

**United States Department of the Interior**

**National Park Service**

**National Register of Historic Places Registration Form**

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

**1. Name of Property**

Historic name: Connecticut Valley Hospital Cemetery

Other names/site number: \_\_\_\_\_

Name of related multiple property listing:

Connecticut General Hospital for the Insane

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

**2. Location**

Street & number: south of the intersection of Silvermine Road and O'Brien Drive

City or town: Middletown State: CT County: Middlesex

Not For Publication:  Vicinity: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 level(s) of significance:

\_\_\_ national \_\_\_ statewide \_\_\_ local

Applicable National Register Criteria:

\_\_\_A \_\_\_B \_\_\_C \_\_\_D

<p>_____  <b>Signature of certifying official/Title:</b></p>	<p>_____  <b>Date</b></p>
<p>_____  <b>State or Federal agency/bureau or Tribal Government</b></p>	

<p>In my opinion, the property ___ meets ___ does not meet the National Register criteria.</p>	
<p>_____  <b>Signature of commenting official:</b></p>	<p>_____  <b>Date</b></p>
<p>_____  <b>Title :</b> <span style="float: right;"><b>State or Federal agency/bureau or Tribal Government</b></span></p>	

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**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:) \_\_\_\_\_

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Signature of the Keeper

Date of Action

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**5. Classification**

**Ownership of Property**

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

**Category of Property**

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

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**Number of Resources within Property**

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>                    </u>	<u>                    </u>	buildings
<u>          1          </u>	<u>                    </u>	sites
<u>                    </u>	<u>                    </u>	structures
<u>          1          </u>	<u>          1          </u>	objects
<u>          2          </u>	<u>          1          </u>	Total

Number of contributing resources previously listed in the National Register   0  

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**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

Funerary: cemetery  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Functions**

(Enter categories from instructions.)

Funerary: cemetery  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: \_\_\_\_\_ N/A \_\_\_\_\_

### 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.)

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### Summary Paragraph

The Connecticut Valley Hospital Cemetery (Hospital Cemetery) is located within the Connecticut Valley Hospital campus, formerly known as the Connecticut General Hospital for the Insane, in Middletown, Connecticut. The Hospital Cemetery is situated east of the main hospital campus, approximately one half-mile down a hill along O'Brien Drive and abutting Silvermine Road. It has a rural setting. The Hospital Cemetery is laid out in two sections, both featuring linear rows and identically shaped cast-concrete markers with simple numeric labels. The earlier section dates to 1878, while the latter section dates to 1894. In its entirety, the Hospital Cemetery comprises 2.78 acres and includes 1,681 numbered graves. Burials date from 1878 to 1957 and represent the final resting place of patients who died while being treated at the Connecticut Valley Hospital.

The Connecticut Valley Hospital was listed in the National Register of Historic Places in 1985 under Criterion A for its association with the broad patterns of institutional care; Criterion B for its association with Clifford Beers, the founder of the mental hygiene movement; and Criterion

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C for its association with Samuel Sloan, a nationally recognized architect who specialized in hospital design (Ohno 1983). The Hospital Cemetery, which was excluded from the previous documentation, is located approximately .60 miles from the Connecticut Valley Hospital Historic District and is visually and physically isolated from the main medical campus.

While the Hospital Cemetery complements the Connecticut Valley Hospital Historic District, the resource is individually eligible at the state level for its association with significant historical events under the themes of Health/Medicine and Social History (Criterion A), and at the local level under Criterion C for its association with evolving practices in cemetery design. The 1,681 numbered, but otherwise anonymous, tombstones contribute to the Hospital Cemetery's significance, along with the markers' ordered arrangement, and the cemetery's austere landscaping. Those elements reflect noteworthy aspects of social history and are characteristic of government-managed, single-grave cemeteries of the late nineteenth century.

The Hospital Cemetery meets the requirements for individual inclusion in the National Register of Historic Places under Criteria Consideration D for its significance derived from direct and particular historical association with the development and evolution of the Connecticut Valley Hospital, and practices of mental health treatment. Contributing resources include the Hospital Cemetery's original 198 gravestones (numbered 1-198) which are counted as one object, and the landscaping, including the overall cemetery design, the location and siting of plant materials, and the placement and arrangement of the markers, which is counted as one site. Although they match the original makers in terms of design, materials, and scale, markers numbered 199-1681 were replaced over the last 15-20 years, and therefore are counted as one non-contributing object.

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**Narrative Description**

The Connecticut General Hospital for the Insane, now known as the Connecticut Valley Hospital, was listed in the National Register of Historic Places as a historic district in 1985. At the time of the nomination, the Hospital Cemetery was excluded from the National Register district boundaries. While earlier documentation examined the development and evolution of the cohesive medical campus, this nomination reviews the Hospital Cemetery's significant association with the Connecticut Valley Hospital and its practices in treating people with mental illness, as well as its association with prevailing trends in cemetery design.

The Hospital Cemetery, which has a rural setting, is physically and visually isolated from the Connecticut Valley Hospital Historic District. Rolling terrain characterizes the overall landscape. The earlier, western half of the Hospital Cemetery is defined by stands of trees flanking to the east and west edges and open fields to the south (Photograph 1 and Photograph 2). The eastern portion of the Hospital Cemetery is enclosed on the north, east, and south by woodland and an open field on the west (Photograph 3). These features all impart a pastoral and remote feeling of location. The Hospital Cemetery is approximately .35 miles from the banks of the

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Connecticut River to the north. Views of the river are obscured by terrain and existing vegetation. Late twentieth-century large-scale construction to the northwest visually separates the Hospital Cemetery from the Historic District, while the rolling topography and woodland obstruct a direct view of the medical campus. Limited single-family residential development dating from the mid-to-late twentieth century is located south of the Hospital Cemetery along Bow Lane. In broader perspective, the Hospital Cemetery is located among rolling hills within the bucolic landscape of the Connecticut River Valley.

Silvermine Road, traveling in a north/south direction, bisects the Hospital Cemetery and separates the original 1878 western portion from its later post-1894 eastern section. Both sections are similar in appearance and organization. Orderly rows of cast-concrete markers in open lawns are bordered by space-defining rows of evergreen trees. Sugar maples generally run along the east side of Silvermine Road. The markers are uniform in height and shape, evoking a military burial ground. The regularity of marker design and placement clearly defines the cemetery's extent. Open lawn characterizes the cemetery's burial space. Circulation through the Hospital Cemetery is limited to the gravel Silvermine Road. Formal paths or walkways and other boundary demarcations are absent. Burials in both sections of the Hospital Cemetery are aligned in parallel rows, with the older western section exhibiting a strong east-west alignment, and the eastern section a strong north-south orientation. Typically, graves are equidistant from one another. All of the burials over a seventy-nine-year period of interment followed an original concept, with consistent layout and uniform headstones. Adult patients who died while confined to the Connecticut Valley Hospital are interred in the Hospital Cemetery, along with infants and children. A grouping of three infants' graves is located in the eastern portion of the Hospital Cemetery, at the tree line's intersection near Silvermine Road (Photograph 4).

**Original Hospital Cemetery (ca. 1878)**

The "Plan of the Insane Hospital Cemetery, Middletown Conn." dated November, 1882, by "E. P. Augur, Engineer and Surveyor, Middletown, Conn," illustrates the original Hospital Cemetery plan. Although burials began in 1878, the plan was drawn and formalized in 1882. It depicts rows of plots within a triangular area defined by evergreens (Figure 1). Today, the Hospital Cemetery conveys this original design. Many cedar trees remain on the east and west sides of the Hospital Cemetery at its northern end as depicted on the plan. Although the headstones no longer are fully enclosed by evergreens, the remaining rows of trees clearly impart a feeling of the original boundary plantings.

The original planned cemetery comprises 0.43 acres of rows with identical concrete tablets, and is located on the west side of Silvermine Road. Sequential rows are interspaced to give a staggered linear effect (Photograph 5 and Photograph 6). The markers are uniform in design, size, and shape. Tablets have a single arched silhouette and are carved with a burial number. This section of the Hospital Cemetery retains its original concrete markers; however, some markers have

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deteriorated, while others have broken (Photograph 7 and Photograph 8).<sup>1</sup> Only two markers (those depicted in Photograph 7 and Photograph 8) differ from the rest of the markers in the cemetery. A total of 198 markers (numbered 1-198) are in this section of the Cemetery.

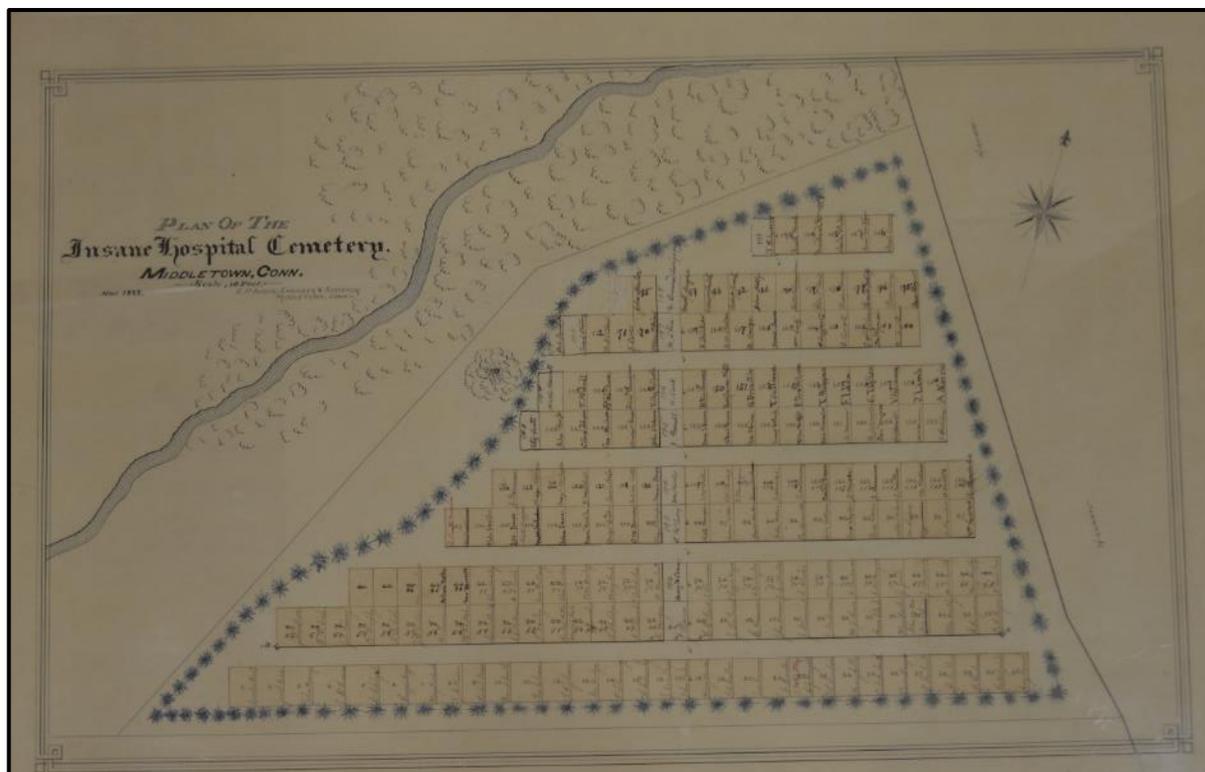


Figure 1. Plan of the Insane Asylum Cemetery, 1882 (E.P. Auger, Engineer) (Courtesy of Connecticut Valley Hospital).

