NPS Form 10-900
(Oct. 1990)

OMB No. 10024-0018

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 *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an 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. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name City Memorial Hospital and Nurses' Home

other names/site number N/A

2. Location

street & number 11 and 15 Pine Street, 608 Thomas Street **N/A** not for publication

city or town Thomasville **N/A** vicinity

state North Carolina code NC county Davidson code 057 zip code 25186

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 for 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 ☐ nationally ☐ statewide ☒ locally. (See continuation sheet for additional comments.)

Signature of certifying official/Title State Historic Preservation Officer Date

North Carolina Department of Natural and Cultural Resources
State or Federal agency and bureau

In my opinion, the property ☐ meets ☐ does not meet the National Register criteria. (☐ See Continuation sheet for additional comments.)

Signature of certifying official/Title Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- ☐ entered in the National Register.
  - ☐ See continuation sheet
- ☐ determined eligible for the National Register.
  - ☐ See continuation sheet
- ☐ determined not eligible for the National Register.
- ☐ removed from the National Register.
- ☐ other,(explain:)

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

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

Contributing	Noncontributing	
3	0	buildings
0	0	sites
0	0	structures
0	0	objects
3	0	Total

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

N/A

Number of Contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions
(Enter categories from instructions)

HEALTH CARE: Hospital
DOMESTIC: Institutional Housing

Current Functions
(Enter categories from instructions)

VACANT
VACANT

7. Description

Architectural Classification
(Enter categories from instructions)

Classical Revival
Modern Movement
Colonial Revival

Materials
(Enter categories from instructions)

foundation BRICK
walls BRICK
roof ASPHALT
RUBBER
other

Narrative Description
(Describe the historic and current condition of the property on one or more continuation sheets.)

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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.

Areas of Significance
(Enter categories from instructions)

Architecture
Health/Medicine

Period of Significance
1930-1971

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

Property is:

☐ **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 of age or achieved significance within the past 50 years.

Significant Dates
1930
1934
1941
1953

Significant Person
(Complete if Criterion B is marked)
N/A

Cultural Affiliation
N/A

Architect/Builder
Hartmann, Charles C., architect, 1930, 1934, 1941
Gray Concrete Pipe Company, general contractor, 1930
Wilder, J. Burton, architect, 1953 addition
Coltrane and Graham, general contractor, 1953 addition

Narrative Statement of Significance
(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography
(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

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
_____

Primary location of additional data:

☒ State Historic Preservation Office
☐ Other State Agency
☐ Federal Agency
☐ Local Government
☒ University
☒ Other
Name of repository:
Davidson County Public Library, Thomasville
Duke University, David M. Rubenstein Rare Book and Manuscript Library

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10. Geographical Data

Acreage of Property Approximately 4.12 acres

UTM References
(Place additional UTM references on a continuation sheet.)

	Zone	Easting	Northing		Zone	Easting	Northing
1	17	35.874304	-80.079165	3			
2				4			

See continuation sheet

Verbal Boundary Description
(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification
(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Heather Fearnbach
organization Fearnbach History Services, Inc. date 7/1/2025
street & number 3334 Nottingham Road telephone 336-765-2661
city or town Winston-Salem state NC zip code 27104

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A **USGS map** (7.5 or 15 minute series) indicating the property's location

A **Sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white photographs** of the property.

Additional items
(Check with the SHPO or FPO for any additional items.)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name Thomasville Apartments LLC, c/o Christopher Holmes
street & number 5710 West Gate City Boulevard, Suite K-129 telephone (336) 297-7223
city or town Greensboro state NC zip code 27047

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 listing. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 *et seq.*)

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 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 Chief, Administrative Services Division, National Park Service, P. O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20303.

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7. Narrative Description

Setting

City Memorial Hospital, the adjacent nurses' residence, and an ambulance garage occupy a 4.36-acre tax parcel approximately one-half mile south of Thomasville's central business district. The polygonal block is bounded by Pine Street on the north, Thomas Street on the east, Cannon Street on the south, and Rodella Street on the west. The site grade slopes down to the north and east. The hospital and nurses' home face Pine Street. The hospital stands at the highest elevation near the parcel's center, set back eighty feet from the road. The three-story-on basement, T-shaped, brick building encompasses a Classical Revival-style, 1930 hospital with 1941 third-story additions and a Modernist 1953 rear wing.

An asphalt drive extends from Pine Street to the asphalt-paved parking lot east of the building, which is at basement grade. A straight concrete walkway and steps span the distance between Pine Street and the north entrance. Evergreen shrubs line the north elevation west of the entrance. Since the west basement wall is below grade, a formed-concrete retaining wall was erected approximately eight feet west of the 1953 addition to create a light well that spans the wall and extends to the basement entrance on the south wall of the 1930 hospital's west wing. A chain-link fence runs from the main block's southwest corner along the outer edge of the bank to the light well's south end. The above-grade portion of the south light well wall is concrete-capped variegated-buff brick. Deciduous and evergreen trees and shrubs punctuate the grass lawn surrounding the building.

The two-story-on-basement, brick, Colonial Revival-style nurses' home is located in the parcel's southwest corner, thirty feet east of Rodella Street and sixty feet north of Canon Street. Both roads are at a slightly lower grade, necessitating two concrete steps the west end of the curved walkway between Rodella Street and the north entrance and steel steps at the south entrance. Landscaping includes evergreen shrubs at each corner of the building. The southeast portion of the parcel is wooded with the exception of the southeast corner, where the flat-roofed, concrete-block, four-bay ambulance garage fronts Cannon Street at its intersection with Thomas Street. An asphalt-paved drive extends from Thomas Street to the parking area north of the building. A concrete walkway leads to the west entrance. Grass lawn and deciduous and evergreen trees and shrubs surround the building.

Inventory List

City Memorial Hospital, 11 Pine Street, 1930, 1941, 1953, contributing building
Nurses' Home, 15 Pine Street, 1934, contributing building
Ambulance Garage, 608 Thomas Street, 1950, contributing building

City Memorial Hospital, 11 Pine Street, 1930, 1941, 1953, contributing building

Exterior, 1930 and 1941 (Photographs 1-3)

Greensboro architect Charles C. Hartmann employed contrasting masonry colors, textures, and patterns to accentuate the three-story-on-basement 1930 hospital's classical features. The wire-cut variegated-buff brick walls are laid in common bond with four lighter stretcher courses alternating with darker header courses, resulting in a banded effect. Darker brick was also used for window lintels, sills, spandrels, and quoins that edge the building's corners and the north elevation's slightly projecting central five bays. The entrance surround, central parapet embellishment, flat parapet coping, third-story spandrels, and molded water table, belt course, and cornice are smooth cream limestone. The third story's central five bays were originally flanked by rooftop terraces that were enclosed in 1941 in a manner that exactly emulates the 1930 construction.

Two-over-two double-hung sash initially illuminated the interior with the exception of the third-floor operating room, where a large window at the façade's center comprised five tall rectangular panes topped with five short panes. The outer rectangular panes were operable. (Exhibit A) During the 1974 apartment conversion, that window was replaced with an aluminum-frame window with a fixed plate-glass upper pane and two-pane base that slides open, like the sash in the 1953 rear wing. Elsewhere, one-over-one double-hung sash windows were installed in 1974. Most windows were damaged or destroyed in the January 28, 2022, fire.

The eleven-bay north elevation displays sophisticated classical ornament. The three center bays are the most elaborately executed. Brick quoins define the corners of the first two stories. The limestone surround at the primary entrance comprises fluted pilasters with bas-relief fleurs-de-lis capitals, a molded denticulated cornice, and a broken pediment that frames the bottom portion of a second-story window surround. From each side of the break in the pediment, foliate embellishment rises along the window surround almost to its triangular pediment. Two narrow windows flanking the entrance are framed by slightly projecting header-course sills and soldier-course lintels topped with a corbelled header course. Above them, standard-size second-story window openings are surmounted by soldier-and-header-course lintels with keystones. Scroll brackets support the shallow cast-iron metal balcony beneath the paired third-story windows. Four fluted pilasters rise from a molded limestone belt course to edge the paired windows and bordering basketweave cream and buff brick panels. A molded limestone belt course and stepped limestone parapet with a seven-panel frieze top the pilasters. "City Memorial Hospital" is incised in the central panel of the frieze. The parapet's upper cornice is embellished with five regula and guttae.

Brick parapets with molded limestone cornices cap the two flanking bays, which are stepped back from the three center bays. Treatment of window openings in those bays and elsewhere on the facade's first

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and second stories is identical to that of the narrow first-story windows flanking the entrance. All third-story windows are spanned by soldier-course lintels and a molded limestone belt course that functions as a continuous sill. In the outer six bays, soldier-and-header-course spandrels fill the space between first- and second-story windows. Six pierced limestone spandrels beneath the third-story belt course feature a fleurs-de-lis motif. Soldier-course lintels and header-course sills frame basement window openings. A molded water table defines the top of the basement wall. The water table and belt course span the façade and east and west elevations of the 1930 building as well as the east 1953 stair tower addition, ending at the interior edges of the quoins at the south wall's corners.

