

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

(Type all entries - complete applicable sections)

STATE: MISSOURI	
COUNTY: Shannon	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

1. NAME

COMMON:
Welch Cave Hospital

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER:

CITY OR TOWN:

STATE: **Missouri** CODE: COUNTY: **Shannon** CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
<input type="checkbox"/> District <input checked="" type="checkbox"/> Building <input type="checkbox"/> Site <input type="checkbox"/> Structure <input type="checkbox"/> Object	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Both	Public Acquisition: <input type="checkbox"/> In Process <input type="checkbox"/> Being Considered	<input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Unoccupied <input type="checkbox"/> Preservation work in progress
PRESENT USE (Check One or More as Appropriate)			
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Entertainment	<input type="checkbox"/> Government <input type="checkbox"/> Industrial <input type="checkbox"/> Military <input type="checkbox"/> Museum	<input type="checkbox"/> Park <input type="checkbox"/> Private Residence <input type="checkbox"/> Religious <input type="checkbox"/> Scientific	<input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Other (Specify) <u>Medical</u>
		<input type="checkbox"/> Comments	

4. OWNER OF PROPERTY

OWNER'S NAME:
Not known (Private Hunting and Fishing Club)

STREET AND NUMBER:

CITY OR TOWN: STATE: CODE:

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.:

STREET AND NUMBER:

CITY OR TOWN: STATE: CODE:

6. REPRESENTATION IN EXISTING SURVEYS

TITLE OF SURVEY:

DATE OF SURVEY: Federal State County Local

DEPOSITORY FOR SURVEY RECORDS:

STREET AND NUMBER:

CITY OR TOWN: STATE: CODE:

SEE INSTRUCTIONS

STATE: COUNTY: ENTRY NUMBER: DATE: FOR NPS USE ONLY

7. DESCRIPTION

CONDITION	(Check One)					
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Deteriorated	<input type="checkbox"/> Ruins	<input type="checkbox"/> Unexposed
	(Check One)			(Check One)		
	<input type="checkbox"/> Altered	<input checked="" type="checkbox"/> Unaltered		<input type="checkbox"/> Moved	<input type="checkbox"/> Original Site	

DESCRIBE THE PRESENT AND ORIGINAL (if known) PHYSICAL APPEARANCE

Visited by Mr. Lessig in October. He described it as in "fair condition" and pretty much intact. Portions of the roof where it comes in contact with cave walls and ceiling have deteriorated and are falling. The outer walls are of stone, while the floors and partitions are of wood. There has been some deterioration of the floor and partitions.

The building is well protected as it is on the property of a private hunting and fishing club. Other buildings in the area, built later than the hospital, are still in fine shape.

SEE INSTRUCTIONS

4. SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

- | | | | |
|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pre-Columbian | <input type="checkbox"/> 16th Century | <input type="checkbox"/> 18th Century | <input checked="" type="checkbox"/> 20th Century |
| <input type="checkbox"/> 15th Century | <input type="checkbox"/> 17th Century | <input type="checkbox"/> 19th Century | |

SPECIFIC DATE(S) (If Applicable and Known)

AREAS OF SIGNIFICANCE (Check One or More as Appropriate)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Education | <input type="checkbox"/> Political | <input type="checkbox"/> Urban Planning |
| <input type="checkbox"/> Prehistoric | <input type="checkbox"/> Engineering | <input type="checkbox"/> Religion/Philosophy | <input checked="" type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Historic | <input type="checkbox"/> Industry | <input type="checkbox"/> Science | <u>Medicine</u> |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Invention | <input type="checkbox"/> Sculpture | _____ |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Social/Humanitarian | _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Literature | <input type="checkbox"/> Theater | _____ |
| <input type="checkbox"/> Commerce | <input type="checkbox"/> Military | <input type="checkbox"/> Transportation | _____ |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Music | | _____ |
| <input type="checkbox"/> Conservation | | | _____ |

STATEMENT OF SIGNIFICANCE

Built during the 1920s by a doctor interested in a cure for asthma. He believed that the air from the cave circulated through the hospital would be beneficial to those suffering from the disease. Unfortunately the damp air from the cave, while possibly aiding asthma sufferers, caused rheumatism.

Mr. Lessig describes the location as "very picturesque with stone dams across the stream [fed by Welch Spring] in which great amounts of water cress abound."

SEE INSTRUCTIONS

9. MAJOR BIBLIOGRAPHICAL REFERENCES

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY				O R	LATITUDE AND LONGITUDE COORDINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN TEN ACRES							
CORNER	LATITUDE				LONGITUDE			LATITUDE			LONGITUDE	
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
NW	°	'	"	°	'	"	37°	23'	39"	91°	34'	24"
NE	°	'	"	°	'	"						
SE	°	'	"	°	'	"						
SW	°	'	"	°	'	"						

APPROXIMATE ACREAGE OF NOMINATED PROPERTY:

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

STATE:	CODE	COUNTY	CODE

11. FORM PREPARED BY

NAME AND TITLE:
Lenard E. Brown, Research Historian

ORGANIZATION: Division of History DATE: _____
Office of Archeology and Historic Preservation, NPS

STREET AND NUMBER:
801 19th Street, NW

CITY OR TOWN: Washington STATE: D. C. CODE: _____

12. STATE LIAISON OFFICER CERTIFICATION

NATIONAL REGISTER VERIFICATION

As the designated State Liaison Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. The recommended level of significance of this nomination is:

National State Local

Name _____

Title _____

Date _____

I hereby certify that this property is included in the National Register.

Chief, Office of Archeology and Historic Preservation

Date _____

ATTEST:

Keeper of The National Register

Date _____

SEE INSTRUCTIONS

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY MAP FORM**

(Type all entries - attach to or enclose with map)

STATE	MISSOURI	
COUNTY	Shannon	
FOR NPS USE ONLY		
ENTRY NUMBER	DATE	

SEE INSTRUCTIONS

1. NAME			
COMMON:	Welch Cave Hospital		
AND/OR HISTORIC:			
2. LOCATION			
STREET AND NUMBER:			
CITY OR TOWN:			
STATE:	CODE	COUNTY:	CODE
Missouri		Shannon	
3. MAP REFERENCE			
SOURCE:			
U.S.G.S. Cedargrove Quad			
SCALE: 15 minute series 1:62,500			
DATE: 1951			
4. REQUIREMENTS			
TO BE INCLUDED ON ALL MAPS			
1. Property boundaries where required.			
2. North arrow.			
3. Latitude and longitude reference.			

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM**

(Type all entries - attach to or enclose with photograph)

STATE		
COUNTY		
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SEE INSTRUCTIONS

1. NAME			
COMMON:			
AND/OR HISTORIC:			
2. LOCATION			
STREET AND NUMBER:			
CITY OR TOWN:			
STATE:	CODE	COUNTY:	CODE
3. PHOTO REFERENCE			
PHOTO CREDIT:			
DATE OF PHOTO:			
NEGATIVE FILED AT:			
4. IDENTIFICATION			
DESCRIBE VIEW, DIRECTION, ETC.			

