapy room, looking east.



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W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 15: Second Floor, 1958 Section, lobby, looking northwest.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 16: Second Floor, 1958 Section, corridor, looking west.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 17: Third Floor, 1958 Section, former therapy room, looking northeast.



Photo 18: Third Floor, 1929-1958 Section, corridor, looking east.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 19: Third Floor, 1958 Section, stair, looking north.



Photo 20: Basement, 1929 Section, utility room, looking east



SBR Draft

W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 21: Basement, 1929 Section, corridor, looking southeast.



Photo 22: 1989 Addition, North Elevation, looking south.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 23: First Floor, 1989 Addition, lobby, looking northwest.

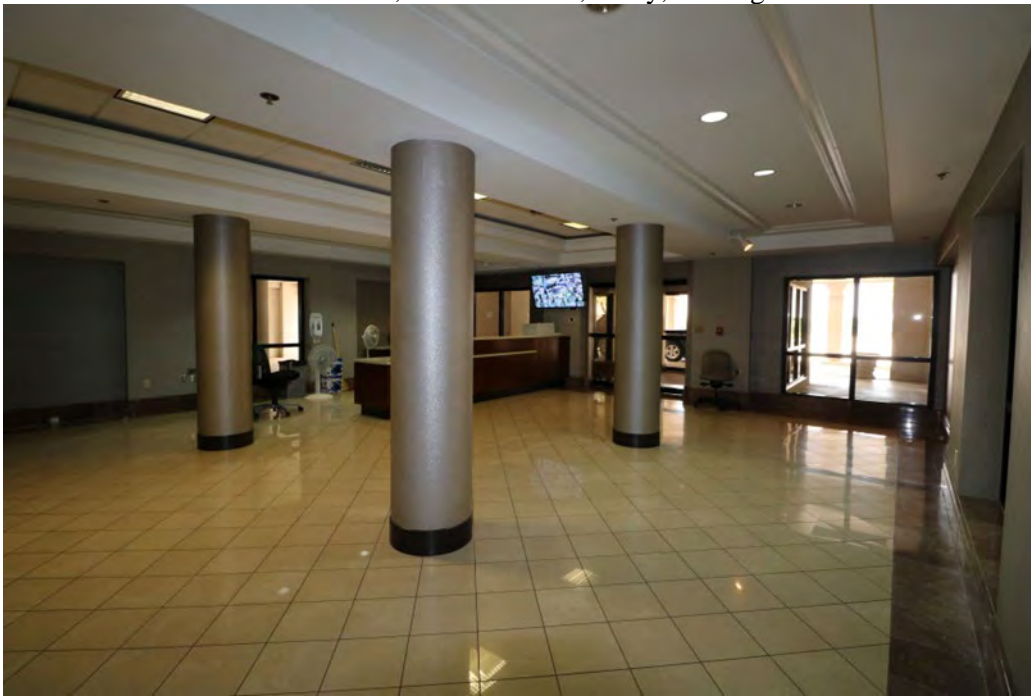


Photo 24: Second Floor, 1989 Addition, elevator lobby, looking northwest.



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W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 25: Second Floor, 1989 Addition, patient room, looking southeast.



Photo 26: Third Floor, 1989 Addition, corridor, looking west.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 27: 1969 Outpatient Services Building, South and West Elevations, looking northeast.

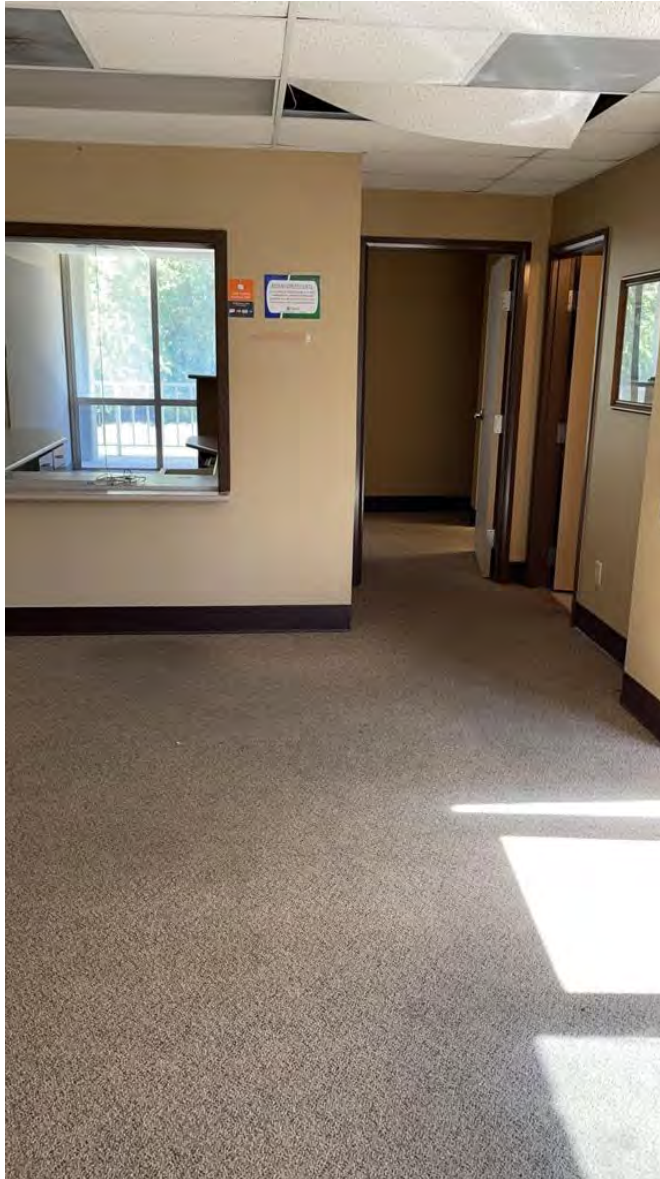


Photo 28: 1969 Outpatient Services Building, North and West Elevations, looking southeast.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 29: 1969 Outpatient Services Building, First Floor, lobby, looking east.



W.I. Cook Memorial Hospital, Fort Worth, Tarrant County, Texas

Photo 30: 1969 Outpatient Services Building, Second Floor, office, looking southwest.

