National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, How to Complete the National Register of Historic Places Registration Form. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property
Historic name: Lewis House and Medical Office
Other names/site number: Landmark Center
Name of related multiple property listing:
N/A
(Enter "N/A" if property is not part of a multiple property listing)

2. Location
Street & number: 415 Douglas Avenue
City or town: Henning State: MN County: Otter Tail
Not For Publication: N/A Vicinity: N/A

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 level(s) of significance:
___national ___statewide ___local
Applicable National Register Criteria:
___A ___B ___C ___D

______________________________
Signature of certifying official/Title: Date
______________________________
State or Federal agency/bureau or Tribal Government

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

______________________________
Signature of commenting official: Date
______________________________
Title: State or Federal agency/bureau or Tribal Government
4. National Park Service Certification

I hereby certify that this property is:

___ entered in the National Register
___ determined eligible for the National Register
___ determined not eligible for the National Register
___ removed from the National Register
___ other (explain:) ____________________

Signature of the Keeper   Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

Private:   

Public – Local   X

Public – State   

Public – Federal   

Category of Property

(Check only one box.)

Building(s)   X

District

Site

Structure

Object
Lewis House and Medical Office

Name of Property: Lewis House and Medical Office

Otter Tail, MN

County and State: Otter Tail, MN

### Number of Resources within Property

(Do not include previously listed resources in the count)

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- **buildings**
- **sites**
- **structures**
- **objects**

**Total**: 2

Number of contributing resources previously listed in the National Register: 0

### 6. Function or Use

**Historic Functions**

(Enter categories from instructions.)

- HEALTH CARE/clinic
- DOMESTIC/single dwelling

**Current Functions**

(Enter categories from instructions.)

- SOCIAL/meeting hall
- RECREATION AND CULTURE/museum
7. Description

Architectural Classification
(Enter categories from instructions.)

Prairie School

Materials: (enter categories from instructions.)
Principal exterior materials of the property: Brick, Stone

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

Summary Paragraph

The Lewis House and Medical Office is located in Henning, a city in west-central Minnesota with a population of approximately 850. (Figures 1-2) The property is located at 415 Douglas Avenue, the main street in Henning, in the center of the downtown business district. The property includes the 1914 Prairie style combination residence and medical office, a 1948 addition to the medical office, and a two-stall vehicle garage built in ca. 1920. The Lewis House and Medical Office retains sufficient historic integrity in all seven aspects to support the property’s significance under National Register Criterion A in the area of Medicine for its association with events that have made a significant contribution to the broad patterns of history. The exterior retains particularly high integrity.

The property continued to serve as a medical office in Henning until 1990. In 2006, funds were donated to the City of Henning to purchase the property, which is now used as a community facility and museum known as Landmark Center.
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Narrative Description

Located on a prominent corner at the intersection of Douglas Avenue and Second Street, the Lewis House and Medical Office is set back from the street on a landscaped lot, distinguishing the building from the adjacent commercial properties and creating a strong architectural presence in Henning. (Photo 1)

The original plat of Henning is not positioned on a north-south axis. Rather, the streets are aligned to the northwest/southeast orientation of the railroad tracks around which the town developed. Thus, for purposes of the description, the primary elevation of the Lewis House and Medical Office facing Douglas Avenue is considered the southwest elevation. The elevation facing Second Street is considered the southeast elevation, and so forth.

1. Lewis House and Medical Office – Contributing Building
   Date: 1914

The 1914 house and medical office is large, two-story building covered with a hip roof and designed in a vernacular version of the Prairie style. The building measures approximately thirty-six feet wide and forty feet deep. A ten-foot wide, enclosed porch extends along portions of the southwest and southeast elevations. The building is clad with dark brown brick in various tones, with some bricks featuring a rippled, textured face. All mortar joints are tinted to a rose color.

Common features of the building’s elevations include a raised concrete foundation, elaborate brickwork, and multi-pane windows. The exposed areas of the foundation are faced with a gray stucco with a heavy texture. The brickwork includes various courses organized in horizontal bands. A continuous soldier course tops the foundation. A header courses defines the sills of the first story windows. Another continuous soldier course joins the tops of the first story windows. A solider course topped with a header course forms the sills of the second story windows. Similar to the first floor, a continuous header course joins the tops of the second story windows. Finally, the sills of the attic windows are defined by a header course. Windows are typically double-hung sash with a single light in the lower frame and from three to eight lights in the upper frame.

Southwest Elevation

A one-story enclosed porch with a hip roof extends along approximately two-thirds of the southwest elevation. (Photo 2) The porch is divided into three bays by square brick columns that project slightly from the face of the brick wall of the porch. The columns are capped with rose-colored, cast-stone capitals supported by brick corbels. Vertical pendants descend from the capitals. Rose-colored sills are also supported by brick corbels and feature pendants. (Photo 3) These cast stone features match the rose color of the mortar joints.

The bay at the left side of the porch includes an entrance to the building. Six steps flanked by low brick walls ascend to the entry. The entrance bay includes a 15-light door flanked by
sidelights. There is also a four-over-one light window to the left. The remaining two bays of the porch, to the right of the entrance, each include a grouping of three windows that feature six-over-one lights.

There is a bay window to the left of the porch on the first story. However, only two of the three windows are visible from the exterior as the third window is positioned within the enclosed porch. The windows feature a large single light in the lower sash and multiple lights above.

The bay window extends up through the second story, with all three windows visible from the exterior. Like the windows on the first floor, each of the second-floor windows of the bay feature a large single light in the lower sash and multiple lights above. Centered on the second floor of the southwest elevation is a single eight-over-one light window. To the right is a large six-over-one light window.

**Southeast Elevation**

The enclosed porch extends around the first floor of the southeast elevation and abuts the 1948 addition. (Photos 4-5) Two bays of the porch remain as the northern most bay of the porch was removed when the 1948 addition was constructed. The design of this section of the porch is consistent with the design of the porch along the southwest elevation and includes the same rose-colored capitals, sills, and pendants, as well as fenestration.

The northerly portion of the first floor of the southeast elevation is not visible from the street as it is obscured by the 1948 addition. It serves as one wall of a rear passageway between the 1914 building and the addition. This elevation originally featured three windows, which have been infilled.

There are four windows spaced along the second floor of the southeast elevation. Each double-hung window features a single light in the lower sash and multiple lights in the upper sash.

**Northwest Elevation**

The first floor of the northwest elevation features the projecting masonry mass of the fireplace, located at the south end of the elevation. (Photo 6) The masonry tapers to form the chimney as it extends through the second story. There is a six-light casement window to each side of the fireplace. Next, there is a shallow projecting bay covered with a hip roof to the north of the fireplace. There are three double-hung windows in the bay, each with a single light in the lower sash and multiple lights above. Finally, there is single casement window at the north end of the first story.