Embellishment on the three-bay west elevation includes a dark-brick-header entrance surround that mimics the shape and two-story height of the north entrance surround in a stylized manner. A flat metal canopy with canted corners shelters the inset entrance vestibule, where two narrow concrete steps rise to a slightly projecting concrete landing with a mid-twentieth-century black-painted tubular-steel railing. Vinyl siding flanks the deeply recessed single-leaf 1974 door. The original first-floor plan indicates that this wide opening originally functioned as the entrance for patients arriving by ambulance and thus had a double-leaf door to accommodate stretchers and personnel. The ambulance entrance shifted to the addition's east side in 1953.

Decorative masonry above the canopy includes two courses beneath the second-story window punctuated by regularly spaced pairs of projecting headers. The window is edged with horizontal stretchers flanked by stepped vertical stretchers. All first-and-second-story windows have slightly projecting header-course sills and soldier-course lintels topped with a corbelled header course. Soldier-and-header-course dark-brick spandrels separate first- and second-story window openings. The recessed header-course light-brick panels beneath the belt course have canted sills. The stepped parapet of the brick 1930 elevator penthouse is visible above the 1941 roof parapet.

The 1953 addition covers the central five bays of the 1930 south elevation. On either side of the addition, three bays of single and paired windows with one-over-one aluminum sash remain exposed. First-and-second-story windows have soldier-course lintels and slightly projecting header-course sills. Third-story windows rise from a thin corbelled cast-stone band that originally functioned as parapet coping. A dark-brick soldier course caps the second story and a canted brick stretcher water table tops the above-grade basement wall. Windows are of standard size except for two short narrow bathroom windows that pierce the central second-story bay west of the addition. The easternmost third-story bay contains a paired window. The large basement service door opening is filled with T1-11 panels. This entrance provided access to the kitchen.

On the south wall east of the addition, the east bays have paired windows at all four levels. The west bay originally had two short narrow windows on each of the three lower floors but since the addition's

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east wall bisects the westernmost opening it was filled with brick. A standard-sized window pierces the west third-story bay. The basement is fully above grade. All windows are covered with particle board. The foundation is red brick beneath the windows.

The south bay of the 1930 east elevation contains three windows. The wall is executed in the same manner as the west elevation. The 1953 stair tower addition that projects from the north two bays replaced a steel fire escape. The walls are laid in common bond with four lighter stretcher courses alternating with darker header courses, perpetuating the 1930 banded effect although the wire-cut variegated-ochre brick veneer is slightly darker in tone. The molded limestone water table, third-story belt course, and cornice were also emulated. The tower's north and east walls are blind. A single-leaf steel door with a nine-pane upper section and three windows pierce the south wall.

Interior, 1930, 1941

Although the interior was remodeled during the 1974 apartment conversion and suffered fire damage in April 2015 and January 2022, the original floor plan—long double-loaded corridors lined by rooms of various sizes—is substantially intact. (Exhibits B and C) The east half of the building sustained the most extensive fire, smoke, and water damage. Frame second- and third-floor walls are charred. However, the masonry walls, floor, and ceiling are sound.

The brick exterior and terra-cotta-block partition walls were originally plastered. Many flat-board window surrounds with molded edges remain. Square white-glazed ceramic tile covers the exterior walls of the third-floor surgical suite. (Photograph 4) In 1974, when portions of interior walls were removed to create new door openings and some frame walls were erected, all walls were sheathed with faux-wood paneling, much of which has been painted. Narrow wood door surrounds and flat- and six-panel hollow-core doors were installed in original and new openings.

Plaster-on-wire-lath ceilings and small rectangular Celotex tiles applied directly to corridor ceilings, likely during the 1953 remodeling, are in poor condition. Dropped-acoustical ceilings were installed in many areas in 1974. Floors are covered with collapsed ceilings and other debris, obscuring original finishes. According to a 1932 Duke Endowment publication, the original floor finishes were cement, ceramic tile, and vinyl composition tile.[1] Circa 1974 modifications throughout the building include the installation of fluorescent lighting, commercial-grade carpeting, vinyl baseboards, wallcoverings ranging from wallpaper to faux-wood sheet paneling, wood kitchen cabinets with laminate countertops, fiberglass tub and shower surrounds, and white porcelain fixtures.

[1] W. S. Rankin, H. Eldridge Hannaford, and H. P. Van Ardsall, *Bulletin No. 3: The Small General Hospital* (Charlotte, N. C.: The Trustees of the Duke Endowment, February 1928, revised January 1932), 121.

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The previous owner removed all interior walls and the ceiling in the west 1941 third-story addition, exposing the steel I-beam, post, and bar joist structural system. (Photograph 5) Some sheet vinyl remains on the concrete floor. The bathroom that abutted the south wall's center bay had a small-white-mosaic-tile floor and square-white-ceramic-tile baseboards.

The basement is inaccessible as it is filled with three feet of water. Historically, two four-bed wards for African American patients were at the east end of the basement, which also contained a bathroom, nurses' station, kitchen, and dining, autopsy room, storage, utility, and boiler rooms. The elevator and the adjacent straight run of formed-concrete steps with a tubular-steel railing provided basement egress.

Exterior, 1953 addition (Photographs 2 and 3)

The expansive, Modernist, flat-roofed, three-story-on-basement addition is executed in a manner that complements the 1930 hospital. The walls are laid in common bond with four lighter stretcher courses alternating with darker header courses, perpetuating the banded effect although the wire-cut variegated-brick veneer is more ochre in tone. Dark brick was used for the soldier course that tops the basement wall and to fill the panels that frame first- through third-story windows on the east and west elevations. Slightly projecting cast-stone bands surrounding each row of windows function as a continuous sill and lintel for most openings. This treatment was not employed for windows in the three northernmost bays of the fourteen-bay west elevation, on the three-bay south elevation, and at the basement level on the east and west elevations, all of which have header-course sills. Plywood panels cover the basement windows. Since the west side of the basement is below grade, a formed-concrete retaining wall was erected approximately eight feet to the west to create a light well, allowing for full basement wall exposure. The above-grade portion of the light well's south wall is concrete-capped variegated-ochre brick.

Many of the large steel-frame three-pane windows were replaced in 1974 with aluminum-frame sash of the same configuration. Each comprises a fixed plate-glass upper pane and two-pane base that slides open to provide ventilation, an important feature as the wing was not originally air-conditioned. Paired three-pane windows predominate, but single windows of that type and aluminum-frame one-over-one replacement sash light some rooms. In the west elevation's north bay, which contains the stair tower, original steel-frame windows have three vertical hoppers. The stair penthouse is illuminated by a four-pane steel-frame hopper window on the west wall, while the adjacent elevator shaft, which is set back approximately four feet from the roof parapet, has a two-over-two vertical-pane double-hung sash and louvered metal vent on its south elevation. The two bays south of the stair tower contain aluminum-frame one-over-one sash at each level. A four-pane steel-frame hopper window and a louvered metal vent pierce the southwest stair penthouse's west wall.

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On the south elevation, a two-over-two horizontal-pane double-hung sash lights the south stair on both the second and third stories. In the bay west of those windows, a louvered metal vent fills the second-story opening, while the third-story opening is enclosed with brick. Slender painted steel posts spanned by matching tubular railings support the one-story flat metal canopy above two first-floor entrances. The single-leaf steel doors have nine-pane upper sections.

All four levels of the east elevation are above grade. A stepped brick retaining wall executed in the same manner as the building extends approximately thirty feet from the southeast corner to ameliorate the elevation change. Otherwise, the grass bank slopes down to the asphalt-paved parking lot. Plywood panels cover the basement windows and most door glazing. The one-story, flat-roofed, two-bay morgue storage room that projects east from the southernmost basement bay has two single-leaf steel doors with nine-pane upper sections on the north elevation and a window on the east elevation. A flat metal canopy supported by slender painted steel posts extends north from the storage room to shelter two basement doors and four windows in the wing's south bays. The concrete walkway beneath the canopy has a steel edge and is slightly above grade. A single-bay flat metal canopy covers the recessed entrance vestibule at the basement wall's north end. The single-leaf steel door within the vestibule has a nine-pane upper section. A short concrete ramp rises from the parking lot to the concrete platform adjacent to the vestibule. Aluminum scuppers and downspouts empty onto the parking lot.