### **Cemetery Addition (ca.1894)**

The second and larger section of the Cemetery is 2.35 acres and consists of a rectangular area on the east side of Silvermine Road. The land used for expansion was already in Connecticut Valley Hospital ownership; it was unnecessary for officials to acquire additional land for Hospital Cemetery expansion (McCarthy, personal communication, 7 December 2017). The land slopes

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<sup>1</sup> Some of the markers in the original section of the cemetery have a brownish tint, suggesting that they are made of sandstone. Rather, the local sand used in the cement mix created the brown coloration (Harris, personal communication 25 October 2017). According to Connecticut Valley Hospital personnel, markers in the early section of the cemetery have always been concrete (McCarthy, personal communication, 7 December 2017). It is possible the concrete markers in the Hospital Cemetery's earlier section are early replacements of markers that no longer are extant. Archival research, including a review of hospital annual reports, has not yielded additional information about the materials used for the markers.

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down and away from the road. This section contains 1,483 markers in regular, consistent, evenly spaced rows, reflecting the original plan. Burials in this section date from 1894 to 1957. A wider lawn 'aisle' is present between stones here (Photograph 9 and Photograph 10). The northern half of this section contains markers numbered 199 to 902, while later marker numbers 903 to 1681 were placed to the south. The tablets in the southern portion are somewhat more evenly spaced and closer together than those in the northern section. However, the overall regularity of rows remains a character-defining feature of the Hospital Cemetery (Photograph 11).

Rows of evergreen trees line the north and east edges of the Hospital Cemetery. Two large maple trees mark the approximate mid-point line, one at each end of what might have been a separate field at one time. The maple at the far eastern edge is noteworthy due to its 18'-6" circumference, and its wide spreading branches (Photograph 12). The graves of eight infants also are located in this section of the Hospital Cemetery.

In 2001, four engraved granite tablets and a stone bench were placed adjacent to Silvermine Road towards the center of the Hospital Cemetery, near a large double-trunked maple tree. These monuments commemorate all of the Hospital Cemetery's burials and provides a naming index to the numbered markers. It has become a place of contemplation and prayer, where mementos are left as offerings. The monument serves an important function in recognizing the deceased patients reflected in the assemblage of numbered and unnamed markers.

The Connecticut Valley Hospital has undertaken a multi-year program to replace the markers in this western section of the Hospital Cemetery. Markers 199-1681 have been replaced over the past 15-20 years, with 100 markers replaced per year (McCarthy, personal communication, 7 December 2017). The use of concrete - the original material - for the new tablets conveys material continuity, and the original shape and numerical markings also have been duplicated.

### **Integrity**

The Connecticut Valley Hospital Cemetery retains its integrity of setting, location, association, design, workmanship, and feeling. The tablets are in overall excellent physical condition, although some of the original markers exhibit signs of spalling, metal anchor expansion, or concrete failure. Because the replacement markers were completed using the same materials and design, and have been installed in the same location as the originals, they reflect the Hospital Cemetery's historical character. Alterations and modifications affecting the Hospital Cemetery's overall design have not occurred. The Hospital Cemetery remains isolated from the Connecticut Valley Hospital complex, creating a feeling of separation and quiet reflection that is much different than the denser, more ornate campus. The bucolic setting is intact. Intrusions and new construction are absent. Because the Hospital Cemetery only has undergone limited modification including the replacement of select markers, the installation of the four granite tablets, and a loss of some of the evergreen trees, it still successfully conveys principles of single-grave cemetery design that attained popularity during the late nineteenth through the mid-twentieth centuries.

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## 8. Statement of Significance

### Applicable National Register Criteria

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

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

### Criteria Considerations

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

- 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  
SOCIAL HISTORY  
LANDSCAPE ARCHITECTURE

**Period of Significance**

1878-1957

**Significant Dates**

1878 – original cemetery  
1894 – cemetery expansion

**Significant Person**

(Complete only if Criterion B is marked above.)

N/A

**Cultural Affiliation**

N/A

**Architect/Builder**

Augur, E.P. (1878 section)

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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 Connecticut Valley Hospital was listed in the National Register for its association with and as a reflection of historical national attitudes toward mental illness and its treatment during the late nineteenth and early twentieth centuries. Likewise, the Hospital Cemetery is significant as a reflection of historical attitudes regarding how patients of state medical facilities should be buried. Moreover, the Hospital Cemetery provides important historical insight into the character of mental illness and institutional care during the period of significance, 1878 to 1957, which represents the span during which patients actively were interred in the Hospital Cemetery. Specifically, research into those persons interred at the site reveals that patients of the Connecticut Valley Hospital frequently belonged to marginalized groups, had disadvantaged economic backgrounds, or both prior to their admission. While these facts are important for understanding the history of the Connecticut Valley Hospital, it also has bearing on the historical function of the Hospital Cemetery, and the characteristics of its design.

Connecticut Valley Hospital, as the primary facility for the treatment of economically disadvantaged patients with mental illness, is the only institution of its kind in Connecticut known to have an associated cemetery. The Connecticut Valley Hospital Cemetery is significant at the state level under Criterion A, for its association with the themes of Social History and Health/Medicine. It is also significant at the local level under Criterion C in the category of Landscape Architecture as a unique and characteristic example of late nineteenth-century, single-grave cemetery design. The Hospital Cemetery meets the requirements for individual inclusion in the National Register of Historic Places under Criteria Consideration D for its significance derived from its historical association with the development and evolution of the Connecticut Valley Hospital. It is intricately tied to the history of the Connecticut Valley Hospital and changing practices regarding the treatment of those with mental illness. In death, as in life, patients were isolated from the larger community. The Hospital Cemetery's period of significance extends from 1878, the date of the first burial, to 1957, when burials ceased.

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

Connecticut Valley Hospital Cemetery is associated with the evolution and development of the Connecticut Valley Hospital and changing practices regarding the treatment of patients with mental illness. The Connecticut Valley Hospital, originally known as the Connecticut General Hospital for the Insane, was listed in the National Register of Historic Places as a historic district in 1985. At that time, the period of significance for the campus district spanned from 1868 to the late 1920s, and the Hospital Cemetery was excluded from the nomination. The beginning of that period was marked by the foundation of the Hospital and by initiation of construction of the campus. Since its opening in 1868 to the current day, the Connecticut Valley Hospital has been

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charged with caring for some of the state's most vulnerable residents. Innovative treatment strategies characterized the facility's early years. Today, treatment focuses on meaningful wellness and recovery (Department of Mental Health & Addiction Services 2014).

Although other mental health institutions existed in the state, Connecticut Valley Hospital was the primary institution for individuals of lesser economic means. It also is the only institution of its kind in Connecticut known to have an associated cemetery. While other mental-health institutions that catered to the wealthy likely saw their patients buried in public or private cemeteries by family members, Connecticut Valley Hospital necessarily undertook the burial of destitute and unclaimed patients at its own cost. Moreover, the facility saw high death rates, which likely impacted the need for burial space. As a result, the treatment center looked to a prevalent burial model of the time, the single-grave cemetery, which afforded its "friendless patients" an appropriate burial within an efficient and cost-effective framework. The Hospital Cemetery's design, including its markers and landscaping, reflect the austerity of other single-grave cemeteries of the period, including veterans' cemeteries, prison cemeteries, and burial spaces associated with almshouses and poorhouses.

The first burial recorded at the Hospital Cemetery occurred in 1878, ten years after the Connecticut Valley Hospital admitted its first patient and two years after a documented grounds expansion. Burials continued for seventy-nine years until 1957. In 1894-5, the Hospital Cemetery was extended across Silvermine Road. The Hospital Cemetery's period of significance reflects its entire burial history from 1878 to 1957. During that time, 1,681 individuals were buried within the Hospital Cemetery grounds, and identical concrete markers were set for each of the deceased. Distinct and sequential numbers — the only unique identifiers — were cast into each marker in the order of burial.

The Hospital Cemetery shares commonalities with those associated with prisons, almshouses, and children's homes that may be present in Connecticut. However, the Connecticut Valley Hospital Cemetery appears to be the only cemetery associated with a state-run hospital in Connecticut devoted to the treatment of mental illness.

### **Criterion A: Social History and Health/Medicine**

#### The Emergence of New State Hospitals and the Need for Institutional Burial Space

The establishment of the Hospital Cemetery coincided with changing strategies for mental health treatment. It is significant under Criterion A as a tangible expression of feelings about mental illness, and treatment of the poor, as well as its association with the medical treatment of mentally ill patients during the period of significance. During the late nineteenth century, there was a rapid increase in the number of institutions specifically dedicated to mental health constructed across the nation. However, the increase in the number of those facilities corresponded to increases in both poverty and immigration. Historians like Lawrence B. Goodheart in his article

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“From Cure to Custodianship of the Insane Poor in Nineteenth-Century Connecticut” have argued that those phenomena are directly correlated (Goodheart 2009:106-130). Indeed, a significant number of patients in new mental health institutions across the country were economically disadvantaged and were immigrants. This represented a change in approach from earlier mental health facility models, which tended to be smaller-scale retreats or directed educational facilities that catered to the wealthy. New larger facilities were intended to house patients of lesser means, many of whom were not necessarily ill or disabled.

The Connecticut Valley Hospital, one of many such facilities constructed nationwide, represented the state’s first effort to provide treatment for poor residents suffering from mental illness. While the wealthy were treated at the Hartford Retreat for the Insane or other smaller institutions, the state’s economically marginalized patients were housed at the facility in Middletown. Indeed, the Hartford Retreat admitted very few indigent patients (Yanni 2007:107). Although the Retreat admitted poor and indigent patients from the 1820s through the 1860s, state officials removed the Retreat’s indigent patients and transferred them to Middletown, after the Connecticut Valley Hospital was established in 1868, thus segregating the rich from the poor (Goodheart 2010:112). Thereafter, the Retreat no longer accepted poor patients (Yanni 2007:109).