The second story features four windows spaced along the northwest elevation. The double-hung windows feature a single light in the lower sash and multiple lights above.
**Northeast Elevation**

There is minimal space that separates the back side of the building and the adjacent property. (Photo 7) A recessed porch is centered on both the first and second stories. The porch on the first story was infilled sometime during the modern era. The infill consists of a door flanked by a single window to each side. One window is also positioned to each side of the porch. There is a single one-over-one double hung window to the left and a single light casement window to the right. There is also a single eight-over-one double-hung window to each side of the porch on the second story. The second story porch has not been enclosed and features a steel railing.

In 2016, a fire escape was added to the northeast elevation of the house. The stairway ascends to the second story porch. The fire escape was added in order to meet code requirements since the second story provides accommodations for visitors.

**Third Story**

The building’s hip roof is covered with asphalt shingles and features broad overhanging eaves. A large, hip-roofed dormer is centered on each of the four slopes of the roof. The dormers on the southwest, southeast, and northwest elevations are “wall dormers” where the dormer interrupts the roofline with a continuous wall surface extending from the second story. However, the dormer on the northeast elevation extends through the eave.

Each dormer features a four-over-one, double-hung window in the center, which is flanked by three-over-one double-hung windows. The sidewalls of the dormers were originally clad with wood shingles, which have been replaced with clapboard siding.

**Basement**

There are several multi-light casement windows on the southwest, northwest, and northeast elevations where the basement level is exposed. The windows typically align with the windows on the first floor.

**1948 Addition**

In 1948, the medical office was enlarged with a one-story addition that is attached to the southeast elevation of the building. The addition measures twenty-eight feet by forty-one feet. Stylistically, the addition is decidedly modern, yet sympathetic to the original building. The addition features multi-colored brick in vibrant tones of brown and deep red, and six-over-one double-hung windows with rose colored cast-stone sills with pendants. The mortar is also tinted to a rose color. Basement windows are six-light casements. Soldier courses are positioned atop the raised foundation and above the windows and extend all around the building. A roof with a gradual slope to the northwest is concealed behind a brick parapet wall. The parapet is capped with a tile coping.
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Southwest Elevation

Four, single windows are spaced along the southwest elevation. (Photo 8) There are three casement windows set within concrete window wells at the basement level. A single entrance door is located at the easterly end of this elevation. The entrance is protected by a gabled canopy supported by brackets.

Southeast Elevation

A group of three windows is centered on the southeast elevation. (Photos 8-9) A pair of casement windows is positioned directly below the grouping at the basement level.

Northeast Elevation

There is a pair of windows at the easterly end of the northeast elevation with a pair of casement windows below at the basement level. (Photo 9) To the right are three, single windows spaced along the elevation. Two casement windows are positioned below at the basement level as well as an access panel for the former coal chute. The building’s tall, brick chimney is visible from this elevation.

Northwest Elevation

At the rear of the property, there is a 3-4-foot-wide-space between the northwest elevation of the 1948 addition and the 1914 building that creates a passageway leading to a back entrance. The entrance opens into a wide hallway that joins the two buildings. An ambulance could park behind the building and a patient on a stretcher could be transported into the building through this passageway. There is a single window in the northwest elevation of the 1948 addition, which has been infilled.

The passageway is now sheltered by a roof that was built in the modern era. An entrance door to the passageway was also installed. In 2011, a ramp was built that leads up to the passageway in order to provide an accessible entrance to the building.

Interior

1914 House and Medical Office

Once inside the porch, the Douglas Avenue entrance to the house is centered on the southwest elevation. The door is flanked by sidelights with beveled glass. (Photo 10) The door opens to a small vestibule that in turn opens into a central hallway. The hallway extends to the rear of the building and also incorporates the stairway to the second floor.

The hallway divides the first floor into the family quarters on the left and the medical office on the right. A plan of the first floor from 1983 depicts both the residential quarters in the 1914
Family Quarters

The family quarters on the first floor include three rooms in succession: the living room, entered through a wide archway off the main hallway, followed by the dining room, and kitchen. The living room features a bay window and an ornate fireplace. The fireplace is faced with brick and features a segmental brick arch, a wooden mantel supported by brackets, and a tapered chimney hood. (Photo 11) The living room and dining room are separated by a wide archway. Cabinets with beveled glass doors are positioned to each side of the arch. The arch is supported by tapered wooden columns. (Photos 11-12) The light fixtures in the living room, dining room, and hallway are all original to the house.

The kitchen has been modified by the removal of the cabinets and fixtures. The wall between the dining room and kitchen has also been removed and replaced with an archway.

The second story included six bedrooms organized off a wide hallway. (Photo 13) The wide hallway was said to have been a deliberate choice by Dr. Lewis as he envisioned the upper story possibly serving as future hospital space. However, the second floor continued to be used exclusively for residential purposes. The second floor also includes a bathroom, the entrance to the rear porch, and a stairway to the attic.

As part of the Landmark Center’s programs, the bedrooms are made available as guest lodging to groups and individuals. The original bathroom has been remodeled and one of the bedrooms has been converted into a second bathroom.

The first floor of the family quarters retains its original oak floor, trim, columns, cabinets, and stairs; plaster walls; and main entrance door with sidelights. The second floor retains its original pine floor and trim; plaster walls; and doors to the various rooms and to the stairway to the attic.

Basement and Attic

Both the basement and attic remained associated with the residence. The basement is partitioned into five spaces that included a laundry room, furnace room, space for coal storage, and two additional rooms for storage. The attic remains an unfinished space.

1914 Medical Office

The medical office occupied the space to the right of the central hallway. (Photo 14) The office was originally accessed from the residence through a single door. However, patients entered the office through a separate entrance off the porch along the southeast side of the house.
The exact uses of the space as of 1914 are not precisely known, but a person entering the medical office from either the residential hallway or the porch would enter a room at the center of the office. There was one room to each side of this space, one to the front of the building and one to the back. It is likely that Dr. Lewis’ examination room was to the front. Ultimately, it is known that the space to the front became the x-ray room, which also included a darkroom, the space in the center contained beds for patients that were separated by curtains, and the space to the back was used for storage.

In 1928, the porch was enclosed to provide more space for the medical office. (Photo 15) A partition wall was installed immediately to the right of the main entrance to the residence and the remainder of the porch was divided into two rooms. The area of the porch that fronted Douglas Avenue was used for surgery, while the room to the side was used for storing supplies and equipment.

When the building was remodeled to become Landmark Center, the single entrance door to the medical office off the main hallway was removed and replaced with a large archway. The three rooms of the medical office were reduced to two: a kitchen with an open counter to the back, and a library to the front. In addition, the porch was returned to its original configuration as a single space.

The original floors in the medical office were oak. At some point in the building’s history, the floors were covered with a vinyl-tile flooring. A new wood floor has been installed in the library and new tile floors has been installed in the kitchen and porch.