Interior, 1953 addition (Photographs 6 and 7)

A double-loaded, central, north-south corridor extends the full length of the 1953 addition. Brick exterior walls and cinder-block partition walls were originally plastered. Although most rooms remain their original size, partition walls have been removed or added in some locations. Plaster-on-wire-lath ceilings are in poor condition. Cream-glazed oversized rectangular-ceramic-tile wainscoting sheathes the lower three quarters of the laboratory, morgue, and kitchen walls in the basement. Terra-cotta floor tile remains in some basement rooms. Four bathrooms retain original light blue or mint green square-ceramic-tile wainscoting and/or shower walls and some white porcelain fixtures. The two-panel door and metal storage cabinet remain in one third-floor room. A few closets have single-leaf steel doors with louvered vents. Remodeling undertaken in conjunction with the 1974 apartment conversion involved the installation of dropped-acoustical-tile ceilings, fluorescent lighting, commercial-grade carpeting, vinyl-composition-tile floors, vinyl baseboards, and wallcoverings ranging from wallpaper to faux-wood sheet paneling, wood kitchen cabinets with laminate countertops, fiberglass tub and shower surrounds, and white porcelain fixtures.

The steel and concrete-pan stair in the northwest stair tower provides access to all four levels and the roof. The steel railing comprises square newels, slender square balusters, and narrow metal handrails. The adjacent elevator penthouse access is on the roof.

Nurses' Home, 15 Pine Street, 1934, contributing building

Exterior (Photographs 8 and 9)

The two-story-on-basement hip-roofed Colonial Revival-style nurses' home is five bays wide and three bays deep. The variegated buff-and-red wire-cut brick walls are laid in running bond. Red-brick quoins at the building corners, slightly projecting header-course window sills, and soldier-course first-story window lintels topped with a corbelled header course provide aesthetic contrast. The 1974 aluminum-frame, double-hung, one-over-one sash windows replaced six-over-one double-hung wood sash. (Exhibit C) A molded water table and tall stepped wood cornice wrap around the building. Eight arched louvered attic vents (three each on the north and south slopes and one each on the east and west slopes) pierce the roof. Plywood covers all door and basement window openings.

Fenestration on the primary (north) elevation's first story consists of four paired windows flanking the central entrance, where a stepped wood surround frames a single-leaf, multi-pane, wood door with multi-pane sidelights topped by a segmental-arched multi-pane transom. Narrow beaded boards sheathe the arched ceiling of a robust front-gable hood supported by shaped brackets. Four concrete steps rise to a concrete landing within brick sidewalls with concrete caps. A slender metal railing is mounted at the steps' west end. Second story fenestration comprises three single windows alternating with two paired windows.

A smaller gabled hood shelters the single-leaf door with a three-pane upper section and two tall vertical base panels at the east elevation's center. The hood is identical in design to that at the front entrance except for the ceiling, which is open to the roof decking boards. A two-step concrete and brick landing provides egress. A paired window north of the door and three single second-story windows illuminate the interior. Although the inset southeast corner porch was enclosed in 1974 with wood paneling around a pair of small one-over-one double hung sash windows, the original brick lattice balustrade is intact behind the plywood.

The elevation decline to the west and south allows for above-grade basement windows on those elevations. The basement windows on the south elevation become progressively larger moving west. A below-grade single-leaf plywood door is the sole means of basement egress. Steel steps with a slender metal railing rise to the first-floor landing above the formed-concrete basement stair well. The single-leaf door with a glazed upper section and two-vertical-panel base and aluminum-frame storm

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door were likely installed in 1974. First-story fenestration from west to east comprises a single standard-sized window, a short narrow window, a pair of short windows, and a pair of standard-sized windows. On the second-story, two windows in the west bays, the pair of windows in the second bay from the east end, and the easternmost window are standard size, while the central window is short and narrow. There are three single windows at each level of the west elevation.

Interior

The first floor originally contained a large recreation room, living room, sitting room, kitchen, half-bathroom, and two bedrooms flanking a full bathroom. The second-floor encompassed seven bedrooms, a large bathroom, and a storage room, all with hardwood floors and plaster walls and ceilings.[2] (Exhibit D)

The previous owner began to renovate the interior in 2021. Although original framing is substantially intact, all wood lath and plaster were removed from walls and ceilings with the exception of the stair hall. Wood baseboards, window and door surrounds, picture molding, and single-leaf doors were also removed and discarded. However, much of the plaster applied to exterior brick walls is in fair condition and ghost marks indicate locations and dimensions of removed trim. The hardwood floors in most rooms are sound. Sheet vinyl remains in a few locations. The condition of original floors covered with plywood in several first-floor rooms has not been determined. In some of those same rooms, gypsum-board-sheathed frame walls were erected and ceilings were covered with gypsum-board in 2021.

At the north end of entrance hall, ten-pane full-height sidelights flank the single-leaf door opening in the vestibule's interior wall. The door surround is embellished with distinctive notched molding. (Photograph 10) Other significant original features include the unpainted wood stair that rises to the second floor center hall's south end. The unpainted railing comprises square newel posts with pointed-arch panels and square caps, slender square balusters, and molded handrails. (Photograph 11)

The original basement configuration is unknown. Although most brick exterior walls are unpainted, some are parged and painted, indicating that there were finished areas as well as mechanical and storage rooms. The previous owner removed all historic partitions and began framing new walls. The concrete floor is unfinished.

[2] Duke Endowment, *Tenth Annual Report of the Hospital Section* (Charlotte: Duke Endowment, 1934), 126-127.

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Ambulance Garage, 608 Thomas Street, 1950, contributing building (Photographs 12 and 13)

The flat-roofed, concrete-block, windowless, four-bay garage facing Cannon Street has four roll-up corrugated-metal doors on the south elevation, a single-leaf steel door on the west elevation, and two three-foot-wide, full-height, louvered metal vents at the north and south ends of the east elevation. The single open room has a poured-concrete floor, formed-concrete ceiling, and painted concrete-block walls. Steel grates and plates cover two long east-west drainage pits that span the floor near the north and south walls.

Integrity Statement

City Memorial Hospital and Nurses' Home retain integrity of location, setting, feeling, and association as the complex occupies its original site within a residential south Thomasville neighborhood. The buildings also possess integrity of design, materials, and workmanship due to the retention of character-defining features of early- and mid-twentieth-century institutional architecture including building form, exterior finish, plan, and circulation patterns. Fenestration clearly indicates original spatial function. Distinctive features of the 1930 hospital such as wire-cut variegated-buff brick walls with quoins and the smooth cream limestone entrance surround, central parapet embellishment, flat parapet coping, third-story spandrels, and molded water table, belt course, and cornice are in good condition. The cast-iron metal balcony on the north elevation and flat metal canopy above the west entrance are original. The 1953 addition retains single-leaf steel doors with nine-pane upper sections, steel-frame windows, and flat metal south and east entrance canopies.

Although the hospital interior was remodeled during the 1974 apartment conversion and suffered fire damage in April 2015 and January 2022, the original floor plan—long double-loaded corridors lined by rooms of various sizes—is substantially intact. Most rooms retain their original size with minimal partition wall removal or addition. Plastered terra-cotta-block (1930) and cinder-block (1953) partition walls were covered with wallcoverings ranging from wallpaper to faux-wood sheet paneling in 1974. However, some original flat-board window surrounds with molded edges and the square white-glazed ceramic tile on the walls of the third-floor surgical suite remain in the 1930 building. In the addition, the laboratory, morgue, and kitchen retain cream-glazed oversized rectangular-ceramic-tile wainscoting and terra-cotta tile floors. The steel and concrete stairs in the 1953 east and west towers retain original railings with square newels, slender square balusters, and narrow metal handrails. Modifications such as installation of fluorescent lighting, commercial-grade carpeting, dropped-acoustical-tile ceilings, wood kitchen cabinets with laminate countertops, and bathroom fixtures in 1974 are removable and thus do not significantly diminish the building's integrity.

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The 1934 nurses' home's variegated buff-and-red wire-cut brick walls, red-brick quoins, wood front-gable hoods at the north and east entrances, multi-pane wood north door with multi-pane sidelights and an arched transom, and eight arched louvered attic vents are in good condition. The interior framing is substantially intact, although all wood lath and plaster and wood trim were removed from walls and ceilings by the previous owner in 2021 with the exception of the stair hall. The hardwood floors in most rooms are sound. Original floors were covered with plywood in several first-floor rooms when the previous owner began installing gypsum-board-sheathed frame walls and ceilings. The wood stair retains a square newel posts with pointed-arch panels and square caps, slender square balusters, and molded handrails. At the entrance hall's north end, original ten-pane full-height sidelights flank the single-leaf door opening with notched trim in the vestibule's interior wall.

Statement of Archaeological Potential

To be determined.