The design of the buildings and grounds at the Connecticut Valley Hospital and the Hartford Retreat for the Insane represented dissimilar strategies for treating mental health within different socio-economic groups. Connecticut Valley Hospital’s first administrator, Abram Marvin Shew, based the Middletown facility’s design on principles advocated by Thomas Story Kirkbride of the Pennsylvania Hospital for the Insane. Kirkbride was an acknowledged expert in the field of institutionalized medical care during the mid-nineteenth century, and his designs were representative of the new institutional approach of the period. Construction of the Middletown facility resulted in construction of “severely plain and simple” buildings. Yet, administrators believed the design would enable the Connecticut Valley Hospital to be “regarded as a model of strength, durability, and perfect adaptation to its objects” (Connecticut Hospital for the Insane, Board of Trustees [CHI, BT] 1868:4). As a state-run facility, economy was a major factor influencing design.

By contrast, officials at the Hartford Retreat hired Frederick Law Olmsted, Calvert Vaux, and Jacob Weidenmann to redesign its grounds. The result of that effort was “an elegant Victorian refuge for an affluent clientele” (Goodheart 2010:112). Weidenmann also was involved in the design of Hartford’s City Park (Yanni 2007:107). Redesign of the Retreat occurred while the Connecticut Valley Hospital was under construction. Poor patients, unlike their wealthy counterparts, “warranted Christian charity but not refinement and gentility above their station” (Goodheart 2010:112).

However, the facilities’ designs were distinct in another significant and telling way: the Connecticut Valley Hospital included a formalized institutional cemetery by 1882, while the Retreat did not include any known burial space. This difference in planning and design reflected the function of the institutions. Paying patients primarily occupied smaller mental health retreats

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and facilities in the state, especially after 1868. If a patient were to die under the care of such an institution, they or their families typically would have been able to afford burial in a public or private cemetery. But in the case of Connecticut Valley Hospital, patients often were institutionalized at cost to the state because they were impoverished. Moreover, patients may have been institutionalized without known family or friends who would take responsibility for their burial. As a result, the Connecticut Valley Hospital required its own burial space where deceased patients would be interred. But the need for a patient cemetery was not only the result of the Connecticut Valley Hospital's socio-economic composition. It also stemmed from the volume of patients that were treated there, a number that increased rapidly after its opening.

Evolving Admission Standards for Hospital Patients and Changing Definitions of Mental Illness

Changes in the admissions policy to public mental health facilities swelled the population of the Middletown hospital. Prior to 1868, poor residents in need of mental health treatment applied to the governor for a subsidy to cover the costs for admission at the Hartford Retreat; the demand for beds at the Retreat far exceeded supply. The new Connecticut Valley Hospital at Middletown promised to relieve overcrowding at the Hartford facility. With the assurance of a new facility, the system for admissions was taken away from patients and placed in the hands of local politicians. Under the enabling legislation, the selectmen for each town petitioned a judge of probate who appointed a doctor to examine the patient and to determine if the patient was mentally incapacitated. If the examining doctor concluded that the patient was insane, the judge ordered the selectmen to commit the patient to the new state hospital immediately. The judge also determined whether the patient was indigent, and either had limited funds to pay a small fee to cover hospital expenses or was a pauper without any financial means. After its opening, the Connecticut Valley Hospital treated patients across the economic spectrum, even as the poor gradually comprised a majority of the population. As a result of a legislative change, by the end of the 1910, 89 per cent of residents were committed by probate judges (CHI, BT 1908:47). In the case of paupers, the state subsidized the entire costs of hospitalization (Goodheart 2010:114).

Although intentions to improve mental health care were altruistic, that reality proved elusive as the number of patients burgeoned. Several factors contributed to the ever-growing state hospital's patient population: longer patient stays due to lack of effective treatment; more expansive definition of mental illness; and overcrowding as towns throughout the state transferred their poor to the Connecticut Valley Hospital. When the Connecticut Valley Hospital was established, administrators thought stays would be short because patients would be cured quickly. However, successful treatment more often than not was unattainable, and numbers of patients steadily increased (Goodheart 2010:115).

By the late 1880s, "A more expansive definition of madness, insane immigrants, long-lived lunatics, crazed alcoholics, the senile, and almshouse denizens" resulted in severe overcrowding (Goodheart 2010:127). The classification of various types of mental illness also affected overcrowding. Patients admitted under the new classification between 1898, when the classification system changed, and 1908 were diagnosed with a wide range of diseases including

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fever delirium, various forms of alcoholism, a variety of different types of manic-depressive insanity, epileptic insanity, compulsive insanity, imbecility, and idiocy. Twenty-five patients who were not insane also were admitted during the same time period (CHI, BT 1908:37).

The Connecticut Valley Hospital opened in 1868 with 250 patients. However, by 1900, the facility had expanded to house over 2,000 patients, who were cared for by nine doctors and 140 employees (Goodheart 2010:129). In efforts at fiscal responsibility, town officials statewide sought to cut general expenses by reducing almshouse populations, relocating their residents to the Middletown hospital. As a result, over 90 per cent of Connecticut Valley Hospital patients during that period were paupers or indigent, and only seventeen patients payed the full cost for hospitalization in 1900.

Thus, by the turn of the twentieth century the state hospital had become the home of last resort for the poor. The State Board of Charities acknowledged this reality in its annual report:

By far the largest proportion of the inmates of the Hospital is of the pauper and indigent classes, both of which are paid for by the towns or persons committing them, at the same rate of two dollars per week, the balance of the cost of support being paid by the State. Only when there are vacancies not desired by applicants of these classes are private patients admitted (State Board of Charities 1901:91).

As a result, the first patients to die at the Connecticut Valley Hospital - Curtis Dart, Christian Schlegel, James McMorro, John Downy, and Jacob Goss, all of whom deceased in 1878, were interred during a period when the patient population was increasing (Hall, personal communication, 3 March 2017). The decision to provide a cemetery, then, likely grew from both immediate necessity and from financial constraints.

Profiles of Madness: Disease, Age, Income, and Nationality of Connecticut Valley Hospital Patients

The State of Connecticut through the Connecticut Valley Hospital compiled census data on the nationality, reason for admission, type of mental affliction, and the number of deaths of its patients. A review of those statistics revealed that poverty, age, race, and nationality were key indicators for admittance to the institution. Many of these patients were interred in the Hospital Cemetery. As a result, its collection of burials represents a cross-section of the patients treated at the Middletown facility, and conveys the conditions and ailments for which they were treated. That collection also is representative of patient composition at other late nineteenth- and early twentieth-century institutions that shared similar functions across the country.

Between 1868 and 1908, 12,823 patients were admitted to the Connecticut Valley Hospital. Patients were admitted with wide-ranging mental illnesses. Reported causes of insanity also were wide-ranging, and included ailments such as anxiety, fluctuations of fortune, menopause and menstruation, and nervous shock, among others. However, the most common cause of insanity

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was unknown (n = 5,629 patients), followed by intemperance (n = 1,566 patients) (CHI, BT 1908:41).

In addition to hosting a poor population, the facility also housed a large number of what at the time was considered elderly patients. Patients between the ages of 50 to 60 (n = 1,661) represented the largest group admitted between the opening of the Connecticut Valley Hospital and 1908; patients between the ages of 25 to 30 (n = 1,622) represented the largest non-elderly demographic. Males (n = 19) and females (n = 20) under the age of 15 represented the smallest demographic (CHI, BT 1908:42). However, those aged 30 to 39 (n = 65), 40 to 49 (n = 70), and 50 to 59 (n = 55) represent the largest number of interments of those buried in the Cemetery between 1870 and 1900 (Hall, personal communication, 3 March 2017).

In general, the patients buried in the Hospital Cemetery reflect the facility’s overall demographics. Of the 1,729 burials recorded between 1878 and 1957, 742 (43 per cent) were women, and 987 (57 per cent) were men. Eight patients were veterans; their bodies, located at markers 2, 11, 12, 96, 100, 110, 302, and 323, later were removed and reinterred in the Soldier’s Lot, Indian Hill, Middletown, Connecticut, between November 3-4, 1903 (Ancestry.com). The average age at death was 58 (Hall, personal communication, 3 March 2017). By comparison, the average age of death in the United States between 1900 and 1957 was 59 (Arias 2007:34-35). In addition to adult patients buried in the cemetery, nine infants also were interred in the Hospital Cemetery. A summary of burials by age of death and by year are provided in Table 1 and Table 2. Table 3 presents the infant burials.

**Table 1. Burials at Connecticut Valley Hospital Cemetery by Age of Death (1878-1957)**

Age Group	Total	Women	Men
0-17	36	14	22
18-29	91	35	56
30-39	187	68	119
40-49	229	102	127
50-59	280	134	146
60-69	379	141	238
70-79	351	158	193
80-89	155	83	72
90+	21	12	9
	1,729	742 (43%)	987 (57%)

(Source: Hall, personal communication, 3 March 2017).

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**Table 2. Burials at Connecticut Valley Hospital Cemetery by Year (1870-1957)**

Age	1870-1900	1901-1930	1931-1957	Total (Age)
0-17	9	23	4	36
18-29	23	54	14	91
30-39	65	103	19	187
40-49	70	116	43	229
50-59	55	136	89	280
60-69	37	89	153	279
70-79	30	137	184	351
80-89	11	55	87	153
90 +	2	6	13	21
Total (Era)	302	719	606	1627

(Source: Hall, personal communication, 3 May 2017).

**Table 3. Infants Buried at Connecticut Valley Hospital (1878-1957)**

Marker Number	Name	Year of Death	Age at Death
49	Baby Zanoobe	1885	Infant
254	Patrick Foster	?	Infant
620	John Roche	1915	Infant
653	Baby Muratore	1916	Infant
845	Baby Nagle	1925	Infant
946	Lillian Carlson	1925	Infant
995	Francis Dearborn	1927	Infant
1010	Baby Leons	1927	Infant
1074	Baby Hughes	1930	Infant

(Source: Ancestry.com. Connecticut, Hale Collection of Cemetery Inscriptions and Newspaper Notices, 1629-1934).

The fact that the Connecticut Valley Hospital hosted a large poor population was reflected in its annual reporting. Between its opening and 1908, patients with no or low-skill occupations represented the largest number of residents. Housewives represented the largest occupation (n = 2,470), followed by laborers (n = 1,644); no employment was noted for 1,595 patients. Not surprisingly, relatively few professionals were treated at the facility. Of the professionals admitted between 1878 and 1908, 154 were teachers, 219 were clerks, 31 were physicians, and 7 were dentists (CHI, BT 1908:46).

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Since its opening, 289 patients were able to provide financial support, either by paying themselves or by friends or families; 4,995 were indigent (supported by the state and friends); 6,708 were paupers (supported by the state and town); and, 833 were supported entirely by the state. In other words, 12,534 of the 12,823 residents, or 98 per cent of those admitted to the Connecticut Valley Hospital between its opening and 1908 had no financial means to pay medical costs (CHI, BT 1908:47). The institution continued to have a high indigent population through the 1930s. In 1934, for example, 521 of 536 admissions, 97 per cent, were partially or completely dependent upon the state (State of Connecticut 1934:58).