1948 Addition

The main entrance to the 1948 addition enters onto a landing. Straight ahead, five steps lead up to the main level. To the left, stairs lead down to the lower level. On the main level, a reception area and waiting room occupied the easterly end of the addition. Historically, the reception area was immediately to the left of the stairs and included space for staff who were seated behind a counter. The waiting room occupied the remainder of the space.

The rest of the main level was divided by a central hallway with three rooms to each side. The rooms included two offices for physicians, two exam rooms, a laboratory and a restroom. The corridor continues into a broad hallway that connects the addition to the original building. The rear entrance, which served patients arriving by ambulance, also opened into this hallway.

The lower level is partially finished, mainly the easterly portion of the space. The lower level included space for conducting eye examinations, and at one time provided space for a dental office. The remainder of the lower level provided space for utilities and storage.

When the addition was remodeled to become Landmark Center, partitions were removed on the main level between the three rooms on the northerly side of the hallway to create a large L-shaped area that also included the reception area and waiting room. (Photo 16) This space is now
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used for meetings and displays. The rooms on the southerly side are used for office and storage space. A second restroom was also added.

Several partitions were also removed on the lower level to create a larger area for a museum, which focuses on the history of the area as well as the Lewis House and Medical Office. The museum contains original equipment from the medical office, some of which dates to the era of Dr. A. J. Lewis. (Photo 17)

Originally, the waiting room and hallway on the main level were carpeted. The offices and examination rooms featured a vinyl-type tile as did the hallway connecting the addition to the 1914 building. The carpeting has been replaced and installed throughout the main level, except for the connecting hallway where new tile has been installed.

2. Two-Stall Vehicle Garage – Contributing Building
Date: ca. 1920

A two-stall vehicle garage is located to the west of the house. (Photo 18) The garage is accessed from a concrete driveway alongside the northwest elevation of the house that enters the property from Douglas Avenue. The square-shaped building is constructed with poured concrete walls that are clad with a heavy-textured stucco. The southeast and southwest corners of the building feature battered piers. A hip roof with overhanging eaves covers the building. The roof is clad with asphalt shingles.

Two, overhead-style aluminum garage doors are positioned on the southeast elevation. These garage doors replaced the original wooden doors. There is a service door on the southwest elevation as well as two, four-light casement windows. Visible from the alley, the northwest elevation includes a small one-light casement window at the center. The northwest and northeast elevations retain their original, gray-colored stucco, while the more visible southeast and southwest elevations have been painted a cream color.

Landscape Features

The Lewis House and Medical Office is set back from Douglas Avenue, enhancing its visual presence and allowing space for landscaping. A public sidewalk fronts the property along both Douglas Avenue and Second Street. In the 1930s, Wendell Lewis built a low stone wall along both sidewalks, which is still in place today. (Photo 1) Historically, there was a hedge along the stone wall, which is also the case today.

The building is approached via a diagonal sidewalk that begins at the corner of Douglas Avenue and Second Street. This is the original position of the sidewalk. The sidewalk extends toward the corner of the building and then splits in two directions, continuing to both the entrance to the residence on Douglas Avenue and the entrance to the 1948 addition. Prior to the construction of the addition, a sidewalk led to the entrance to the 1914 medical office on the Second Street side of the building. The original sidewalk was concrete while the current sidewalk is paved with brick.
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There have been several features that have been added to the grounds since the building was rehabilitated to serve as the Landmark Center, including a sign with a stone surround that advertises events, and a statue of a Doughboy erected in memory of veterans of all wars. A new sidewalk was also added that runs directly from the street to the Douglas Avenue entrance.

Assessment of Integrity

The Lewis House and Medical Office retains good historic integrity of location, design, setting, materials, workmanship, feeling, and association. The exterior retains particularly high integrity. There have been no major changes or alterations to the exterior. The most apparent change to the exterior has been the replacement of all the windows during the building’s conversion to a community facility. However, the new windows reflect the same configuration as the originals. Other changes have been relegated to the rear of the building including the required ramp and exit stairway, as well as the infill of the back porch.

The interior was also modified as part of the building’s conversion to a community facility. A number of partitions were removed to increase the size of several rooms, resulting in some loss of integrity of design, workmanship, materials, feeling, and association. However, the original layout and circulation patterns are largely intact and changes can be readily understood. In spite of its use as a community center, the house continues to retain a domestic feeling with original design features still in place in the living and dining rooms, and with the second story providing space for lodging. The 1948 addition continues to convey the feeling of a non-residential space. The building’s use as a medical office is reinforced by the lower-level museum, which interprets the history of the office and also contains original medical equipment. Thus, overall, the property clearly retains its historic identity.
8. Statement of Significance

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

☐ A. Property is associated with events that have made a significant contribution to the broad patterns of our history.

☐ B. Property is associated with the lives of persons significant in our past.

☐ C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

☐ D. Property has yielded, or is likely to yield, information important in prehistory or history.

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

☐ A. Owned by a religious institution or used for religious purposes

☐ B. Removed from its original location

☐ C. A birthplace or grave

☐ D. A cemetery

☐ E. A reconstructed building, object, or structure

☐ F. A commemorative property

☐ G. Less than 50 years old or achieving significance within the past 50 years
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Areas of Significance
(Enter categories from instructions.)
  HEALTH/MEDICINE


Period of Significance
  1914-1971

Significant Dates
  1948

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

Cultural Affiliation

Architect/Builder

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

The Lewis House and Medical Office is eligible for the National Register of Historic Places under National Register Criterion A in the area of Medicine for its association with events that have made a significant contribution to the broad patterns of history. Dr. Arthur John Lewis and the physicians that subsequently joined his practice over the ensuing decades, including Dr. James Vail, Dr. Charles Lewis, Dr. Jay Kevern, and Dr. Jon Wigert, played an important role in providing medical services to the residents of Henning and to the broader rural community beginning in 1914 and extending into the modern era until the facility closed in 1990. Residents of the area describe how multiple generations of their families had been served by the medical practice.

The property provides considerable insight into the history and practice of medicine in rural Minnesota beginning in the early twentieth century. Challenges and complexities faced by rural physicians and the medical issues they confronted are clearly illustrated by the history of the practice. Dr. Arthur Lewis treated patients during the influenza pandemic of 1918 and contended with outbreaks of smallpox and diphtheria. Yet, while certain diseases waned and others emerged over the years, rural medicine continued to present its challenges that required considerable dedication and ingenuity. Some issues persisted into the modern era. When it was not possible to travel by automobile to conduct a house call because of poor roads or weather conditions, Dr. Arthur Lewis would travel with a team of horses. In the modern era, his son, Dr. Charles Lewis, would travel by snowmobile during treacherous Minnesota winters. The practice was also notable for illustrating the self-sufficiency that was required by a rural practice with the physicians themselves often conducting tests and diagnostic procedures and completing their own lab work.