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Section 8. Statement of Significance

City Memorial Hospital in Thomasville, North Carolina, erected in 1930 with additions in 1941 and 1953, and the 1934 nurses' home meet National Register Criteria A for health and medicine and C for architecture. The facility is locally significant for the intensive-level medical care provided to residents of Thomasville and the surrounding area from 1930 until 1971. Public-private partnerships enabled the complex's construction. Contributions from the Thomasville community and the Duke Endowment subsidized the cost of the 1930 thirty-one-bed hospital, 1934 nurses' home, and the 1941 third-story hospital additions. Passage of the 1946 Hill-Burton Act, which provided federal, state, and local funding for health care facility improvements throughout the nation, facilitated further expansion and modernization of the hospital in 1953 that increased capacity to eighty-one beds. The Classical Revival-style hospital, its Modernist addition, and the Colonial Revival-style nurses' home are architecturally important as they display distinctive characteristics of early- and mid-twentieth-century institutional architecture including building form, finish, plan, and circulation patterns. City Memorial Hospital reflects design standards of the 1920s and 1950s as well as changes in medical technology, theory, and practice that coalesced with the desire for a fresh, progressive image for new facilities during the mid-twentieth century. Prominent Greensboro architect Charles C. Hartmann employed contrasting masonry colors, textures, and patterns to accentuate the three-story-on-basement, variegated buff wire-cut brick, 1930 hospital's classical features, foremost of which are the smooth cream limestone entrance and central parapet embellishment. He also rendered plans for the 1941 third-story hospital additions. The streamlined design, variegated ochre wire-cut brick veneer, and cast-stone accents of the three-story-on-basement 1953 addition designed by Greensboro architect J. Burton Wilder complement the 1930/1941 building while expressing Modernist tenets. Hartmann's design for the 1934 nurses' home with banded variegated buff-and-red wire-cut brick walls and gabled entrance hoods references the hospital. The period of significance begins with the hospital's 1930 construction and continues until patients were transferred to the newly completed Community General Hospital on August 7, 1971, encompassing the completion dates of the 1934 nurses' residence and 1941 and 1953 hospital additions.

Historical Background and Health/Medicine Context

Access to medical care remained limited as the population of Thomasville, Davidson County's second largest community after Lexington (the county seat), grew from 214 in 1872 to about eight hundred by 1896. Physicians saw patients in small offices or during home visits, providing routine treatment as well as surgeries. Doctors often assisted each other with complex cases and procedures. Individuals requiring more extensive treatment traveled to hospitals in larger cities such as Charlotte, Salisbury, or Winston. The number of Davidson County physicians increased from thirteen in 1872, two of whom

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resided in Thomasville, to twenty-one in 1896, when three doctors and a dentist practiced in the town. Five doctors and three dentists served 4,526 Thomasville residents in 1913.[3]

Despite its sizable contingent of physicians, Davidson County was still without a hospital during the 1910s, which was not unusual. The North Carolina Medical Society sought to increase awareness of such health care disparities by commissioning High Point physicians J. T. Burrus and H. W. McCain to undertake a statewide medical facility survey. In their 1917 report, the men chronicled a dramatic increase in hospital quantity and quality from the eleven institutions that had been established in the state before 1895 to sixty-five hospitals existing in 1916. The vast majority (fifty-four) of those facilities were "stock" hospitals, which were chartered and owned by physicians rather than civic, educational, industrial, religious, or military entities. In such cases, a board of trustees provided management oversight and vetted hospital staff. Three facilities—Charlotte's Presbyterian Hospital, Wilmington's James Walker Memorial Hospital, and Washington Hospital (which became Beaufort General Hospital)—handled notably large numbers of surgeries.[4] However, most communities were underserved.

North Carolina's burgeoning economy encouraged the construction of many new hospitals and the expansion of existing facilities during the early 1920s. Although Davidson County physicians and residents advocated for a modern publicly subsidized hospital, county commissioners did not support the initiative. Doctors therefore continued to treat patients at offices and homes. In August 1922, J. T. Burrus and H. W. McCain purchased property on North Main Street in Lexington upon which to build the county's first hospital. After Dr. McCain's death on October 3, 1922, at the age of forty, Dr. Burrus collaborated with Lexington physician J. Alexander Smith to charter and construct Davidson Hospital on the same parcel. When the three-story brick facility with a thirty-bed capacity opened in July 1924, Smith served as the chief physician and Burrus, who remained based in High Point, was the chief surgeon.[5] Thomasville citizens could travel seven miles to High Point or eleven miles to Lexington for hospital care.

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[3] Levi Branson, ed., *Branson's North Carolina Business Directory 1872* (Raleigh: Levi Branson, 1872), 80; Levi Branson, ed., *Branson's North Carolina Business Directory 1890* (Raleigh: Levi Branson, 1890), 245; Levi Branson, ed., *Branson's North Carolina Business Directory 1896* (Raleigh: Levi Branson, 1896), 231; News and Observer, *North Carolina Yearbooks* (Raleigh: News and Observer, 1914), 180.

[4] Warner L. Wells, "Pioneer Hospitals in North Carolina," in *Medicine in North Carolina: Essays in the History of Medical Science and Medical Service, 1524-1960*, ed. Dorothy Long (Raleigh: The North Carolina Medical Society, 1972), 280-283.

[5] The hospital at the intersection of North Main and West Fourth Streets closed upon completion of the 1946 Lexington Memorial Hospital. It served as a boarding house prior to demolition during the early 1960s. "Doctors Plan Building Lexington Hospital," *Charlotte Observer*, August 15, 1922, p. 7; " 'The Davidson' Name of New Lexington Hospital," *Twin City Sentinel*, July 29, 1924, p. 5.

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In 1926, 153 hospitals in fifty-nine counties served North Carolina residents. All treated paying and indigent patients and hosted clinics to address tonsillitis, tuberculosis, and other illnesses. Access to convenient and affordable medical care was still particularly problematic for rural dwellers, and the ratio of doctors to patients throughout the state remained extremely low—only one physician to every 1,500 people according to a University of North Carolina survey.[6] Thus, the Duke Endowment and other private entities attempted to ameliorate need by subsidizing hospital construction, improvement, and operation. Since Duke Endowment funds were only available to non-profit organizations, a coalition of Thomasville community leaders created the City Memorial Hospital Foundation in 1929. The first board of trustees—physician Charles H. Phillips and businessmen Doak Finch, Thomas Austin Finch, James E. Lambeth, and A. H. Ragan—led the fundraising campaign to construct and operate a hospital. Local industrial concerns, other businesses, churches, civic groups, and individuals donated $12,422, $1,850 of which was used to purchase 2.5 acres on Pine Street in the Thomas Park subdivision from Nettie Thomas in June 1929. Banker and Thomasville Chair Company president Thomas Jefferson Finch contributed $40,000 to the endeavor before his death in July. His sons T. Austin, Doak, and George Finch, all Thomasville Chair Company executives, facilitated dispensation of the funds. The City of Thomasville allocated $2,786 to the hospital construction project and the Duke Endowment provided $50,000.[7]

City Memorial Hospital trustees engaged prolific Greensboro architect Charles C. Hartmann to design the two-story-on-basement brick Classical Revival-style City Memorial Hospital in June 1929. Building committee members Doak Finch, James E. Lambeth, and Dr. D. K. Farrington coordinated with Hartmann and Dr. W. S. Rankin of the Duke Endowment during the planning process. Gray Concrete Pipe Company, headed by Fred B. Gray, was awarded a $50,000 general construction contract on September 17, 1929. Total building costs were $79,685, resulting in a $105,208 expenditure including equipment and furnishings ($18,579) and site acquisition and improvements ($6,944). The hospital encompassed thirty-one beds in sixteen four-patient wards, nine private rooms, and six two-bed rooms flanking central east-west corridors. Two four-bed wards for African American patients were at the east end of the basement, which also contained a bathroom, nurses' station, kitchen, and dining, autopsy room, storage, utility, and boiler rooms. The east half of the first floor

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[6] *News Letter*, July 7, 1926, vol. XII, no. 34, University of North Carolina at Chapel Hill.

[7] The Finch donation equaled the settlement amount of a lawsuit charging the Southern Railway in the 1925 death of their brother, Brown Finch, killed when a Southern passenger train collided with his car at a Thomasville crossing. City Memorial Hospital Board of Trustees Minutes, 1929-1960, Thomasville Medical Center, Novant Health (hereafter abbreviated CMHBTM), April 22-June 17, 1929; Davidson County Deed Book 111, p. 257; Plat Book 4, p. 19; "Thomasville Hospital Will Be Located on Pine Street," *Greensboro Daily News*, June 3, 1929, p. 6; "Thomas J. Finch Taken By Death," *News and Observer*, July 21, 1929, p. 2; Rankin, et. al, *The Small General Hospital*, 121; Wint Capel, *In Words & Pictures: Thomasville in the Nineteen Twenties* (Chapel Hill: Cape Corp Press, 1999), 57.