In addition to a lack of financial means, place of nativity and race also were indicators for admission during the late nineteenth and early twentieth centuries, since the Connecticut Valley Hospital admitted patients who were born outside the state of Connecticut as well as those born in foreign countries. Patients from Ireland, represented the largest number of foreign-born residents by far (n = 2,635) (Goodheart 2010:116). A total of 707 other patients were born in Germany, and 410 were born in England (CHI, BT 1908:44-45). Racial minorities as well as immigrants were buried in the Hospital Cemetery. Of the 1,681 patients interred in the Hospital Cemetery, 44 were African Americans, representing 2.62 per cent of the burials (Ancestry.com). Table 4 presents the marker numbers, names, dates of death, and age at death of African American patients.

As the twentieth century progressed, the Hospital continued to admit patients born outside the United States, albeit, in smaller numbers. In 1934, the Hospital admitted 536 patients. Of these patients, 332 (n = 62 per cent) were American-born; 52 (n = 8 per cent) were Italian; 32 (n = 6 per cent) were Polish; and 26 (n = 5 per cent) were Irish (State of Connecticut 1934:40).

The immigrant profile at the Connecticut Valley Hospital reflected similar demographics to both the Norwich Insane Hospital and to national trends. Between 1903 and 1912, Norwich Insane Hospital admitted 212 patients born in Ireland and approximately 412 first generation Irish Americans out of a total of 1,825 residents (State Board of Charities 1912:78). In the nationwide asylum population of 140,312 white residents during this period, 90,297 were native-born Americans and 47,078 were immigrants (Bruce 1908:72). Irish immigrants again comprised the largest immigrant group, followed by those from the Scandinavian countries (Bruce 1908:72).

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**Table 4. African American Burials at Connecticut Valley Hospital  
(1878-1957)**

<b>Marker Number</b>	<b>Name</b>	<b>Date of Death</b>	<b>Age at Death</b>
16	John Heritage	December 25, 1881	28
20	James Ransom	June 5, 1882	Between 38-43
126	Jacob Freeman	May 1, 1890	19
149	Betsey Simons	November 12, 1891	50
215	Fred Cook	May 31, 1895	48
265	John Ransom	February 20, 1899	49
401	Henry Robert	October 25, 1905	61?
412	Mary Jackson	November 14, 1906	Between 45-50
477	Annie Mann	May 15, 1909	64
494	Adelaide Scott	June 5, 1910	20
526	Mary Ann Clark	September 25, 1911	44
633	Bertha Mills	August 29, 1915	70
636	Anna Williams	September 20, 1915	37
657	Alfred Nelson	March 19, 1918	56
676	Ishmael Simons	November 22, 1916	50
689	Nagor Watson	March 7, 1917	33
696	Mary Johnson	April 30, 1917	46
751	Crispin Lopsis	May 7, 1918	23
756	Flora Higgins	June 17, 1918	79
765	Mary Chambers	September 25, 1918	77
859	Clarissa Thompson	November 29, 1920	Between 67-70
867	William Coates	July 13, 1920	57
875	Mary Westbrook	November 16, 1921	62
888	William Fulcher	Aprile 3, 1922	57
934	Cora Read	April 5, 1924	72
949	Irene Foote	March 7, 1925	88
950	Ernest Jones	April 30, 1925	25
952	Yvone Charles	May 19, 1925	31
954	James H. Dennis	July 26, 1952	52
966	Hannah Riley	March 16, 1926	57
1016	Letha Bailey	December 21, 1927	52
1027	Esther Kelly	June 6, 1928	54

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1038	William Foote	November 9, 1928	66
1055	Jennie Monroe	May 9, 1929	73
1057	Manuel Rose	May 25, 1929	67
1058	John VanBlank	May 28, 1929	75
1066	Elizabeth Hall	September 3, 1929	57
1094	Annie Haydeen	May 28, 1931	64
1095	Mary Thompson	December 29, 1930	64
1105	Henry Matthews	March 31, 1931	49
1106	Mary Reynolds	March 31, 1931	49
1118	William Ruffin	October 25, 1931	47
1195	Liza Fulford	October 3, 1934	44
1196	James Robinson	December 6, 1934	56

(Source: Ancestry.com. Connecticut, Hale Collection of Cemetery Inscriptions and Newspaper Notices, 1629-1934).

### Death and its Frequency at Connecticut Valley Hospital

Like demographics, the volume, rate, and manner of patient deaths are essential to understanding the origins of the Connecticut Valley Hospital Cemetery. They also provide a way of interpreting the history of that state-run institution and others like it during the period in question. Notably, the Connecticut Valley Hospital had a high mortality rate. The reasons for the high death rate are numerous, and could have included poor health at the time of admittance, inadequate medical care, and patient age. A total of 3,641 deaths occurred at the Connecticut Valley Hospital between its opening and 1908, a mortality rate of 28 per cent between 1868 and 1908. The number of deaths was greater for those aged between 50 and 80 (n = 1,830) at time of death. Numerous causes of death were recorded including abscesses, aneurisms, various heart maladies, and suicide. However, tuberculosis clearly was the leading cause of death (n = 580) (CHI, BT 1908:52-53).

Despite the fact that the Connecticut Valley Hospital tallied the number of deaths over time, limited data is available for the causes of death for those buried at the Hospital Cemetery. Of 1,729 burials, information on the causes of death is available only for 19. Two patients, James Kelly and Hannah Johnson, died from paresis, a symptom of late-stage syphilis. Exhaustion was listed as the cause of death for three patients: Hannah Daley, James Kelly, and Joseph Bugbee. Ten patients died from accidents, including drowning, falling, animal attacks, and fires: Charles Fell, Max Soraka, Mary Hallett, George Bartuszkie, Catherine Kelly, William Smith, and Dennis Smith. Four patients were killed, either by fellow patients or guards, including Alwilda Chapman, E. Hubbell, William Bigham, and William Griggs. One patient, Stephen Buboldt, committed suicide. Two patients died from physical ailments; Alfred Grant from heart disease, while Patrick Bradley died from an intestinal obstruction (Hall, personal communication, 3 March 2017). Known causes of death for patients buried in the Hospital Cemetery are listed in Table 3.

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**Table 3. Known Causes of Death of Buried at Connecticut Valley Hospital Cemetery**

Name	Age	Date of Burial	Burial Number	Cause of Death
Charles Fell	31	June 9, 1896	228	Injuries from bull attack
Thomas Coleman	36	October 6, 1870	n/a	Senile and gangrene
Hannah Daley	37	January 28, 1908	n/a	Exhaustion
James Kelly	38	May 20, 1909	n/a	Exhaustion, paresis
Max Soraka	42	December 23, 1919	838	Silvermine Cottage Fire
Alwilda Chapman	46	March 1, 1897	238	Killed by state prison watchman
Alfred Grant	50	May 28, 1936	1235	Heart disease
Mary Hallett	55	March 19, 1920	844	Silvermine Cottage Fire
George Bartuszkie	61	March 16, 1923	n/a	Fire in Dix Hall
E. Hubbell	62	September 5, 1922	896	Killed
Stephen Buboldt	63	October 6, 1939	1321	Suicide, strangulation
Catherine Kelly	64	September 11, 1919	812	Accidental drowning in river, swimming
Patrick Bradley	66	January 30, 1923	907	Intestinal obstruction
William Smith	70	July 1, 1932	1130	Drowning, fell through ice reservoir #5
Joseph Bugbee	72	December 18, 1904	n/a	Exhaustion
Hannah Johnson	73	February 24, 1941	n/a	General paresis
William Bigham	75	May 17, 1926	973	Hit on head by another patient
William Griggs	79	July 3, 1916	757	Killed by patient, concussion brain
Dennis Smith	80	March 18, 1923	913	Injuries from fall over stairs

(Source: Hall, personal communication, 3 March 2017).

It is noteworthy that the number of patients who died at the Connecticut Valley Hospital far exceeded the number of burials in the Hospital Cemetery. The current director of the Connecticut Valley Hospital, Helene Vartelas, noted that many were reclaimed for burial by family members, while others were buried in local cemeteries more recently by prior arrangement with the Town of Middletown. Agreements to bury the Connecticut Valley Hospital's deceased in local cemeteries brought a halt to interments at the facility (Vartelas, personal communication, 5 March 2017).

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### Comparative Review of Mental Health Facilities and their Associated Cemeteries

The addition of a cemetery to hospital grounds occurred as large public mental health facilities across the country were making similar provisions. However, survey of other Connecticut mental health facilities of the period did not yield insight into the design and management of public hospital cemeteries. State psychiatric facilities in Connecticut included: Connecticut Valley Hospital (1868-present), Fairfield Hills State Hospital (1931-1995), the Connecticut Retreat for the Insane (1823-present), Norwich Insane Hospital (1904-1996), Southbury Training School (1940-present), and the State School for the Feeble-Minded in Mansfield (1860-1993). However, research – including review of historic aerials, maps, and National Register nominations – suggests that Connecticut Valley Hospital is the only one of the six with an associated burial space. Of these six institutions, four are listed in the National Register of Historic Places: Connecticut Valley Hospital, Norwich Insane Hospital, Southbury Training School, and the Connecticut Training School for the Feeble-Minded. Archival research suggests a lack of similar cemeteries in Connecticut, either associated with a public institution or with an almshouse or poorhouse.

It is likely that no other state-run facility in Connecticut had an associated cemetery, because there was no other facility that was analogous in patient demographics, size, and period of operation. While the Norwich Insane Hospital was established in large part to relieve overcrowding at Connecticut Valley Hospital, its twentieth-century origin and smaller patient pool likely accounts for its lack of an associated cemetery. Similarly, the Fairfield Hills State Hospital is a twentieth-century institution, originating in the 1930s. Lastly, the Connecticut Training School for the Feeble-Minded, which merged with the Connecticut College for Epileptics in 1917 to become the Mansfield Training School, was founded as an educational facility to educate and train those with mental disabilities, and not as a facility dedicated to the treatment and cure of patients with mental illness. In order to understand the Connecticut Valley Hospital's approach to death-management and burial, comparative data from elsewhere in New England was required.