Because of its longevity, the medical office is also important for its ability to represent the development of medical practices over the decades as the office evolved into a modern clinic during the post-World War II era. The office was also exceptional for a small rural practice because of its state-of-the-art equipment and medical library.

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

Dr. Arthur John Lewis

Arthur John Lewis was born in Portage County, Wisconsin, on March 30, 1883. He graduated from the University of Wisconsin and later received his medical degree in 1909 from Rush Medical College in Chicago, then considered one of the more prominent medical schools in the
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Midwest.¹ (Figure 3) After graduating, he married Clara Quan of Albert Lea, Minnesota, who he had met while attending the University of Wisconsin. Dr. Lewis, who was typically referred to as Dr. A. J. Lewis, or simply Dr. A. J., first practiced medicine in Omaha, Nebraska. Unhappy in Omaha, he decided to move his practice to west central Minnesota. He arrived in Deer Creek, a community about 10 miles east of Henning, on March 27, 1911, and described what he found in a letter to Clara.

The people that I have met seem very friendly and they want me to stay. There are a little better than 335 people here with good surrounding country. They tell me that the territory surrounding here is more thickly settled than any place in the county. The old fellow here is not a graduate of any school, but on account of his age, he gets a permit to practice. . . . So that is one reason they want him to leave. The M.D.’s from Henning and Wadena get all the trade. I have met most of the businessmen here and they are very anxious for me to stay. By road it is 12 miles to Wadena on the east, 10 miles to Henning on the west, 12 miles to New York Mills on the north and 25 miles to Parkers Prairie on the south. Those are the nearest M.D.’s so it is the best territory that I have yet seen.²

Dr. Lewis proceeded to rent a house for $8.00 per month and reported that he saw his first patient on March 28, 1911. Treatment for the patient was complex, and Lewis noted, “It was a hell of a case for the first one.” He wrote to Clara, who was staying with her parents in Madison, Wisconsin, that he would be travelling to St. Paul to take the state medical examination so that he could be licensed in Minnesota. He continued to speak favorably about Deer Creek stating, “This is a fine country and fees are good. $1.00 per mile in the country, obstetrics $15.00 with mileage. . . . I hope that you will like it when you come.”³

Yet, Dr. Lewis was soon expressing concerns that a practice in Deer Creek might not provide sufficient income for an adequate living. He had learned that the southern Minnesota town of Triumph was trying to find a physician and he made inquiries. Businessman from the town actively recruited him, as did the town of Gonvick in northern Minnesota, but he ultimately decided against the move. Nonetheless, he continued to explore other options such as moving to the developing Cuyuna Iron Range located about 75 miles north of Deer Creek where he could serve the mining communities. He again decided not to move, believing that the new communities had not yet sufficiently developed to support his practice.⁴

Dr. Lewis described a number of patients he was treating while living in Deer Creek. He treated a number of people for smallpox, and also provided smallpox vaccinations. He made several house calls to treat a woman living two miles out of town who had suffered a stroke. One day, in

² Letter from Dr. A. J. Lewis to Clara Lewis dated March 27, 1911. Letter courtesy Martha Lewis-Hunstiger.
³ Letters from Dr. A. J. Lewis to Clara Lewis dated March 28, 1911, March 29, 1911 and April 1, 1911.
⁴ Letters from Dr. A. J. Lewis to Clara Lewis dated April 7, 1911, April 10, 1911, May 3, 1911, and May 14, 1911.
addition to one of the house calls, he commented that he treated three patients in town, which totaled $7.50 in work, but he also had a $2.00 expense for livery.5

The Medical Practice in Henning

By November 1911, Dr. A. J. and Clara Lewis moved to Henning, where he had already been treating patients. Henning was located at the intersection of the Soo Line and Northern Pacific Railroads and served a farming community. The village had a population of 195 at the time it was incorporated in 1887. By 1914, the population had grown to 625.6

Henning offered better prospects for Dr. Lewis. He purchased a house located on the corner of Douglas Avenue and Second Street from a Dr. McCoy, who was leaving town, and presumably assumed his medical practice. He worked out of the house, which was located on the same parcel of land upon which he would build the present building. By 1912, Lewis was also serving as the health officer on the local board of health.7 He was elected to a three-year term in 1914.8 He continued in the role for many years. In 1921, he was paid $10.00 for his services. That amount remained the same at least through 1958 when he was still serving on the board.9

In letters to Clara written in 1912, Dr. Lewis described a number of his patients:

Last Wednesday, they brought Lilly Selvig home from Royalton on a stretcher in (the) baggage car with pneumonia. They telephoned me to be at the train when it came in. She had a temperature of 106 and a pulse of 147. Got her over to the house and told them they had to get a nurse so I went right down after Miss Palm. Lilly had her crisis Saturday and will get well thank God. Miss Palm surely is some nurse. I certainly hate to see her go back to Fergus (Falls). Wish I could keep her busy. Mrs. Gunderson is fine. Don’t think I’ll have to go there anymore. Have also discharged little Arthur. Had to open his arm in nine places.10

Have been out the past two nights all night – went to bed this morning at 7:30 and slept till 11 o’clock. Mrs. Uhren had her baby this morning. Had to do a high forceps, hell of a time. Baby is all right however for a time I didn’t think I could get life into it.11

In 1914, the current building was constructed, which was to serve as both the Lewis residence and medical office. A brief announcement in the Henning Advocate described the construction:

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5 Letters from Dr. A. J. Lewis to Clara Lewis dated April 11, 1911 and April 18, 1911.
7 “Notice,” Henning Advocate, May 9, 1912, 1.
8 “Henning City Council Meeting Minutes,” April 7, 1914, n. p.
10 Letter from Dr. A. J. Lewis to Clara Lewis dated November 11, 1912.
11 Letter from Dr. A. J. Lewis to Clara Lewis dated November 14, 1912.
Lewis House and Medical Office

Otter Tail, MN

Name of Property

Otter Tail, MN

County and State

“Brick layers have completed the first story of their work on the Lewis hospital.” The bricks for the house were purchased from the McLean Brickyard in Menomonie, Wisconsin, which was owned by Dr. Lewis’ brother-in-law.