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comprised patient rooms, a bathroom, nurses' station, the superintendent's bedroom and bathroom, a utility room, and a business office accessed from the north-south entrance corridor. The reception room was opposite the office. Further west, a service kitchen, treatment room, pharmacy, and laboratory were south of the east-west corridor, while the interconnected X-Ray and emergency operating rooms were north of the corridor. The second floor contained patient rooms, a bathroom, nurses' station, service kitchen, and utility room. The third floor, then only the central third of the building footprint, housed two operating rooms, a sterilizing room, doctors' and nurses' dressing rooms, and a nurses' work room. Large rooftop terraces flanked the surgical suite. Stairs and an elevator connected all four levels. Local companies provided much of the furniture.[8]

Thomasville leaders—mayor James E. Lambeth, City Memorial Hospital chief of staff Dr. Charles H. Phillips, and Mills Baptist Orphanage manager Reverend Dr. M. L. Kesler—and Dr. W. S. Rankin of the Duke Endowment spoke at the July 4, 1930, dedication. Hospital personnel included superintendent Ora Lee Fulp and her assistant Alice Little, both nurses; physicians R. G. Jennings, W. G. Smith, and R. V. Yokeley of Thomasville; C. E. Clyatt of Denton; and R. N. Zimmerman of Lexington; Thomasville dentists R. W. Crews, O. R. Hodgin, and R. H. Holliday; and graduate nurses Bess Christian, Grace Priddy, and Mary Stewart. Physicians maintained private practices and treated patients at the hospital. Dr. C. H. Phillips, an 1892 graduate of the University School of Medicine at Baltimore, had practiced in Randolph County for twenty-nine years before moving to Thomasville in 1921. Ora Lee Fulp, former superintendent of Guilford General Hospital and a 1926 graduate of that institution's nurses' training school, resided on the hospital's first floor, while a portion of the fourth floor functioned as living quarters for other nurses.[9]

Many hospitals, some with associated nursing schools, provided separate dormitories located on the grounds for female staff. Building construction, equipment, and furnishing cost was often subsidized by philanthropic concerns such as the Duke Endowment, local industries, churches, civic groups, and citizens. This practice became more prevalent during the early twentieth century as hospitals recruited nurses to meet increasing demand for medical care. Buildings such as the 1921 James Walker Nursing School Quarters (NR 1989) in Wilmington, 1922 Martin Memorial Hospital Nursing School (NR 2021, Mount Airy Historic District) in Mount Airy, 1932 Hugh Chatham Memorial Hospital nurses' residence (NR 2011) in Elkin, and 1938 Yadkin Hospital nurses' home in Albemarle supplied lodging as well as areas to cook, dine, gather, and study. Nursing and education, which were among the few professional career opportunities available to women through the early twentieth century, perpetuated

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[8] CMHBTM, June 17-September 17, 1929; June Rankin, et. al., *The Small General Hospital,* 121-123.
[9] "Thomasville Hospital Dedicated on Friday," *Twin City Sentinel*, July 5, 1930, p. 14; "New Thomasville Hospital is Dedicated to Service," *Winston-Salem Journal*, July 5, 1930, p. 2; "Commencement Program For Hospital Nurses," *Charlotte Observer*, May 30, 1926, Section 2, p. 1; "Dr. C. H. Phillips Passes," *Greensboro Record*, April 9, 1948, p. 10.

women's traditional roles as nurturers and teachers while allowing for autonomy and the opportunity to work outside the home. As the rigorous demands of academic coursework, practical training, and lengthy hospital shifts left little time for women to run a household and compensation was meager, residential dormitories were a pragmatic solution.[10]

City Memorial Hospital trustees began raising funds for more quiet, convenient, and private accommodations for nursing staff in early 1933. The Duke Endowment contributed $7,000 toward the $14,555 construction and furnishing cost of the residence erected southwest of the hospital. Most of the remainder was donated by First National Bank president John W. Lambeth in memory of his wife Daisy Sumner Lambeth and T. Austin, Doak, and George Finch in memory of their mother Hannah Brown Finch. Both women died in 1933. Charles C. Hartmann designed the two-story, hip-roofed, brick, Colonial Revival-style residence completed in June 1934. The first floor contained a large recreation room, living room, sitting room, kitchen, half-bathroom, and two bedrooms with a central bathroom. The second floor encompassed seven bedrooms, a large bathroom, and a storage room, all with hardwood floors and plaster walls and ceilings. The nurses hosted social gatherings as well as board of trustees and hospital staff meetings in the common areas. Several nurses were married in the building, after which they lived elsewhere. Trustees codified this practice in November 1940 by ruling that married personnel were prohibited from residing in the nurses' home.[11]

Hospital visits escalated during the Great Depression as worsening economic conditions triggered public health service funding cuts that made regular doctors' visits unaffordable for many people. Daily inpatient rates initially ranged from $3.00 for beds in wards to $7.50 for private rooms with en-suite bathrooms. Rates gradually rose during the 1930s to reflect increases in the daily per capita cost of care, which averaged approximately $4.00 by 1935. The hospital received small annual Duke Endowment contributions to subsidize care for indigent patients. Amounts fluctuated based on the

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[10] Mary Lewis Wyche became head nurse at the newly opened Rex Hospital in Raleigh following her 1894 graduation from Philadelphia General Hospital Training School. She planned and directed the first academic and practical nurses' school for white women in North Carolina, which admitted five students in October 1894. Others soon followed, including St. Agnes Hospital at St. Augustine College in Raleigh, which established a nursing school for African American women in conjunction with the hospital's October 1896 opening. Eleven faculty instructed four students in 1897. W. Gill Wylie, *Hospitals: Their History, Organization, and Construction* (New York: D. Appleton and Company, 1877), 162-163; Mary Lewis Wyche, *The History of Nursing in North Carolina* (Chapel Hill: University of North Carolina Press, 1938), 8-9, 10-11.

[11] CMHBTM, June 22, 1933; "Plan Home for Nurses," *Charlotte Observer*, August 7, 1933, p. 12; "Hannah Finch," *News and Observer*, August 29, 1933, p. 3; "Mrs. J. W. Lambeth," *Greensboro Daily News*, January 3, 1933, p. 4; Mary Green Matthews and M[argaret] Jewell Sink, *Wheels of Faith and Courage: A History of Thomasville, North Carolina (*1952, reprint, Thomasville: Habitat for Humanity of Thomasville Area, Inc., 2002), 112; Duke Endowment, *Tenth Annual Report of the Hospital Section* (Charlotte: Duke Endowment, 1934), 125-127; City Memorial Hospital Medical Staff Meeting Minutes, 1948-1959, Thomasville Medical Center, Novant Health (hereafter abbreviated CMHMSMM), March 17, 1948.

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number of treated patients, totaling $505 in 1931 and $2,331 in 1937, for example. The City of Thomasville also regularly appropriated funds for patients who were unable to pay for services, allocating $1,000 annually by 1939. In July of that year, the hospital requested reimbursement for removing the tonsils of fourteen children from Mills Baptist Orphanage.[12]

Sixty North Carolina hospitals with twenty-five or more beds met the American College of Surgeons standards regarding laboratory and X-ray equipment, staff, and medical record retention in 1934. City Memorial Hospital was not among them. To attain a higher ranking, the maternity ward, pathology laboratory, and X-ray department were updated and a nursery created on the second floor in fall 1938. Hospital administrator Henry L. Goodloe, radiology technician Selma Dorsey, dietitian Florence McWilliams, and nurse M. M. Dameron joined the staff, which included surgeons G. T. Alexander, R. K. Farrington, P. M. Sherrill, and eye, ear, nose, and throat specialist R. G. Jennings. The nursing team in 1938 comprised superintendent Leanna Sue Brown, Gladys Campbell, Kathleen Fields, Virginia Shell, and three African American women who cared for Black patients. Robert B. Eleazor served as hospital administrator by 1941. Ann McKeon, the nurses' superintendent, resided in the nurses' home with nine other white women including Mary Hunsucker, Laura V. McCullough, Frances Meador, Ruth Price, Margaret Thompson, and Vivian Venable. Black nurses Lilly M. Gray and Sadie R. Moss lived nearby.[13]

Thomasville residents continued to subsidize hospital improvements. Medical staff spouses and other local women established a women's auxiliary to support the facility in October 1941. Also that fall, the proceeds of a benefit Rotary-Lions Club softball game were utilized to purchase an incubator for the nursery. The Thomasville Junior Chamber of Commerce raised six hundred dollars for a blood bank to collect, separate, test, and store blood. Myriad citizens donated almost $13,000 to facilitate construction of third-floor additions flanking the surgical suite that would contain two private rooms and a patient ward to the east and a delivery room and nursery to the west. Charles C. Hartmann rendered drawings for the project in consultation with Dr. W. S. Rankin of the Duke Endowment, which contributed $6,000 of the cost. Newly installed administrator Lawrence H. Bright, previously of Yadkin Hospital in Albemarle, oversaw the work executed by Irvin Construction Company of Catawba, Sink Electric of Thomasville, and Greensboro plumbing and heating contractor Hunt

[12] CMHBTM, August 1, 1930, June 22, 1933, March 2, 1936, January 22, 1937, July 7, 1939, November 22, 1940; "Duke Endowment Donates $861,175," *News and Observer* (Raleigh), April 1, 1931, p. 8; "Duke Endowment Makes Annual Appropriations," *News and Observer*, March 31, 1937, p. 2.