In parts of New England, as in other regions of the country, increasing numbers of mental health institutions were built during the mid-to-late nineteenth century. A review of demographic trends in terms of patient income, mental illness, and rates of death at mental health institutions in Massachusetts has provided comparative data that is analogous to Connecticut Valley Hospital. Nine historic state mental health institutions in the Commonwealth of Massachusetts are reflected in the records: Danvers State Hospital (1878-1992), Tewksbury Hospital (1854-present), Foxborough State Hospital (1889-1975), McLean Hospital (1811-present), Metropolitan Hospital (1927-1992), Northampton State Hospital (1856-1993), Quaise Asylum (1823-1854), Taunton Lunatic Asylum (1854-1975), and Worcester State Hospital (1876-1991). Of these nine institutions, eight are currently listed in the National Register. Quaise Asylum, which burned down in 1854, is not listed in the National Register.

Of the nine institutions, McLean Hospital is the only facility that has no associated cemetery. The Worcester State Hospital campus includes two cemeteries: Hillside East and

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Hillside West. Five of these facilities, Danvers State Hospital, Tewksbury Hospital, Northampton State Hospital, Taunton Lunatic Asylum, and Worcester State Hospital, were approximately contemporaneous with the founding of Connecticut Valley Hospital, having been established within 10 years of the 1868 opening date of Connecticut Valley Hospital.

In addition to treating those with mental illness, some of these hospitals also housed both the poor and those with mental illness. Founded in Nantucket in 1823, Quaise Asylum, was an example of this trend. That institution eventually housed the poor, the elderly, and the unemployed, as well as the insane (Gavin n.d.).

A review of annual reports provided relevant comparative data and a window into the economic and ethnic backgrounds of patients during the early twentieth century, when attempts at more sophisticated data collection was undertaken. The *First Annual Report of the Massachusetts Commission on Mental Disease of the Commonwealth of Massachusetts* provides demographic information for six Massachusetts institutions for the year 1916: Danvers State Hospital, Foxborough State Hospital, McLean Hospital, Northampton State Hospital, Taunton Lunatic Asylum, and Worcester State Hospital. Data compiled in the annual report included the number of patients, number of deaths, and number of patients financially supported by the commonwealth. Those not financially supported by the commonwealth paid out of personal funds.

The annual report identified large numbers of indigent patients, with the poor population often in excess of 90 per cent. The mortality rate frequently exceeded 10 per cent. Immigrants accounted for more than 25 per cent of the patient population. Danvers State Hospital had 1,473 patients under its care; 1,204, or 82 per cent, were supported financially by the commonwealth. That hospital reported 221 deaths in 1916, which represented a 15 per cent mortality rate. The smaller Foxborough State Hospital had 347 patients under its care; 336, or 97 per cent, were supported financially by the commonwealth. A total of 43 deaths (n = 12 per cent) were reported by the hospital. Northampton State Hospital cared for 980 patients, 778 (n = 80 per cent) of whom were supported financially by the commonwealth. That hospital reported 107 deaths, or an 11 per cent mortality rate. With 1,319 patients, Taunton Lunatic Asylum reported that 1,165 patients, or 88 per cent, were supported by the commonwealth; Taunton reported 179 deaths, a 14 per cent mortality rate. Worcester State Hospital housed 1,494 patients, 1,291 of whom, or 86 per cent, were supported financially by the commonwealth. At 17 per cent (n = 225 deaths), that hospital had the highest mortality rate of any mental hospital in the commonwealth. Research suggests a likely correlation between high mortality rate and high indigent population. For example, McLean Hospital had 211 patients, none of whom received support from the commonwealth. It reported 21 deaths, and at nine per cent, the mortality rate was the lowest in the state (Massachusetts Commission of Mental Diseases [MCMD] 1916:133).

Thus, in 1916 Massachusetts cared for 13,993 patients in public institutions; 13,158, or 94 per cent, were supported financially by the commonwealth. The state reported 1,497 deaths of patients under its care, a commonwealth-wide mortality rate of 11 per cent. Of 3,185 patients admitted to state mental institutions in 1916, 1,282 were born in Massachusetts (40 per cent); 783

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were Irish immigrants (25 per cent); 143 were Russian immigrants (5 per cent); and, 89 were Italian immigrants (3 per cent) (MCMD 1916:228).

McLean Hospital, the only institution without a cemetery, housed only privately funded patients. Out of the six mental institutions profiled, McLean had both the lowest number of patients and the lowest mortality rate. Danvers and Worcester State hospitals, which treated the most patients, had the highest mortality rates, and they were second and third highest in percentages of commonwealth-supported patients.

Between 1904 and 1916, 34,300 individuals were admitted to public mental health institutions in the Commonwealth of Massachusetts. Of those admitted, 55 per cent were American-born, and 45 per cent were foreign born. The most common foreign ethnicities included Irish (15 per cent), Canadian (10 per cent), English (four per cent), and Russian (three per cent) (MCMD 1916:228).

Comparative data suggests that institutional cemeteries in New England tended to be associated with psychiatric facilities that shared similar size, demographic compositions, and rates of death among patients. Connecticut Valley Hospital's cemetery, although the only cemetery of its kind known in the state, is therefore representative of a distinctive strategy for managing death utilized in late-nineteenth century state-run mental health facilities.

Burial Customs for Patients with Mental Illness

The cemetery at Connecticut Valley Hospital shares commonalities with other burial grounds serving populations on the fringe of society. The burial practices for persons who died while in state care, whether in a prison, state hospital, or poorhouse, were similar to those economically disadvantaged and marginalized, non-institutionalized residents of the state. Cemeteries for the poor, African Americans, and Native Americans, for example, have few differences with cemeteries established for those in state care. Like the patients at Connecticut Valley Hospital, the majority of whom were poor and destitute, "(o)nly permanently dependent inhabitants with no outside family were likely to be interred in an almshouse or poorhouse cemetery" (Springate 2015:73). Indeed:

their corpses received attention only when there was a living network of friends or relatives who could afford to care for it. In most cases the body would simply be conveyed at the city government's expense to its anonymous resting place.... In the closest potter's field... with others on the margins of society, such as criminals, strangers, and blacks (Springate 2105:73).

Like potter's fields and almshouse and poorhouse cemeteries, the state-operated cemetery was the final resting place of last resort. Similarities between the burial practices and the design of cemeteries at state institutions and potter's fields and almshouse/poorhouse cemeteries abound. State institutions, responsible to the taxpayer, practiced financial restraint. This economic frugality

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extended to the burials of residents in state care. Such burials, “tend[ed] to be austere, costing as little as possible, but they were also often required by law to constitute a ‘decent burial’” (Springate 2015:73). At a minimum, a decent burial entailed a wood casket and interment in a single grave.

By the mid-nineteenth century through the first quarter of the twentieth century, it was not unusual for state institutions, including hospitals, prisons, almshouses, and poor farms operated and managed by a state agency, to mark the deaths of residents in state care with simple (and later, concrete) markers. Often, these cemeteries were located on the grounds of the state facility. However, in some cases, such as in Rhode Island, the state established a number of cemeteries, identified as State Institution Cemeteries, solely for the burials of those who died while in state care. In Rhode Island, these institutions were located in the City of Cranston (State of Rhode Island 2009; Rhode Island Historical Society n.d.). The burials and the cemetery designs were treated no differently than potter’s fields, where the indigent were buried at public expense (Zoellner 2017).

Even though the cemetery plan was similar (i.e., neat, uniform rows of graves), variety in marker design was not uncommon. Some single graves were marked with markers like those found at Connecticut Valley Hospital Cemetery, while others consisted of metal markers that extended above the ground or stone markers installed flush with the ground. Frequently, the only inscription was a number. In some cases, such as the Glenwood State School, formerly the Iowa Institution for Feeble-Minded Children, the markers are inscribed with the names of the deceased (Wallace 1958:121). In this manner, the state was able to provide a decent burial, while being financially responsible. Poverty and the lack of relatives willing and able to pay for interment elsewhere were the requirements necessary for interment in an institutional cemetery or almshouse/poorhouse cemetery.

Similar policies were enacted in other states throughout the country and reflected contemporary views regarding the disposal of unclaimed bodies for which the state became responsible. These burial practices reflect economic, social, and class stratification rather than contemporary perceptions about mental illness. Those who had the means, regardless how modest, buried their loved ones in a manner commiserate with their financial ability. Burial in a state cemetery or potter’s field was the option of last resort. Indeed, the working class, for example, “viewed such a burial with horror and went to great lengths to avoid such a fate, including spending accumulated savings and accruing debt” (Rosenow 2015:48).

A family’s willingness to incur debt in order to avoid burial in a government cemetery or potter’s field suggests a stigmatization associated with public burials rather than any marginalization based on mental illness. The burial ground at the Connecticut Valley Hospital for “friendless patients,” became the final resting spot for those who were not claimed by family, cremated, or donated for medical research and whose family could not afford burial elsewhere (State of Connecticut 1920:61).

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### Treatment of the Deceased at Connecticut Valley Hospital

A review of burial laws provided insight into how the deceased in state care were treated. Concurrent with the expansion of the Hospital Cemetery in 1894, the state legislature enacted legislation regarding the treatment of the deceased in state hospitals and other state facilities. Strategies for handling the deceased evolved over time. Four options were available for the disposal of the deceased: claimed by the family, donated to Yale or the University of Connecticut medical schools, cremation, or burial in the Hospital Cemetery. The burial ground ultimately became the final resting place of unclaimed patients.

The earliest legislation addressing the treatment of corpses was enacted by 1893. The legislation stated:

The first selectman of any town, the mayor of any city, sheriff, coroner, or jailer of any county, the master of any workhouse, the superintendent, or person in charge of any almshouse, asylum, hospital, morgue, or other public institution, which is supported, in whole or in part, at public expense, having in his possession or control the dead body of any person which would have to be buried at public expense, or at the expense of such institution, shall give notice thereof to the department of medicine of Yale University, at New Haven, and upon the expiration of twenty-four hours after death, or after such body shall have come into his possession or control, shall deliver said body to said department, in such manner as it shall direct, and at its expense...*provided, also*, that such bodies shall not have been claimed by any relative, either by blood or marriage, or any legal representative of such deceased person, within the aforesaid period of twenty-four hours (State of Connecticut 1893:16).

In 1913, the state legislature authorized the “official having charge of any hospital or public institution” to notify immediately the relatives of the deceased, or the person committing such person to the institution. The public facility was required to keep the body for 24 hours, after which time, the body could be buried or cremated (State of Connecticut 1918:596). Donation of bodies for medical research continued through the mid-twentieth century, with minor modifications to the enabling legislation (State of Connecticut 1959:156).

By the late 1950s, the towns assumed the costs of burials for those committed to state facilities:

When a person in any town, or sent from such town to any licensed institution or state humane institution, dies or is found dead therein and does not have sufficient estate or has no legally liable relative able to pay the cost of a decent burial, the selectmen, or the public official charged with administration of general assistance in such town, shall give such person a decent burial, which shall include a stained wood or crepe-covered casket suitably trimmed and enclosed in an outside pine

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box; and such selectman or public official may pay a sum not to exceed one hundred fifty dollars as an allowance toward the funeral expenses of such deceased....and in addition may order the payment of a sum not to exceed fifty dollars for the cost of a burial lot, the opening of the grave and other cemetery charges or cremation expenses (State of Connecticut 1959:101).