A construction photo depicts the house as it neared completion. (Figure 4) The new house was set back from the street and the corner, allowing Dr. Lewis and Clara to live in the existing house until construction was complete. The house was then moved to another location in Henning. Photographs from 1914-1915 portray the completed building. (Figures 5 and 6)

The entrance to the medical office was on the southeast side of the house, rather than through the Douglas Avenue entrance. A sign marked the entry. A photograph from about 1917 depicts the sign along with Caryl and Wendell Lewis, two of the Lewis children. (Figure 7)

In an oral history interview, Dr. A. J. Lewis’ son, Charles Lewis, who also became a physician and practiced with this father, recounted the life of a rural physician in the early twentieth century. He commented that while patients came to the office for treatment, house calls were very common and one house call might consume an entire day. For example, today it takes 15-20 minutes to travel from Henning to Leaf Mountain, but in the early twentieth century it was an all-day trip. Dr. A. J. Lewis would first use a handcart and travel to Clitherall by rail, and then borrow a team of horses in order to reach his destination. With her husband gone all day, Clara Lewis would sometimes treat patients who came to the office with minor conditions, such as lacerations.

The flu pandemic of 1918-1919 was particularly challenging. There was little that could be done to treat a victim, and the mortality rate could be as high as 50%. Because the pandemic occurred largely in the winter, travel was difficult as cars were not designed for winter travel and, as a result, Dr. Lewis hired a driver with a horse and buggy. The nearby Finnish community was particularly hard hit and Dr. Lewis made repeated visits to treat the victims.

Pneumonia was a major cause of death in the 1920s and 1930s, although a serum was available that could treat the disease. Dr. Lewis would send a sputum sample by train to the State Board of Health in Minneapolis. The correct serum would be returned by train. Dr. Lewis would meet the train and proceed to treat the patient. However, the serum was very costly.

Other epidemics included typhoid fever, as water and milk were often contaminated, as well as diphtheria, although an anti-toxin was available. Diphtheria was a particularly problematic because the disease was highly contagious. A patient had to be quarantined until two throat cultures were negative, which might take up to six months. Entire families might be quarantined. It was recounted how one father and several children lived in a brooder house so they could

13 Dr. Charles Lewis Oral History Interview, May 17, 1979, Otter Tail County Historical Society, Fergus Falls, Minnesota.
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avoid infection in their home but would be able to leave the property and conduct their business.14

Dr. Lewis was also under retainer with at least one of the railroads that served Henning. If a passenger or a railroad employee became ill, Dr. Lewis would treat the patient when the train arrived in Henning.15

Children were born in the medical office, and a photo from ca. 1920 shows a nurse holding a baby in front of the building (Figure 8). All five of the children born to Dr. A. J. and Clara Lewis were born in Henning, including Caryl, Wendell, Lloyd, David, and Charles. A birth register for Henning lists Charles, who was born on June 6, 1920 with his father noted as the attending physician. (Figure 9)

In 1924, Dr. Lewis invited Dr. James Vail to join his practice. Vail had started a practice in Henning several years earlier. In 1928, the porch was enclosed to provide more space for the two physicians. (Figure 10)

In 1925, the Wesley Hospital was constructed in Wadena, located 20 miles to the northeast of Henning. Both Dr. Lewis and Dr. Vail were members of the staff of physicians and could refer patients to the hospital and perform surgery. Dr. Lewis served as Vice Chair of the staff of physicians.16

Long-time residents of Henning and the surrounding area recall being treated by Dr. Lewis and Dr. Vail. When Vivian Palm was born in 1928, she was delivered at home by Dr. Lewis. She later worked in the medical office for nearly 20 years. Arlene Volden Seeman related that when she was born on the family farm in 1935, Dr. Vail was on his way to the farm to make a house call, but the car reached an impasse because of the road conditions, so her father picked him up and drove him to the house with a team of horses. Russell Juvrud recounted how Dr. Lewis made a house call after each of his siblings was born at home in order to check on the mother and baby. Dr. Lewis also made house calls when a member of his family had the flu. Juvrud described Dr. Lewis as very generous person and recalled how Dr. Lewis personally drove his cousin to Minneapolis to receive treatment for polio.17

During the Great Depression it was common for patients to pay for their treatment through barter. Bills might be settled with butter, eggs, or cream. One father provided haircuts in exchange for treating his baby. Firewood provided by patients was used to heat the house for several years.18

14 Dr. Charles Lewis Oral History Interview.
17 Vivian Palm, interview with Rolf Anderson on June 2, 2021; Arlene Volden Seeman and Russell Juvrud, interviews with Rolf Anderson on October 18, 2018 and June 2, 2021.
18 Dr. Charles Lewis Oral History Interview.
The Post-World War II Era

In 1946, Charles William Lewis, the son of Dr. A. J. and Clara Lewis, joined his father’s medical practice. Charles Lewis had graduated from medical school at the University of Minnesota in 1944. He had previously joined the Navy, and upon graduation immediately began his service at the naval hospital in San Diego.

Dr. Charles Lewis returned to Henning in 1946 to practice with his father. His return was fortuitous because his father had a cardiac episode in 1947, but he continued to practice medicine for the remainder of his life. Two important events took place the next year. Dr. Jay Kevern joined the medical practice in early 1948. His pending arrival was announced on January 22, 1948 in the *Henning Advocate*. In addition, as the practice was expanding, the office was also enlarged with an addition on the east side of the building. The expansion was described in the *Henning Advocate*:

> The offices of Lewis, Lewis and Kevern are being enlarged with a 28 x 41 brick and tile addition facing Second Street. The single story structure with full basement will be an addition to the present offices. There will be a dental office in the basement as well as an eye refraction room.

The “eye refraction” room was used for conducting eye examinations. The exams were conducted by Dr. Kevern, who had enrolled in a course in ophthalmology at the University of Minnesota. The dentist who had space on the lower level of the addition for a period of time was Dr. Vernon Johnson. Thus, the medical office involved into what might be considered a more modern-day clinic.

The community continued to experience medical crises in the post-war era. The first cases of polio in the area were identified in 1946. There was also a diphtheria epidemic in 1947. Even in the post-war era, both Dr. Charles Lewis and Dr. Kevern delivered babies at home. Although they discouraged the practice, as had Dr. A. J. Lewis, because of the high-risk factor. Babies continued to be born at the medical office in Henning as well.

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19 There were several other physicians who practiced in Henning in the early years. A Dr. Berguist was an early physician. Dr. Syver Vinge practiced from 1902 to 1912. A Dr. Hoffman replaced Dr. Vinge. However, the Lewis medical practice was by far of the longest duration and over the decades was generally the sole practice in Henning.
23 Dr. Charles Lewis Oral History Interview; Vivian Palm, interview with Rolf Anderson on June 2, 2021.
The role of the medical professionals in the community was illustrated by several articles in September and October 1948 that described medical exams that were given to school children in Henning.

Dr. Perreten and Dr. Johnson made a complete dental examination of all first grade children (on) Tuesday, September 28.

In the afternoon of the same day Dr. Charles Lewis and Dr. Kevern made complete physical examinations of all boys in the first grade. The girls will be examined this coming Thursday.