[13] The African American nurses on staff in 1938 have not been identified. CMHBTM, November 26, 1937; "65 Hospitals In State on Approved List," *Charlotte News*, October 15, 1934, p. 3; "Thomasville Hospital to Construct Nursery," *Greensboro Daily News*, October 17, 1938, p. 7; "Thomasville City Hospital Expands, Modernizes Plant," *Winston-Salem Journal*, November 15, 1938, p. 3; "Goodloe Heads City Hospital at Thomasville," *Winston-Salem Journal*, September 18, 1938, p. 5; Charles W. Miller, *Miller's Thomasville, N. C. City Directory* (Asheville: City Directory Company, 1941).

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Brothers. Upon the additions' December 1941 completion, hospital capacity rose to forty-seven patients.[14]

City Memorial Hospital functioned at full capacity during World War II. The hospital benefited from a statewide initiative to update North Carolina's medical facilities that began in 1945 in response to the Medical Care Commission's findings that most hospitals were inadequate. The Hill-Burton Act, a 1946 federal law also known as the Hospital Survey and Construction Act, enabled hospital improvements nationally through a federal grant and loan program. The North Carolina General Assembly supplied matching funds in 1947 and 1949, and the North Carolina Medical Care Commission assessed statewide needs, determining that thirty-three counties had no hospitals and more than fifty percent of the state's counties contained insufficient facilities. With a goal of providing convenient and affordable treatment to all residents, regardless of their location or ability to pay for care, the Medical Care Commission created 103 hospital districts and approved fifty-seven hospital expansion or construction projects by June 30, 1951 under the auspices of the Good Health Plan. Communities including Albemarle, Burlington, Greenville, Laurinburg, Lenoir, Lexington, North Wilkesboro, and Smithfield built new one-hundred-bed hospitals, most of which were executed in a streamlined Modern architectural style.[15] The plan's success depended upon the collaborative efforts of medical professionals, community and political leaders, and private citizens. Big band leader Kay Kyser recorded a song called "It's All Up To You" with Frank Sinatra and Dinah Shore to generate public support for the plan and the tune dominated radio station playlists.[16] Private donations were a significant component of the initiative. The 1946 Lexington Memorial Hospital (NR 2012), a 106-bed facility designed by Charles C. Hartmann, was erected and equipped at a cost of approximately $400,000 almost entirely raised by city residents during a two-year campaign. The Duke Endowment contributed $35,000. The project was underway before the Hill-Burton Act was implemented.[17]

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[14] CMHBTM, November 22, 1940, April 21, 1941, July 5, 1941, September 11, 1941, December 19, 1941; "Contract is Let for the Thomasville Hospital Addition," *Winston-Salem Journal*, August 15, 1941, p. 5; "Auxiliary Unit," *Twin City Sentinel*, October 28, 1941, p. 2; "Improvement Made At Thomasville Hospital," *Twin City Sentinel*, November 14, 1941, p. 6; "Thomasville Hospital Work Progresses," *Winston-Salem Journal*, November 8, 1941, p. 1.
[15] Marjorie Hunter, "Rural Areas Benefit Most from Big Hospital-Building Program," Raleigh *News and Observer*, Annual Farm Edition, February 20, 1950, p. 20; *North Carolina Almanac and State Industrial Guide, 1952-1953* (Raleigh: Almanac Publishing Company, 1952), 515-516; Medical Foundation of North Carolina, fundraising brochure, 1953.
[16] Dick Broom, *Jubilee: North Carolina Memorial Hospital UNC School of Medicine, A 50-Year Illustrated Retrospective* (Chapel Hill: Medical Foundation of North Carolina, 2002), 13.
[17] Preston Sparrow, "Lexington's New Hospital Grew Out of Civic Desire," *Greensboro Daily News*, March 18, 1946, p. 10; Preston Sparrow, "New Lexington Hospital Receives First Patients," *Greensboro Daily News*, December 24, 1946, Sec. 2, p. 3. Lexington Memorial Hospital was rehabilitated in 2012 to serve as Hilltop Terrace Apartments.

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Provisions of the Hill-Burton Act also facilitated construction of small community health centers and nurses' residences. Local municipal and county governments were required to supplement federal and state construction grants and loans, as well as to demonstrate their ability to maintain the proposed facilities. Hospital boosters solicited private donors for funds necessary to complete and furnish buildings such as the 1947 City Hospital - Gaston Memorial Hospital nurses' school and dormitory (NR 2011) in Gastonia and the 1949 Lexington Memorial Hospital nurses' home designed by Charles C. Hartmann. In conjunction with such initiatives to improve physical plants, the North Carolina General Assembly sponsored the University of North Carolina at Chapel Hill's medical school expansion and established a revolving loan program to subsidize the salaries of young medical, dental, and nursing school students who made commitments to practice in rural areas for four years.[18]

In Thomasville, planning for a three-story addition to City Memorial Hospital estimated to cost $400,000 began in 1946. The projected expenditure increased to $650,000 by 1950, when funding was finally secured. Federal and state government aid totaled about $400,000 and local government appropriations $200,000. A Thomasville Community Foundation fundraising campaign garnered $59,281 for the cause. Cannon Mills president Charles A. Cannon of Concord made a generous contribution. Amazon Cotton Mills of Thomasville donated $15,000 for the purchase of an elevator from the Monarch Company in Greensboro and $5,000 toward overall construction cost.[19] Trustees gradually acquired acreage adjacent to the original tract.[20]

More space was desperately needed by 1951, when bed shortages were endemic and three third-floor patient rooms were regularly used for emergency surgeries and deliveries. In May of that year, general contractor Coltrane and Graham of High Point began erecting the addition designed by Greensboro architect J. Burton Wilder. Durham engineer William M. Wallace II provided plumbing, electrical, heating, and ventilation system drawings and specifications. The wing would encompass private and semi-private patient rooms, three operating rooms on the second and third floors, a staff library and records room on the first floor, and a laboratory, morgue, kitchen, and boiler room in the basement.

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[18] Broom, *Jubilee: North Carolina Memorial Hospital UNC School of Medicine*, 13; "Gaston Memorial Hospital," *Gastonia Gazette*, February 9, 1948, p. 3.

[19] "Thomasville Hospital Expects to Get Full Approval of Surgeons," *Winston-Salem Journal*, January 24, 1947, p. 22; "Thomasville Hospital Seeks Federal Aid," *Winston-Salem Journal*, February 1, 1950, p. 6; "Thomasville Project Meets Goal," *News and Observer*, December 30, 1950, p. 3; "Hospital Addition Taken Up at Trustees' Meeting," *High Point Enterprise*, January 4, 1951, p. 5B; "Thomasville Hospital Drive Nets $10,000," *Twin City Sentinel*, February 7, 1951, p. 11; "Thomasville Ends Hospital Campaign," *News and Observer*, February 16, 1951, p. 15; "Amazon Cotton Mills," *Winston-Salem Journal*, March 9, 1951, p. 2; CMHBTM, January 3, 1951, March 7, 1951; May 7, 1953.

[20] T*wo lots in the McIntyre subdivision west of the hospital* that became Rodella Street remain part of the hospital parcel but is excluded from the National Register boundary. Davidson County Plat Book 4, p. 19; Deed Book 420, pp. 358, 363 and 381; Plat Book 5, p. 60; Deed Book 512, p. 302.