The legislation was silent on the type of marker and its design and inscription.

In addition to interment in its burial ground, the Connecticut Valley Hospital's deceased may have been cremated. Cremation was not uncommon at state-run institutions and was promoted as a cost-effective, and indeed, a refined way of handling unclaimed bodies well into the twentieth century. The crematorium was constructed on the Connecticut Valley Hospital grounds in 1896, two years after the Hospital Cemetery's expansion. Constructed as part of the dead house, the crematorium was promoted as "a cleanly and innocuous method of disintegration [that] may be substituted for the crude method of earth burial" (State of Connecticut 1896:17, 18).

After World War I, Frank A. Waugh, professor of landscape engineering at the Massachusetts Agricultural College (now the University of Massachusetts), Amherst, pioneer in the field of landscape architecture and prolific author, enthusiastically promoted the widespread use of cremations, urging his colleagues that "Cremation must be encouraged on social and practical grounds and must not [*sic*] longer be discouraged through prejudice or by stupid laws" (Birnbaum 2000:434-436; Waugh 1922:174). He also advised that general burial areas (i.e., "potter's fields", patronized by poor houses, hospitals, etc., where unknown or unclaimed bodies are interred") receive the best artistic treatment.

It was incumbent upon the state to notify the relatives or representative of the deceased prior to cremation or donation for medical research. These options required an affirmative response from the family or legal representative before the cremation or donation could proceed. The number of burials relative to the number of deaths suggests those patients interred in the Hospital's Cemetery are those whose families denied those treatment alternatives yet could not afford a proper burial.

Connecticut was one among many that treated the deceased poor and the unclaimed in such a manner. States across the country had similar policies regarding the donation of bodies for medical research and cremation. In Washington, DC, for example, bodies were kept for seven days, after such time, any unclaimed bodies were cremated, buried, or donated to the local medical school (Richardson 1989:312-313). The deceased who were cremated, like those buried in the city's potter's field, were those who could not afford burial (Richardson 1989:313). In Washington, those paupers were overwhelming African American, and reflected "new ways in which Washington's black community suffered the tragedy of ignominious burial" (Richardson 1989:314). The same sentiment applies to the similarly marginalized patients diagnosed with mental illness at Connecticut Valley Hospital. Economic background, national origin, and social standing influenced patient profiles. Connecticut Valley Hospital administrators were tasked with

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managing the increasing number of dead, and in so doing, turned to prevailing trends in public and private sector cemetery design. The dominant design paradigm chosen by facility managers became the single-grave cemetery.

**Criterion C: Landscape Architecture, Single-Grave Cemetery Design during the Late-Nineteenth through the Early-Twentieth Centuries**

The design of the Connecticut Valley Hospital Cemetery reflects the standardization in the design of burial spaces dedicated to single-grave use that occurred during the mid-to-late nineteenth century, and is a strong representative example of single-grave cemetery design. Single-grave cemeteries of that period included military/veteran's cemeteries, potter's fields, and institutional cemeteries, and their characteristic designs stemmed from their function. Because they catered to certain groups and typically were operated at cost to the state, single-grave cemeteries followed regular plans consisting of single-grave burial rows marked by uniform markers. Interment organization and spacing maximized efficiency and cost, as did the production and erection of simple and homogenous markers. Also, in single-grave cemeteries, it is relatively common to have numerical identifiers included on grave markers in addition to, or in the place of names, for the ease of management or out of concern for economy.

In the earliest iterations of single-grave cemeteries, the need to bury large numbers of soldiers quickly and efficiently following the Civil War drove pragmatic design. Unlike the family plot model followed by both public and private cemeteries of the time, such burial grounds did not plan for familial adjacency. Instead, single-grave rows were utilized. This was also the case in potter's fields, where those who could only afford a single-grave or were buried at the state's expense were interred. As a result, institutional, military, or paupers' single-grave burial spaces took on a different design aesthetic. However, that aesthetic was conveyed not only in layout, but also in landscape austerity. Such cemeteries eschewed both ornate monuments and elaborate landscaping, and were characterized by an open-lawn plan.

The single-grave cemetery design also corresponded with the rise in popularity of the lawn park cemetery. The austere design of the single-grave cemetery aligned with the move towards large expanses of open lawn, few plantings, and simplistic, yet uniform markers. However, institutional single-grave cemeteries are recognizably different from other cemeteries of the period that follow the lawn park plan, and represent an important historical design paradigm of their own.

The Design of the Single-Grave Cemetery

The Connecticut Valley Hospital Cemetery is an example of the single-grave cemetery type.<sup>2</sup> Most single-grave burial spaces are institutional cemeteries, like the Hospital Cemetery, veterans' cemeteries, and potter's fields. Indeed, single graves "are usually used by people who

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<sup>2</sup> The term "single-grave cemetery" was used by contemporary cemetery managers and superintendents as well as landscape professionals. The term also appeared in period articles in professional journals and trade publications.

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are poor or in exceedingly moderate circumstances” (Wills 1897:40). In most cases, single-grave cemeteries from the late-nineteenth and early twentieth centuries follow somewhat identical designs. This design likely was the result of the federal government adopting a similar design standard that was implemented in cemeteries nationwide following the Civil War.

Established in 1863, the Gettysburg National Cemetery, followed by the establishment of Arlington National Cemetery in 1864, set the practice for the orderly arrangement of burials that was subsequently replicated in military and non-sectarian cemeteries alike across the country (Pennsylvania Historical & Museum Commission 2015). During the 1860s, the unprecedented number of burials required during the Civil War strained the federal government’s capacity to bury the war dead quickly and efficiently. To meet the demand for burials, the United States Congress enacted the “Act to Establish and Protect National Cemeteries,” which directed the Secretary of the Army to:

- Enclose every national cemetery with a stone or iron fence,
- Appoint a superintendent for each cemetery,
- Mark every gravesite with a headstone, and
- Construct a residence for the cemetery superintendent (Merrifield n.d.; United States Congress 1867:399).

Military markers were to be inscribed with a numerical identifier along with the deceased’s name, rank, company, regiment, and date of death (United States Congress 1867:399). However, specific guidance on the design of headstones was not issued until 1873, when Secretary of War William W. Belknap approved the use of marble slabs with a single-arched shape and extending 12 inches above the ground (Merrifield n.d.; U.S. Department of Veterans Affairs n.d.). This basic design is directly analogous to the tablets that characterize the Connecticut Valley Hospital Cemetery, illustrating the influence of government guidelines for marker design that extended to both public and private cemeteries. Similarity between veteran’s cemeteries and the single-grave sections of civilian cemeteries was typical of the time. As Mae H. Holfelder remarked in “The Cemetery as a Woman Sees It,” describing one such single-grave burial ground: “They have large square mounds for the single graves. Here they have headstones of the same style; puts one in mind of the markers they gave to soldiers” (Holfelder 1922:309).

Many professionals, including cemetery superintendents and landscape architects, advised that the design of single-grave burial spaces follow a plan distinct from typical cemetery arrangements. Published in 1912, Howard Evarts Weed’s *Modern Park Cemeteries*, discussed proper cemetery management and explored the cemetery type in question. According to his manual:

Common sense should teach us that the sod-covered grave, marked only by a single stone sunk even with the turf, is best. When properly prepared such graves never become unsightly and are cared for by simply mowing the grass. Simplicity

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constitutes the essential feature of the modern park cemetery, for in simplicity lies beauty and economy (Weed 1912:10).

Economy and maximizing limited space were driving factors in the layout of the graves in such burial spaces. In his treatise, Weed continued: "The single grave section should be provided for in the plan. This is perhaps best located at one side of the grounds. The graves should be laid out in rows, making as much use of the space as possible" (Weed 1912:43). For the management of single-grave burial spaces, *Modern Park Cemeteries* also encouraged cemetery managers to create a single-grave register that would "give the names in regular order, numbered consecutively, of interments made in the single grave section. A separate index should also be kept giving the names alphabetically with the grave number corresponding to each name" (Weed 1912:109). As for the markers:

Headstones of concrete will do fairly well for single graves. They are easily made, and the name and dates can be pressed in the top of the mould (*sic*). Each marker will thus cost about fifty cents. It is not claimed that concrete is durable or even desirable for markers, but such markers are infinitely better than no markers at all, or the wooden stake commonly used. It will pay cemeteries now using wooden markers to substitute the concrete markers for them. Each grave would then be properly marked" (Weed 1912:95).

In this regard, single-grave cemeteries were to be arranged and monumented for simplicity and efficiency out of concerns for economy. However, achieving economy created the need for an organizational system that would facilitate the identification of interments. Frequently, that identification system included an identification number and an associated name and location index.

During the proceedings of the Thirteenth Annual Convention of the Association of American Cemetery Superintendents held in New Haven in 1899, single-grave sections of cemeteries were discussed. In his paper, which was read at the convention, F.D. Willis presented advice to cemetery superintendents regarding the design and management of single-grave sections in larger cemeteries. The following principles were addressed:

- Marker height should be uniform throughout the burial space, with markers level with the ground preferable.
- Singles graves should be leveled and sodded. Gravel walks should be prohibited. Markers or corner posts set level with the surface should be used to indicate the location of grass walks.
- The graves should be uniform in width, regardless of their length. So doing will avoid a haphazard appearance of the stones that is caused when the graves are of varying width.

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- Plant materials, including trees and shrubs, should be planted to avoid interference with adjacent graves. In addition, materials that develop suckers or root sprouts should not be planted (Willis 1899:40-41).

Because the single graves yielded little revenue, yet required the greatest amount of labor, superintendents were cautioned to exercise financial expediency regarding the “filling, sodding and finishing of the section, after which no extra or special care is needed” as the single-grave section will “compare favorably” with other sections of the cemetery (Willis 1899:41). After the paper was presented, attendees were queried regarding the implementation of the strategies Willis presented. The responses reflected wide-ranging variety in marker material and inscription. Terra cotta, concrete, slate, and iron were used in cemeteries across the country for single-grave markers.

Attendees of Willis’ presentation summarized management strategies for the single-grave sections of cemeteries located across the country. At Mt. Auburn Cemetery in Boston, “the single grave sections are carried out as stated in that [presentation]. The headstones are restricted, the graves are all of uniform size and the planting is under the superintendent’s care”. According to B.R. English, the secretary of Evergreen Cemetery in New Haven, that cemetery “has had the same difficulty that all cemeteries had in regard to single grave sections.... The greatest difficulty is to find a good way of marking the graves; so we can run over them with a lawn mover [*sic*]. We are now marking the graves with slate slabs, containing the number of the grave on the face, and they stand 18 in. above the ground”. Forest Hill Cemetery in Kansas City, Missouri, used “a terra cotta marker that is oval in shape and contains the name and date of burial. We fit this marker into the top of a four-inch sewer pipe, securely cement it and set it at the head of the grave; almost level with the turf. It makes a very permanent and durable marker, which rarely is effected [*sic*] by the frost. Name and date are stamped in clay before it is burned” (American Cemetery Association 1899:41-42). Like the Hospital Cemetery, each cemetery used a single style of memorial with an identifying name or number, arranged uniformly for easy maintenance.