These dental and physical check-ups are given free of charge by our doctors – a donation to be greatly appreciated by the community.24

The importance of this service became apparent when the results of the examinations were announced. Of the 30 first graders, three were considered “perfect,” twenty-six needed dental care, ten had enlarged tonsils, eight had eye and ear trouble, eighteen needed smallpox vaccinations, and eight were in need of further exams.25

Patients requiring hospitalization continued to be referred to the hospital in Wadena, located twenty miles to the east of Henning. Dr. A. J. Lewis, Dr. Charles Lewis, and Dr. Kevern all performed surgeries at the Wadena hospital, although straightforward procedures were performed in Henning.

The medical office continued to provide services to the community. In October 1958, the office worked with the Public Health Nursing Service to conduct immunization clinics for school children.26 In April 1959, Dr. Charles Lewis and Dr. Jay Kevern performed physical examinations for 52 pre-school children. Fifty children were inoculated for diphtheria-tetanus and 42 were vaccinated for smallpox.27

Dr. A. J. Lewis continued to practice medicine until his death in 1962 at age 79. He had also been an important leader in the community, serving on the city council, the school board, and on the board of directors of the local bank. In both World Wars he served as a member of the Selective Service Board and he was medical examiner on the board during World War I. In 1946, he was presented with the Community Service Award for 35 years of service to the community.28 Clara Lewis passed away in 1984. (Figure 11)

The office continued to perform services for the local school district. School board records from 1967 indicate that Dr. Charles Lewis and Dr. Kevern were providing various “health services” to

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27 “52 Pre-School Children Examined Here,” *Henning Advocate*, April 23, 1959, 1.
28 “Dr. A. J. Lewis Presented 1946 Community Service Award,” *Henning Advocate*, February 14, 1946, 1.
Both Dr. Charles Lewis and Dr. Kevern attended meetings of professional medical organizations including the Park Region Medical Society and the American Medical Association. Dr. Charles Lewis also served on the board of directors of the Minnesota Academy of General Practice. Both men were participating in continuing education. For example, in May 1967, Dr. Charles Lewis attended a “continuation course” in surgery at the University of Minnesota. In January 1968, Dr. Kevern attended a seminar held by the Heart Association in Minneapolis. Treating heart conditions was one of his areas of expertise.

Dr. Charles Lewis was known for his plastic surgeries, and for saving limbs and creating facial reconstructions after accidents. He was also known for his diagnostic abilities in identifying conditions such as carbon monoxide poisoning and venison-induced trichinosis. Ingenuity was still required in the modern era to conduct house calls during Minnesota’s winters. Dr. Lewis purchased two snowmobiles in the late 1960s and would travel by snowmobile or transport a snowmobile on a trailer in case he reached an impasse. He would also bring along his Navy flight suit and survival gear.

Dr. Charles Lewis retired in 1980 after suffering a stroke. In 1981, Dr. Robert Volkmann joined the practice and Dr. Kevern retired. Dr. Volkmann remained until November 1983 when Dr. Jon Wigert joined the practice. He purchased the house and medical office from the Lewis family the following year. Dr. Wigert and his family then moved into the residence.

Dr. Wigert portrayed the medical practice of Dr. A. J. Lewis, Dr. Charles Lewis, and Dr. Kevern as quite sophisticated. He described the practice as “A Little Mayo Clinic.” He stated, the medical equipment was very much up to date, some of which remains in the basement-level museum in building. Dr. Wigert said that Dr. A. J. Lewis’ medical library was a remarkable collection of books, the finest available at the time. The medical practice not only served the town of Henning, but also the surrounding rural population of about 10,000.

Dr. Wigert also described the self-sufficiency that was required by a rural medical practice. The physicians at the Lewis medical office conducted tests such as electro-cardiograms, did their own lab work, and developed x-rays.
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In 1990, with the assistance of the now Tri-County Hospital in Wadena, a new medical clinic was built in Henning, just one block from the Lewis property. Dr. Wigert moved his practice to the new building. He was the last practicing physician to reside in Henning, retiring in 2011. Today the clinic is staffed by physicians who are employed by the Tri-County Hospital, although they reside elsewhere.

Landmark Center

In about 2004, the Espeland family of Henning approached the City of Henning with an offer to provide funds to purchase the Lewis property from Dr. Wigert, renovate the building, and convert it into a non-profit cultural center for the community. The facility officially opened in the summer of 2009 and is now known as Landmark Center.35 (Figure 14) Today, the 1914 house is used for meetings, retreats, and other activities. The bedrooms on the second floor provide overnight accommodations. The main level of the 1948 building provides office and meeting space, as well as space for exhibits. A museum is located on the lower level, which features exhibits on the Lewis medical office and the history of Henning and the surrounding area.

Rural Medicine in Minnesota

The Lewis medical practice illustrates the challenges faced by a rural physician, and also reflects the challenges faced by fellow practitioners in rural Minnesota. In a publication titled, Medical History: Otter Tail County Minnesota – 1870-1940, Dr. W. W. Drought describes the life of a physician in the late nineteenth century:

The trials of the pioneer physicians of the county were probably greater than fell to the lot of any other class of men. With the scattered population and few roads (and these mere trails) at first the physician of sixty years ago necessarily had to command courage and resource.36

Dr. Drought goes on to explain the complexities of making a house call, which was very common compared to an office visit.

The doctors in those early days made their calls by horse and buggy, each doctor owning from two to five or six horses. The country calls ranged in distance from around town to sometimes a distance of forty miles, a distance which required two days’ travel, one day down and one day returning. On many of these long country trips in the wintertime, it required very warm clothing, a doctor wearing always one fur coat and sometimes two.37

35 Former mayor David Holmgren, interview with Rolf Anderson on October 18, 2018.
36 Dr. W. W. Drought, Medical History: Otter Tail County Minnesota – 1870-1940 (Fergus Falls: Otter Tail County Medical Society, 1940), 1.
37 Drought, 2.
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The need for house calls requiring long-distance travel was aggravated by the fact that many towns did not have a resident physician in the early days, including the Otter Tail County towns of Rothsay, Underwood, Wendell, and Ashby. Additionally, there were no hospitals in the early days. Fergus Falls, the county seat of Otter Tail County, did not have a hospital until 1903 when St. Luke’s Hospital opened. The potential dangers in making a house call were explained by Dr. Drought when he described how Dr. A. B. Cole of Fergus Falls was called upon to make a house call some twenty miles away. He started off with a team and sled in the face of a blinding blizzard, but eventually became disoriented. He and his team of horses spent the night alongside a haystack. The next day Dr. Cole managed to find a farmhouse and survived the ordeal.38

Communities without a physician naturally tried to recruit one. Dr. A. J. Lewis described several communities that were seeking a physician while he was in the process of deciding where he should open his practice. He noted how the town of Triumph attempted to attract a physician by offering to raise $5,000.00 to construct a small hospital. But even once a practice was established, a physician had to be assured that an adequate income could be provided. While living in Deer Creek, Dr. Lewis was concerned whether there would be sufficient business. At one point he noted how he had performed $35.00 worth of work but had only collected $3.00 thus far.39