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The 1930 building remained in use as hospital staff treated approximately 2,132 Black and 2,338 white patients in 1952. After the addition was substantially complete in late February 1953, the 1930 section was remodeled. The project scope included updating the surgical suite and X-ray department, painting, and relocating African American patient wards from the basement to an upper floor. Following expansion and renovation, City Memorial Hospital had eighty-one beds, only seven of which were designated for African American patients, and twenty bassinets in the nursery.[21]

In 1953, the hospital board of trustees comprised Doak Finch, David Long, Fred Gray, N. C. English, Fremont Mendenhall, and Dr. Gordon Smith, who also aided hospital administrator Bill Smith. Medical staff included physicians G. T. Alexander, R. Kirby Farrington, Russell P. Harris (the only surgeon), George P. Highsmith, R. G. Jennings, R. L. McDonald, Marvin W. Phillips, Phillip M. Sherrill, R. V. Long, and W. Gordon Smith Sr. Dr. Highsmith, a Dunn native and World War II veteran who established a Thomasville internal medicine practice and joined the hospital staff in 1952, led initiatives to update the pathology laboratory, purchase equipment including a cardiac defibrillator and cardiac monitoring equipment, create cardiac and intensive care wards on the second floor, and install an air conditioning system in those areas. He was also instrumental in the recruitment of physicians Furman Covington, Charles Gilliam, C. O. Plyler, and Shelley York (Thomasville's first board-certified surgeon), as well as nurses Becky Garner, Beck Jo Harris, Savanna Harris, Arteal Porter, Betty Price, Lillie Wilson, and Sandra Winkle.[22]

Although the addition's completion allowed for increased patient volume and improved service, hospital occupancy rates exceeded eighty percent by the late 1950s and ninety percent by 1966. Overcrowded conditions and facility and equipment inadequacies prompted trustees to engage Charlotte architecture firm J. Norman Pease Associates in 1963 to guide planning and estimate costs for hospital expansion to 150 beds. The board also considered converting the nurses' home to an outpatient clinic. Trustees continued to solicit donations for physical plant improvements through the 1960s. Projects included installation of X-Ray department and operating room equipment, patient room furnishings, forty Philco window air conditioning units supplied by Peacock Furniture Company

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[21] CMHMSMM, 1952 clinical service statistics provided by the Duke Endowment; CMHBTM, May 16, 1951, December 1, 1952, May 7, 1953; "Thomasville Hospital Construction," *Winston-Salem Journal*, February 21, 1952, p. 3; "Thomasville's Hospital Annex Shoots up Fast," *High Point Enterprise*, March 2, 1952, p. 4; "Thomasville Hospital Annex Nearly Finished," *Charlotte Observer*, January 25, 1953, p. 6; "New Hospital Wing," *Winston-Salem Journal*, February 25, 1953, p. 6; *North Carolina Almanac and State Industrial Guide (Raleigh: Almanac Publishing Company, 1953), 355.*

[22] Dr. George P. Highsmith, "City Memorial Hospital," undated narrative, City Memorial Hospital vertical file, Thomasville branch of the Davidson County Public Library; Katie Olsen, "Physician George Highsmith to retire," *Thomasville Times*, May 16, 1998, pp. 1 and 3; Wint Capel, *A Recent History of Thomasville, North Carolina, 1952-1991* (Thomasville: Wint Capel, 1991), 58-59, 62.

of Thomasville in 1957 at a cost of $183.00 each, and conductive vinyl floor tile in the surgical suite in 1964. Electrical and air conditioning systems were regularly updated.[23]

Despite City Memorial Hospital's 1956 amendment of its 1929 charter to clarify that patients would not encounter discrimination due to "race, creed, or financial ability," the facility remained segregated and access to health care services was not equitable. The hospital continued to treat almost equal numbers of Black and white patients without increasing capacity in the African American ward. Black Thomasville residents' requests for increased bed allocation were not granted. In response to complaints, trustees asked the Thomasville Chamber of Commerce to solicit community and medical staff input regarding hospital conditions and develop an action plan for improvement. The committee found that pediatric and African American wards were so "shamefully overcrowded," that hallways, the records office, and laboratories were used to accommodate patients. The committee's December 1960 report recommended hospital expansion and a public relations campaign but did not address the need for discriminatory practice eradication.[24]

After the Civil Rights Act of 1964 codified desegregation mandates at the federal level, slow implementation triggered nationwide protests. On July 6 of that year, four prominent North Carolina civil rights attorneys including Sammie Chess Jr. of High Point filed a class action lawsuit on behalf of Black High Point plaintiffs Charles Addison, B. Elton Cox, Thomas Fuller, Bessie L. Haltom, and Donald Lindsay alleging racial discrimination at High Point Memorial Hospital. Chess and attorneys Conrad O. Pearson of Durham and J. Levonne Chambers of Charlotte (both also litigators in the High Point case) and Jack Greenberg and Michael Meltsner of New York represented African American Thomasville residents Reverend William D. Banks, Howard W. White, Marie McCauley, Mary Moore, and Alonzo McCauley in a similar lawsuit filed on October 14, 1964, that challenged disparity in accommodation at City Memorial Hospital. Although delivery rooms, newborn nurseries, patient rooms and wards, and Black medical staff eating facilities were segregated, trustees denied perpetuation of discriminatory practices. On December 15, 1964, the board adopted a resolution stating that patient admittance and treatment, room assignment, and food service would continue to be administered without racial distinction or segregation.[25]

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[23] CMHMSMM, January 11, 1956, March 5, 1856, April 8, 1957, August 9, 1957; CMHBTM, February 18, 1958, July 16, 1963, October 15, 1963, January 21, 1964, December 15, 1964; Community General Hospital Committee Minutes, 1965-1986 (hereafter abbreviated CGHCM), Buildings and Grounds Committee, July 19, 1963, July 16, 1964, October 15, 1964 February 16, 1965.

[24] CMHBTM, February 18, 1958; Thomasville Chamber of Commerce Hospital Committee Report, 1961; City Memorial Hospital file, Thomasville Medical Center, Novant Health.

[25] "Consent Order," Civil Action No. C-96-G-64; "Complaint," Civil Action No. C-173-G-64; City Memorial Hospital file, Thomasville Medical Center, Novant Health.

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As planning for expansion of the hospital at its current site continued, trustees on June 15, 1964, authorized the $30,000 purchase of three nearby parcels, two containing residences at 19 Pine Street and 20 Cannon Street and an undeveloped lot at the Hinkle Street and Edgewood Avenue intersection. In October, the board bought lots 51-55 at the intersection of Cannon Street and Edgewood Avenue from Charles Phillips for $12,500 and acquired the triangular parcel between the hospital grounds and Thomas Street.[26]

The North Carolina Medical Care Commission approved City Memorial Hospital's preliminary expansion proposal on February 1965. Medical staff and trustees refined the project scope and reviewed drawings rendered by J. Norman Pease Associates in spring 1966. However, trustees reconsidered the plan when the difference between cost estimates of approximately $2,253,000 for the eighty-bed addition and renovation of the existing hospital and $2,970,000 for construction of a 150-bed facility was nominal. The board also determined that the probability of securing federal and state funding would be higher for a new facility at a different location and thus elected to pursue that option. Fred B. Gray, the general contractor of the 1930 hospital, chaired the building committee, which selected the Greensboro architecture firm Stout and Coltrane to design the new facility in December 1966.[27] The hospital was modeled after one of the firm's recently completed commissions, the 1966 four-story, flat-roofed, Modernist L. Richardson Memorial Hospital at 2401 Southside Boulevard in Greensboro.[28]

Community leaders began raising one million dollars to subsidize Community General Hospital's construction on a fifty-five-acre tract on Old Lexington Road in 1967. Harry Browne Finch was the campaign's general chairman, assisted by other prominent industrialists and businessmen. The City Memorial Hospital Guild, established in 1967, raised funds for equipment, hospitality shop operation, and educational scholarships by organizing cultural events. The local campaign garnered $1,950,000 to match the federal contribution. A $350,000 Duke Endowment bequest and $100,000 state appropriation subsidized the remainder of the $4,350,000 cost. Construction commenced in December 1968 and Community General Hospital, a four-story Modernist building with a 164-bed capacity,

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[26] CGHCM, Buildings and Grounds Committee, July 19, 1963, April 24, 1964, June 15, 1964, July 16, 1964, October 15, 1964, November 16, 1964; Davidson County Plat Book 4, p. 19, and Plat Book 5, p. 60.
[27] CGHCM, Buildings and Grounds Committee, February 16, 1965, May 23, 1966, June 30, 1966, July 14 and 27, 1966, August 16, 1966, December 29, 1966.
[28] The 1966 L. Richardson Memorial Hospital replaced the Spanish Colonial Revival-style hospital of the same name at 603 South Benbow Road (NR 1992). That building, constructed in 1927 and enlarged in 1930 and 1946, was renovated to serve as thirty-two apartments in 2001 and refurbished in 2021. Upon its 1927 completion, the hospital for African American patients designed by Greensboro architect Charles C. Hartmann was lauded as the most well-equipped in the city. "Pledges Duke Aid," *Greensboro Daily News*, January 5, 1926, p. 4; "New Negro Hospital," *Greensboro Daily News*, May 5, 1927, p. 6.