At the same Willis presentation, Mr. Scorgie, superintendent of Mt. Auburn Cemetery, provided the most detailed description of the single-grave section of his cemetery:

For single grave plots are laid out in rows of uniform width, placing every 150 feet a granite post four or eight inches square, set sufficiently deep not to be thrown by frost; between these at the foot of each grave we have a piece of slate, 2 by 8 inches by 2 feet, which is set level with the sod, and contains the number of the grave; this number corresponds with the number of the certificate. We keep the whole section level and cut as often as we cut other sections, and never have had any trouble about posts being grown over.

Papers presented at the annual meeting, along with the written proceedings, were printed and circulated among the association’s membership. Circulation of the material helped ensure maximize exposure of contemporary trends in cemetery design and management. Publication also ensured that cemeteries across the country implemented prevailing best practices. It is likely that

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public, private, and institutional cemeteries around the country that contained single-grave burial areas were influenced by those practices.

Organizing single-grave cemeteries in straight rows, with the individual graves marked by a single marker continued into the second decade of the twentieth century. In a paper presented before the Association of American Cemetery Superintendents, W. N. Rudd, president of Mount Greenwood Cemetery in Chicago, offered guidance for the design and layout of single-grave spaces. He presented wide-ranging advice from pricing to the appropriate size and dimensions of the sections and the design of walks. In terms of layout, Rudd advised “in cemeteries where a large proportion of the lot buyers belong to the poorer classes, the lots must be laid out in smaller sizes, as nearly rectangular as possible and the dimensions so figured as to allow the greatest possible number of burials in the smallest space” (Rudd 1921:57). The single-graves could come in two classifications: the common and the select or preferred. Single-grave sections should be located in the less-desirable area of the cemetery, preferably along the boundary (Rudd 1921:59). A large portion of the cemetery grounds should be set aside for the single burials to create one lot for burials. In addition, “A very good practice is to call this one large lot and to subdivide it along strips at right angles to the drive.” These dimensions would enable up to 50 graves.

Rudd then proceeded to describe how numbers should identify the individual graves. He suggested that the large lot should be further divided into tiers, which would be delineated by square corner stones. The corner stones would be set at the end of each tier and “By stretching a line between these two stones all the graves in the tier can be carefully lined up and the headstones can easily be set in the proper location” (Rudd 1921:59). The “graves in the tiers are to be marked with round cement or tile markers, each marker bearing two numbers: the number of the tier above, which will be the same for each grave in the tier, and below, the number of the grave in the tier, which of course will vary for each grave” (Rudd 1921:59).

Concrete markers were marketed to cemetery superintendents for use in the single-grave sections. The Leo. Ge. Haase Company of Oak Park, specialized in the manufacture of Portland cement grave and lot markers (*Park and Cemetery and Landscape Gardening* 1901:IV). The commonality of these various single-grave cemeteries is the use of one numbered marker per grave. The cemetery at Gettysburg, the single-grave sections in private cemeteries, the markers at potter’s fields, and the markers at the Connecticut Valley Hospital Cemetery, therefore, are numbered in accordance with then-current trends.

Beyond the numbered markers, another character-defining feature of the Hospital Cemetery is its assemblage of ‘cedars’ – arborvitae and chamaecyparis trees. The planting of this mix of ‘cedars’ is a distinguishing element of the landscape design. If planted in 1882, the remaining cedars, a notoriously slow-growing species, would be approximately 134 years old today. Evergreens were favored in cemetery plantings at that time, in part because deciduous trees without foliage appeared ‘dead,’ and because they symbolized eternal life.

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The rural setting and its cedar trees notwithstanding, the Hospital Cemetery is austere in design. Individuality, as expressed through grave markers, is absent, and plantings are located along the periphery of the burial space. The open lawn and appropriately planted trees enable the Hospital Cemetery to achieve the desired serenity advocated by then contemporary cemetery superintendents, and reflect design standards promoted by professionals from the period.

Undoubtedly, many of the patients housed at the Connecticut Valley Hospital suffered from some form of mental illness. However, archival research and Connecticut Valley Hospital annual reports demonstrated that many of the patients who called the facility home did so by accident of economic standing, national origin, age, and even other forms of infirmity beyond mental illness. The Hospital Cemetery's austere design, while reflecting contemporary principles for single-grave cemeteries, also reflected the Hospital's efforts at prudence. At a time when burial costs often were beyond the means of the working class and the poor, public officials likely exercised fiscal restraint when burying the state's economically disadvantaged.

While stigmatization of patients with mental illness likely influenced family member decisions regarding claiming the bodies of patients, the prevalence of numbered graves in non-institutional settings suggests that mental illness did not influence the design of the individual burial markers. Rather, the unnamed graves represent design trends, in conjunction with consideration of fiscal responsibility and economic expediency.

In 1999, the names of the interred were released and memorial services were initiated; those services now are held annually. No longer in operation, the Hospital Cemetery continues to be well maintained. Its original character remains intact. The Hospital Cemetery's setting and geographic separation from the Connecticut Valley Hospital complex also impart a sense of continuity. The Hospital Cemetery serves as an important and rare reminder not only of late-nineteenth and twentieth-century design of institutional single-grave cemeteries, but also the history of the Connecticut Valley Hospital and evolving attitudes towards mental illness.

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**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: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

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### 10. Geographical Data

**Acreeage of Property** 2.78 acres

Use either the UTM system or latitude/longitude coordinates

**Latitude/Longitude Coordinates (decimal degrees)**

Datum if other than WGS84: \_\_\_\_\_

(enter coordinates to 6 decimal places)

1. Latitude: 41.553557 Longitude: -72.619427

**Or**

**UTM References**

Datum (indicated on USGS map):

NAD 1927 or  NAD 1983

- |          |           |           |
|----------|-----------|-----------|
| 1. Zone: | Easting:  | Northing: |
| 2. Zone: | Easting:  | Northing: |
| 3. Zone: | Easting:  | Northing: |
| 4. Zone: | Easting : | Northing: |

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

The nominated property includes a triangular parcel southwest of the intersection of O'Brien Drive and Silvermine Road, and a rectangular plot southeast of the same intersection. The existing tree line along the west, north, east boundaries define the ca. 1878 parcel, while the tree line along the north, east, and south boundaries and Silvermine Road along the west boundaries define the ca. 1894 addition.

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**Boundary Justification** (Explain why the boundaries were selected.)

The boundary of the nominated property is consistent with the limits of the cemetery as expanded in 1894.

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**11. Form Prepared By**

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date: May 2018

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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.)

**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.

Connecticut Valley Hospital Cemetery  
Name of Property

Middlesex County, CT  
County and State

### **Photo Log**

Name of Property: Connecticut Valley Hospital Cemetery

City or Vicinity: Middletown, Connecticut

County: Middlesex

State: Connecticut

Photographer: Channing Harris, Jenny Scofield

Date Photographed: October 2016, December 2017

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

Photograph 1 of 12. Setting, ca. 1878 cemetery, camera pointing north.

Photograph 2 of 12. Setting, looking south from ca. 1878 cemetery.

Photograph 3 of 12. Setting, ca. 1894 cemetery, camera pointing east.

Photograph 4 of 12. Infants' graves, ca. 1878 cemetery, camera pointing west.

Photograph 5 of 12. Ca. 1878 cemetery, camera pointing northwest.

Photograph 6 of 12. Ca. 1878 cemetery, camera pointing northeast.

Photograph 7 of 12. Ca. 1878 cemetery, camera pointing northeast.

Photograph 8 of 12. Ca. 1878 cemetery, close-up of original tablets, camera pointing north.

Photograph 9 of 12. Ca. 1894 cemetery addition, camera pointing southeast.

Photograph 10 of 12. Ca. 1894 cemetery addition, camera pointing northwest.

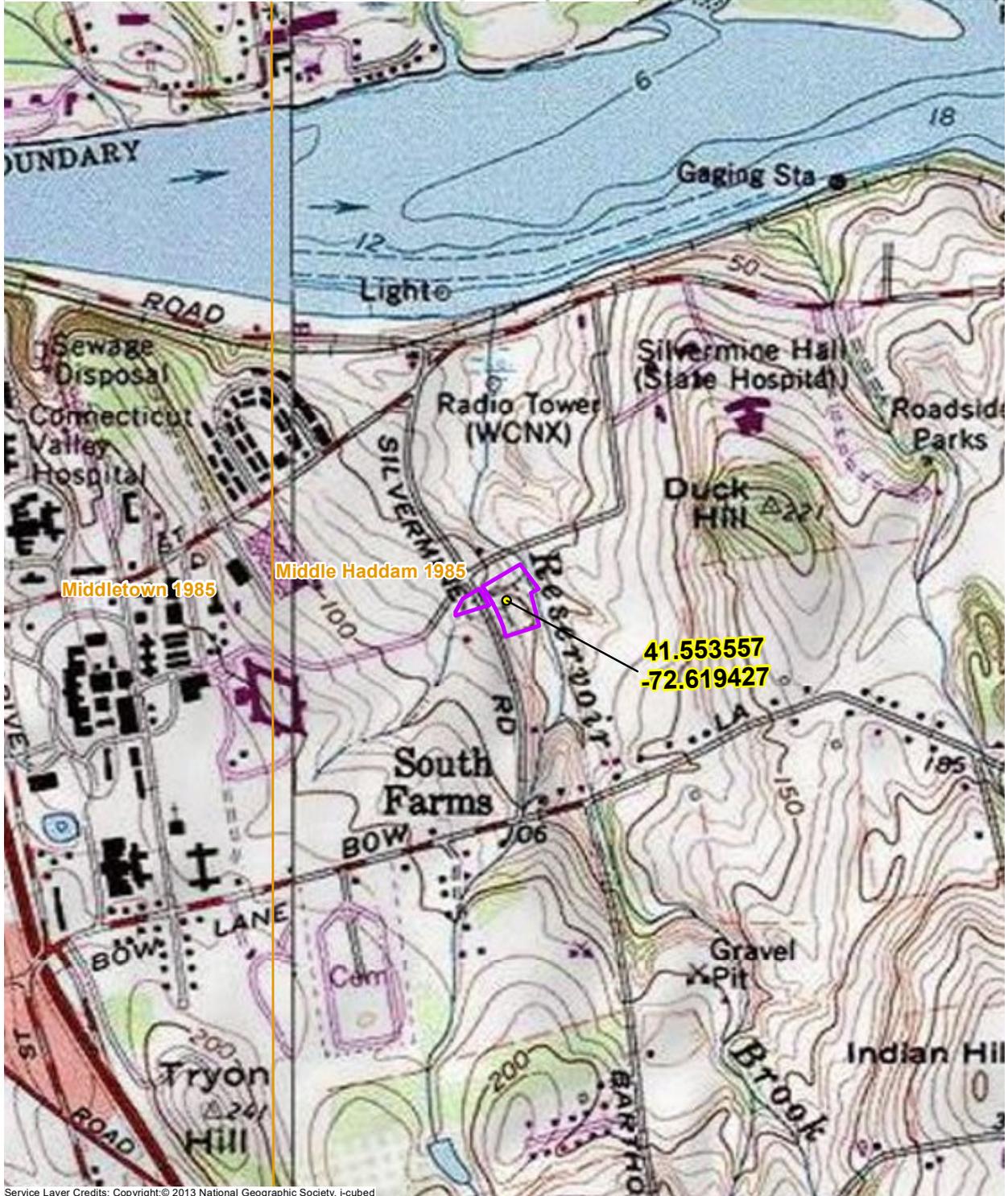
Photograph 11 of 12. Ca. 1894 cemetery addition, camera pointing east.