While it is known that rural physicians would assist each other, or work together on a particular case or surgery, at times no other physicians were available. Dr. Lewis described the difficulty in managing a large case load during those periods of time when he was the only physician in Henning. The life of a rural physician was also complicated by epidemics such as influenza, diphtheria, and typhoid, when larger numbers of people suddenly required treatment. But as medicine evolved, diseases that were once major problems subsided. For example, in 1910, tuberculosis, pneumonia, typhoid, and diphtheria were major causes of death in Minnesota, and these diseases could be very challenging for the physician to treat. But by 1948, the number of deaths caused by these diseases had been dramatically reduced. However, other medical conditions also emerged, such as polio.40

Several National Register properties in Minnesota also provide information about the practice of medicine in small towns or rural areas. The William W. Mayo House (National Register of Historic Places (NRHP), 1969) in Le Sueur was the home and medical office built in 1859 by physician William W. Mayo, who, with his sons William J. and Charles H. Mayo, later established Rochester’s Mayo Clinic.

The Hawkins Clinic, Hospital, and House (NRHP, 1979) is located in Montrose. Dr. E. P. Hawkins began a medical practice in 1897. For the first several years he practiced out of the two front rooms of his residence. In 1904, he constructed a 10-bed hospital next door. In 1913, he acquired a house to the north of the hospital and used the first floor for his

38 Drought, 5-6, 8.
39 Letters from Dr. A. J. Lewis to Clara Lewis dated April 7, 1911 and April 21, 1911.
office. The rooms on the second floor were used as classrooms for nurses training. The Montrose Training School for Nurses was incorporated in 1914.  

The Kilbride Clinic (NRHP, 1977) was established in Worthington in 1927 by Dr. Edwin A. Kilbride. The two-story building included a reception area, office, waiting room, examination room, x-ray room, obstetrics room, surgery, and wards for patients.  

The Dr. George R. Christie House (NRHP, 2006) was built in Long Prairie in 1901. It was the home and office of Todd County’s first registered physician. Christie also was involved in the effort to construct a hospital in Long Prairie. He continued practicing medicine until his death in 1947.  

Yet, a 1993 study by seven physicians from Dayton, Ohio, provides considerable insight into rural medical practices. The study compared a rural medical practice in Wabasso, Minnesota, from the 1930s with a modern family physician practicing in a comparable rural community in southwestern Ohio. The authors noted:

Modern family physicians often speculate on how earlier physicians managed medical problems. . . . Many are also curious about what their predecessors’ daily practice routines were like. Although a search of the literature revealed many descriptive narratives of past family physicians’ lives, we found no reviews of old medical records that would have provided insight into what happened in the average day of the physician’s practice earlier in the century.

Fortunately, the authors obtained the billing records from the practice of Dr. Frank W. Brey, a physician who practiced in Wabasso from 1910 to 1940. The records had been preserved by his family. The authors examined detailed records dated from June 6, 1934 to September 25, 1935. The records included the diagnosis, the fee that was charged, and whether the encounter was a house call or country call; that is, a call to the patient’s home within Wabasso or a country call outside the town limits. These records were compared with records from the rural Ohio practice dated between April 1989 and June 1989.

Not surprisingly, the study concluded there are great differences between the diagnostic profiles of the first third of the 20th century and those of the modern family physician. Many of the common diagnoses seen by the physician from the 1930s required a procedure to be performed. Some of the conditions treated by the contemporary family

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41 John J. Hackett, “Dr. E. P. Hawkins Clinic, Hospital, and House,” Minnesota Historic Properties Inventory Form, Minnesota State Historic Preservation Office, St. Paul, Minnesota, April 1978, 1.
43 Hoisington, 8.1-8.7.
45 Haddy, 65, 68.
physician did not even exist for the early 20th century physician, although some differences can be explained by the introduction of antibiotics in the late 1930s and early 1940s, and routine immunizations have also eliminated some diagnoses. In the early 20th century, people did not go to the doctor for benign illnesses, and certain diagnoses that are common today, such as hypertension and depressive or anxiety disorders, are conspicuously absent from Dr. Brey’s data. It is also notable that over 40% of Dr. Brey’s encounters with patients were house calls, whereas no house calls were made by the modern physician. 46

The authors of the study noted that with the advent of family medicine as a specialty, it is surprising how little data exists about the history of its practitioners. Thus, the detailed history that is known about the medical practice of the Lewis office provides important information about the history of rural medicine in Minnesota.

The Prairie Style

Considered one of the few indigenous American styles, the Prairie style originated in Chicago, with architect Frank Lloyd Wright its best-known proponent. Landmark examples are concentrated in that city’s suburbs, particularly Oak Park and River Forest, and in other large Midwestern cities. Vernacular versions of the style were spread widely by pattern books and popular magazines. The majority of the Prairie style houses were built between 1905 and 1915. The style quickly faded from popularity after World War I. The Prairie style overlaps with the Craftsman style, and the two styles share a number of characteristics. 47

According to A Field Guide to American Houses, the major identifying features of the style include a low-pitched roof, usually hipped, with wide overhanging eaves that are typically boxed; two stories, with one-story wings; porches, and porte-cocheres; eaves, cornices, windows, and façade detailing emphasizing horizontal lines. Porches often feature massive square supports and contrasting caps on the railings. Geometric ornamentation is also typical. The most common vernacular version is sometimes called the Prairie Box or American Foursquare. In vernacular examples, hipped dormers are common, as are full-width, single-story front porches, and double-hung sash windows that may feature a single window in the lower sash and divided lights in the upper sash. 48

The Lewis House and Medical Office represents a vernacular version of the Prairie style, and also incorporates a number of Craftsman style characteristics. Features that reflect the Prairie style include the building’s overall foursquare-type massing, hip roof with broad eaves, and wall dormers. Other features include the horizontal brick banding; the porch with its square columns and rose-colored cast stone capitals, sills, and pendants; tinted mortar; and the window configuration in the double-hung sash. Interior features include the tapered columns supporting

46 Haddy, 65, 68, 69.
48 McAlester, 551-552.
the archway between the living and dining room, a feature most commonly found in Craftsman style houses, but also found in the Prairie style. Similarly, the tapered hood of the fireplace is also a feature of the Craftsman style.

Conclusion

The Lewis medical office provided a vital service to residents of Henning and the surrounding farms and nearby communities for over 75 years. For the vast majority of that time, it remained the only medical office in Henning. Residents recall the continuity of care that several generations of their families received from the physicians who practiced in the Lewis office. The property also offers considerable insight into rural medical practices in Minnesota and their evolution during the twentieth century.
9. Major Bibliographical References

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

Drought, Dr. W. W. *Medical History: Otter Tail County Minnesota – 1870-1940*. Fergus Falls: Otter Tail County Medical Society, 1940.


**Archives**

Landmark Center Museum. Henning, Minnesota.

Otter Tail County Historical Society. Fergus Falls, Minnesota.

Wadena County Historical Society. Wadena, Minnesota.

**Newspapers**

*Henning Advocate*

**Interviews**


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Wigert, Dr. John. Interview with Rolf Anderson. Henning, October 18, 2018 and June 3, 2021.

Oral History


Previous documentation on file (NPS):

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

Primary location of additional data:

____ State Historic Preservation Office
____ Other State agency
____ Federal agency
____ Local government
____ University
__ Other

Name of repository: Henning Landmark Center

Historic Resources Survey Number (if assigned): OT-HNC-008
10. Geographical Data

Acreage of Property  .3 acre

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates
Datum if other than WGS84:__________
(enter coordinates to 6 decimal places)
1. Latitude:     Longitude:
2. Latitude:     Longitude:
3. Latitude:     Longitude:
4. Latitude:     Longitude:

Or
UTM References
Datum (indicated on USGS map):

X NAD 1927   or    NAD 1983

1. Zone: 15     Easting: 311760     Northing: 5132500
2. Zone:     Easting:     Northing:
3. Zone:     Easting:     Northing:
4. Zone:     Easting:     Northing:

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

The boundary of the nominated property is delineated by the white line on the accompanying map (Figure 15) titled, “Boundary Map for the Lewis House and Medical Office.” The nominated property consists of the legal parcel associated with the property, which consists of Lots 10 and 11, Block 5, Original Plat, excluding an area of land at the west side of the property that contains a 1920s-era gas station.
**Boundary Justification** (Explain why the boundaries were selected.)

The property includes the land and buildings historically associated with the historic context under consideration.

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**11. Form Prepared By**

name/title: _Rolf T. Anderson_  
organization:  
street & number: _212 West 36th Street_  
city or town: _Minneapolis_  
state: _MN_  
zip code: _55408_  
e-mail: _roanders6@aol.com_  
television: _1-612-824-7807_  
date: _August 7, 2021_

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**Additional Documentation**

Submit the following items with the completed form:

- **Maps:** A USGS map or equivalent (7.5 or 15 minute series) indicating the property's location.

- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)
Lewis House and Medical Office  Otter Tail, MN
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**Photographs**
Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn’t need to be labeled on every photograph.

**Photo Log**

Name of Property: Lewis House and Medical Office  
City or Vicinity: Henning  
County: Otter Tail  
State: Minnesota  
Photographer: Rolf Anderson  
Date Photographed: June 2-3, 2021 except as noted

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

1 of 18. Lewis House and Medical Office, 1948 addition, and grounds, facing north

2 of 18. Lewis House and Medical Office, southwest elevation, facing northeast

3 of 18. Lewis House and Medical Office, porch column with cast stone sill and pendants, facing northeast (October 18, 2018)

4 of 18. Lewis House and Medical Office, southwest and southeast elevations, facing north

5 of 18. Lewis House and Medical Office, southeast elevation, facing northwest

6 of 18. Lewis House and Medical Office, northwest elevation, facing east

7 of 18. Lewis House and Medical Office, northeast elevation, facing west

8 of 18. 1948 Addition, southwest and southeast elevations, facing north

9 of 18. 1948 Addition, southeast and northeast elevations, facing west

10 of 18. Lewis House and Medical Office, vestibule, facing southwest (October 18, 2018)

11 of 18. Lewis House and Medical Office, view from the dining room toward the living room, with archway, columns, cabinets, and fireplace, facing southwest (October 18, 2018)
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12 of 18. Lewis House and Medical Office, view from the living room toward the dining room with archway, columns, and back side of cabinets, facing northeast (October 18, 2018)

13 of 18. Lewis House and Medical Office, second floor hallway with doors to bedrooms and bathroom, and newel post and balusters at left, facing southwest

14 of 18. Lewis House and Medical Office, first floor hallway with view of stairway and view into former medical office after the original single door was replaced with an archway, facing northeast

15 of 18. Lewis House and Medical Office, enclosed porch after partitions were removed from the former surgery, facing southwest (October 18, 2018)

16 of 18. 1948 Addition, main level with view from former waiting room toward examination rooms and offices after partitions were removed at the right, facing northwest (October 18, 2018)

17 of 18. 1948 Addition, basement level museum with medical equipment from the Lewis House and Medical Office on display, facing north (October 18, 2018)

18 of 18. Garage, facing north (October 18, 2018)
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Figure 1. Aerial view of Henning, MN with an arrow marking the location of the Lewis House and Medical Office. 2021 Google Map
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Figure 2. Aerial view of Henning, MN with an arrow locating the Lewis House and Medical Office. 2021 Google Map
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Figure 3. Dr. A. J. Lewis, ca. 1909. Photo courtesy Laura Lewis
Figure 4. Lewis House and Medical Office under construction, 1914. Photo courtesy Laura Lewis
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Figure 5. Lewis House and Medical Office, 1914. Lewis family photo courtesy Landmark Center
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Figure 6. Lewis House and Medical Office, 1915. Photo courtesy Laura Lewis
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Figure 7. Caryl and Wendell Lewis next to the entrance sign for the medical office, ca. 1917. Lewis family photo courtesy Landmark Center
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Figure 8. Nurse with baby, ca. 1920. Lewis family photo courtesy Landmark Center
Figure 9. Birth register for Henning listing the birth of Charles William Lewis on June 6, 1920 with his father, Dr. A. J. Lewis, identified as the attending physician. Courtesy Landmark Center
Figure 10. Lewis House and Medical Office, 1934, following the enclosure of the porch in 1928. Photo courtesy Laura Lewis
Figure 11. Dr. A. J. and Clara Lewis, 1941. Lewis family photos courtesy Landmark Center
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Figure 12. Dr. Charles Lewis and Dr. Jay Kevern, ca. 1965, standing in the hallway connecting the 1948 addition to the 1914 building. Photo courtesy Todd Lewis
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Figure 13. First floor plan of the 1914 house and medical office and the 1948 addition with Douglas Avenue at the left. Plan courtesy Dr. Jon Wigert
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Figure 14. Landmark Center, 2017. Photo Dan Broten
Figure 15. Boundary Map for the Lewis House and Medical Office. The white line depicts the boundary for the nominated property. It is defined by the property’s legal description (Lots 10 and 11, Block 5, Original Plat, measuring 150 feet by 100 feet) depicted by the underlying black line, excluding an area of land at the west side of the legal parcel, which includes a 1920s-era gas station that is not associated with the historic context under consideration. Scale: one-foot equals approximately 43 feet. Otter Tail County Property Map
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Figure 16. USGS map, Henning Quadrangle, with Lewis Property noted with blue arrow