Photograph 12 of 12. Ca. 1894 cemetery addition, camera pointing northeast.

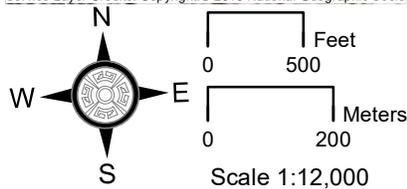
Connecticut Valley Hospital Cemetery  
Name of Property

Middlesex County, CT  
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**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.



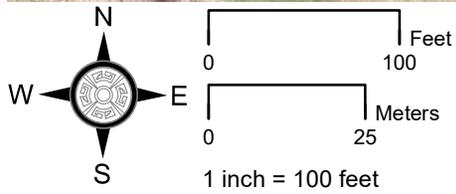
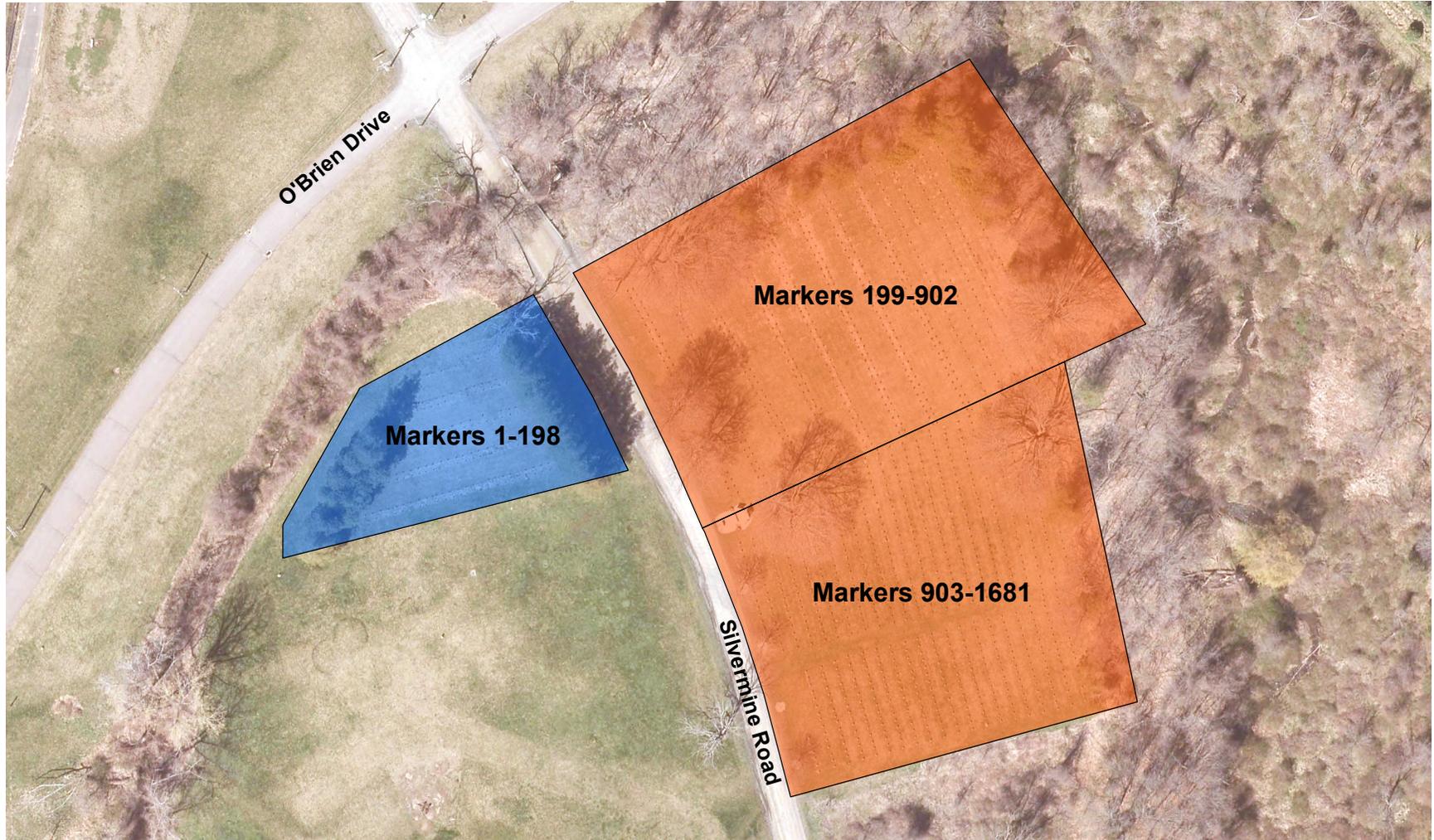
Service Layer Credits: Copyright © 2013 National Geographic Society, i-cubed



- Coordinate Point (Center)
- National Register Boundary
- Quad Sheet Boundary

CT Valley Hospital Cemetery  
Silvermine Road, Middletown,  
Middlesex County, CT

USGS 7.5 Minute  
Quadrangle Map



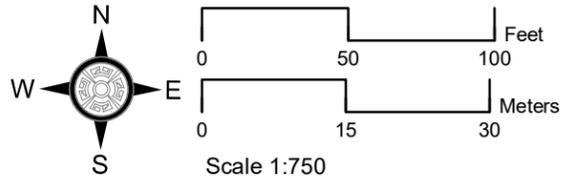
-  Lot Boundaries
-  ca. 1878
-  ca. 1894

CT Valley Hospital Cemetery  
Silvermine Road, Middletown,  
Middlesex County, CT

Historic Development  
Map  
Figure 2



Service Layer Credits: High Resolution Orthoimagery (CT ECO 2016).



- National Register Boundary
- Boundary Trees
- Memorial Granite Tablet
- ➔ Denotes Resource Photograph Direction and Number

CT Valley Hospital Cemetery  
Silvermine Road, Middletown,  
Middlesex County, CT

Aerial Overview and  
Resource Photograph Key

Figure 3



Photo 1 of 12. Setting, ca. 1878 cemetery, camera pointing north



Photo 2 of 12. Setting, looking south from ca. 1878 cemetery



Photo 3 of 12. Setting, ca. 1894 cemetery, camera pointing east



Photo 4 of 12. Infants' graves, ca. 1878 cemetery, camera pointing west



Photo 5 of 12. Ca 1878 cemetery, camera pointing northwest

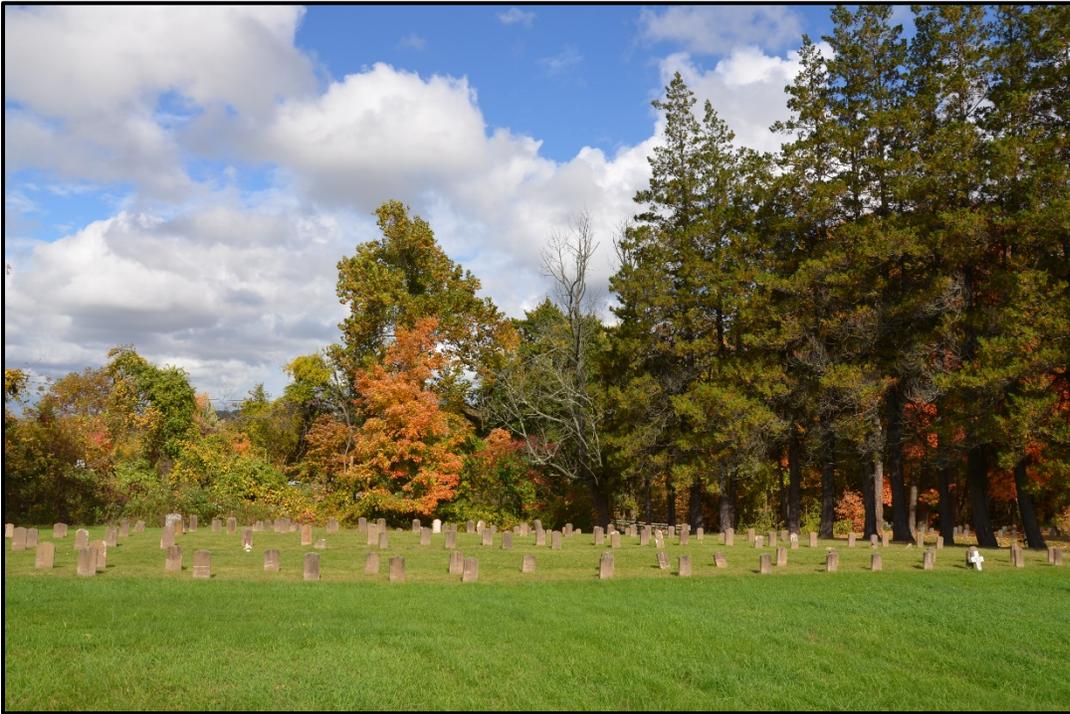


Photo 6 of 12. Ca. 1878 cemetery, camera pointing northeast



Photo 7 of 12 Ca. 1878 cemetery, camera pointing northeast



Photo 8 of 12. Ca. 1878 cemetery, close up of original tablets, camera pointing north



Photo 9 of 12. Ca. 1894 cemetery addition, camera pointing southeast



Photo 10 of 12. Ca. 1894 cemetery addition, camera pointing northwest



Photo 11 of 12. Ca. 1894 cemetery addition, camera pointing east



Photo 12 of 12. Ca. 1894 cemetery addition, camera pointing northeast