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opened on August 7, 1971. City Memorial Hospital closed the same day after all patients were transferred to the new facility, which had a 230-person staff and fifty doctors with admitting privileges.[29]

J. C. Glosson, an entrepreneur from Tyro, bought the Pine Street hospital and nurses' home for $100,000 in June 1973 and converted them into forty-two apartments. The buildings served as "The Oaks" apartments from February 1975 until an April 28, 2015, fire in the rear wing. A second fire on January 28, 2022, caused extensive damage in the 1930 building. 11 Pine Street LLC conveyed the property to Thomasville Apartments LLC in August 2022.[30]

Architecture Context: Early to Mid-Twentieth Century Hospitals

Most North Carolina hospitals operating during the early twentieth century were privately funded institutions and few were housed in purpose-built medical facilities. J. T. Burrus and H. W. McCain's 1917 report on North Carolina hospitals included photographs of fifty-eight buildings of disparate appearance. Surgeon Warner Wells analyzed the sample in 1972 and concluded that fifteen facilities occupied residences that had been adapted for use as hospitals, twelve had "conventional sanitorium design," and four were located on the upper floors of commercial buildings. Institutions such as Durham's Watts Hospital and Raleigh's Rex Hospital had H- or E-shaped plans that provided maximum light and air circulation and encompassed open wards or "pavilions" intended to house patients with the same disease, thus discouraging the spread of infection. The pavilion plan, first employed in mid-nineteenth century France and England and promoted by nurse Florence Nightingale, remained common through the 1930s, although the more compact block plan, which featured smaller patient rooms flanking central corridors, was also popular during the period. Block-plan hospitals allowed for efficient staff interaction, increased patient privacy, and reflected a focus on medical technology rather than building form as the mechanism of patient healing. Such facilities were executed in a variety of architectural styles including Classical, Colonial, and Renaissance Revival. Both pavilion- and block-plan buildings manifested the concern with "fastidious and universal cleanliness" advocated by hospital sanitation expert John Simon, who stressed that sterile conditions

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[29] Community General Hospital merged with Novant Health on November 30, 1997. The facility has been enlarged and remodeled several times and is now known as Thomasville Medical Center. "City Memorial Hospital Building Fund," fundraising campaign brochure, 1967; "Hospital History: The Saga of Saving Lives," *Thomasville Times*, September 29, 1990, Section F, pp. 10-11 and 17-19; Kate Olsen, "Hospital celebrates 65 years of service," *Thomasville Times*, April 27, 1995, pp. 1 and 9B;

[30] Capel, *A Recent History of Thomasville,* 58-59; William Bottomley, "About 100 people evacuated by Thomasville apartment blaze," WXII 12, April 28, 2015; Emily Mikkelsen, "Video shows crews working fire at abandoned Thomasville Hospital building," Fox 8 News, January 28, 2022; Deed Book 2449, p. 1862; Deed Book 2561, p. 1773; Plat Book 4, p. 19.

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and ample ventilation were critical components of patient care.[31] Early-twentieth-century North Carolina hospitals that incorporated these standards include Classical Revival-style facilities in Burlington, Elizabeth City, Morehead City, and Wilson, all designed by architect Charles C. Benton of Wilson.[32] The 1913 Mercy Hospital (NR 1988, East Wilson Historic District) at 504 East Green Street in Wilson, which treated African American patients, and 1916 Rainey Hospital at 1308 Rainey Street in Burlington are substantially intact. Each brick building features a monumental tetrastyle classical portico.[33]

Hospital design standards were updated as the twentieth-century progressed to reflect architectural trends and advancements in building materials and technology. H-, U-, and T-shaped floor plans allowed for numerous large windows, often paired or grouped in wide bands, that illuminate and ventilate interior spaces. Classical architecture continued to prevail through the 1930s, evoking a sense of tradition, permanence, and refinement through overall composition and ornament drawn from Ancient Grecian and Roman archetypes. Symmetry and balance are important components of the style. However, elements of the internationally popular Art Deco and Art Moderne styles were increasingly employed to convey a sense of prosperity and modernity. Architects were inspired by the early-twentieth-century Italian Futurist movement, which completely rejected historical precedents and celebrated the era's progress, utilizing stucco, structural glass, glass block, porcelain-enameled steel, and anodized aluminum to embody a machine aesthetic. The Art Moderne style reflects the speed, energy, and power of automobiles, trains, steamships, and factories in buildings with horizontal massing, asymmetrical facades, curved corners, banding, and flat roofs.[34] The Art Deco style, also executed using modern building materials and construction practices, was born at the 1925 Paris Exposition of Decorative and Industrial Arts. Art Deco captured roaring twenties exuberance and translated well to myriad building types, from storefronts and movie theaters to skyscrapers. Typical features include smooth stone or stuccoed walls, stylized geometric and foliate decoration, and a vertical emphasis heightened by stepped pilasters or parapets.[35]

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[31] Warner L. Wells, "Pioneer Hospitals in North Carolina;" Annmarie Adams, *Medicine By Design: The Architect and the Modern Hospital, 1893-1943* (Minneapolis: University of Minnesota Press, 2008), xvii-xix.
[32] Kate Ohno, "Charles C. Benton Sr.," *North Carolina Architects and Builders: A Biographical Dictionary*, 2012, http://ncarchitects.lib.ncsu.edu/people/P000420 (accessed July 2016).
[33] Elizabeth City Hospital (1915) at 1301 Carolina Avenue has been altered. Moore-Herring Hospital (1914) in Wilson and Morehead City Hospital (1918) are no longer extant. Mercy Hospital has been renovated to serve as offices for the Wilson Community Improvements Association, Inc., while Rainey Hospital houses Carolina Biological Supply Company.
[34] Mark Gelernter, *A History of American Architecture: Buildings in Their Cultural and Technological Context* (Hanover, New Hampshire: University Press of New England, 2001), 227-228; Peter Gossel and Gabriele Leuthauser. *Architecture in the Twentieth Century* (Koln, Slovenia: Taschen, 2001), 319.
[35] Gelernter, *A History of American Architecture*, 241-243.

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The Duke Endowment, which subsidized construction of hospitals and nurses' homes, provided guidance for rural institutions seeking to erect facilities with twenty- to forty-five-bed capacities. The foundation's 1928 publication *The Small General Hospital* outlined the planning process and supplied sample architectural drawings as well as specifications for building materials, equipment, and room arrangement. The Duke Endowment's Hospital Section, under the direction of physician W. S. Rankin, guided local architects as they adapted standard plans to specific sites and community needs. The 1932 edition features photographs and renderings of ten North Carolina and South Carolina hospitals that the Duke Endowment had subsidized, including Haywood County Hospital (1927) in Waynesville and City Memorial Hospital (1930) in Thomasville.[36] While architectural style varied from Classical Revival to Art Deco and Art Moderne, most buildings were similar in form, plan, and finish.

Both Haywood County Hospital, designed by Charlotte architect Louis H. Asbury, and City Memorial Hospital, designed by Greensboro architect Charles C. Hartmann, are three-story-on-basement Classical Revival-style buildings. However, Haywood County Hospital (NR 2018) is more austere, executed in pressed running-bond red brick with a stepped parapet, Indiana limestone modillion cornice and water table, and double-hung multi-pane wood sash windows. A one-story portico with a stepped parapet, molded cornice, Tuscan columns, and square brick posts shelters the primary entrance. Hartmann employs polychrome masonry to emphasize City Memorial Hospital's classical features. Wire-cut variegated-buff brick walls are laid in common bond with four lighter stretcher courses alternating with darker header courses, resulting in a banded effect. Darker brick was also used for window lintels, sills, spandrels, and quoins that edge the building's corners and the north elevation's slightly projecting central five bays. The smooth cream limestone entrance surround, central parapet embellishment, flat parapet coping, third-story spandrels, and molded water table, belt course, and cornice supply contrasting color and texture. Hartmann's subsequent Davidson County commissions include the 1946 Lexington Memorial Hospital (NR 2012) at 111 North Carolina Avenue, a striking three-story-on-basement T-plan building with Art Deco and Art Moderne stylistic elements. As with City Memorial Hospital, he employed contrasting masonry texture and color to add aesthetic interest and dimension. The five-to-one common-bond buff-brick walls are accented with slightly projecting red-brick header courses at the basement and third-story levels.

North Carolina hospital construction burgeoned during the late 1940s after the Medical Care Commission evaluated facilities statewide and found that many, even those constructed in the 1920s and 1930s, were unable to meet capacity demands given rapid postwar population growth. Utilizing federal grants and loans made available by the Hill-Burton Act and matching funds allocated by the North Carolina General Assembly and local governments in conjunction with public donations, ninety-

[36] Rankin, et. al., *The Small General Hospital,* 98, 116-124.

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seven health care facilities in sixty counties were improved at a cost of $47 million between 1947 and 1951. The majority of these projects (fifty-seven) involved the construction of new hospitals.[37]

Changes in medical technology, theory, and practice coalesced with the desire for a fresh, progressive image for the new facilities. Modern architecture, in addition to being a predominant mid-twentieth-century design aesthetic, proved to be the most affordable option for the hospital building program. Modernist principles such as simplicity, efficiency, affordability, and intrinsic material expression were inherently applicable to educational buildings, which typically display a functionalist approach in their form, horizontal massing, articulated structures, spare detailing, and fenestration that is dictated by spatial use rather than symmetry. The availability of new building materials and technology allowed for structures that employ concrete, steel, and glass in innovative ways. Curtain walls containing large steel-frame windows replaced traditional load-bearing walls and facilitated visual connectivity between interior and exterior spaces. Such design provides large, well-ventilated, and amply lit interiors. Steel and precast-, formed-, and slab-concrete structural systems, often exposed on the exterior and interior, allow for expansive, open rooms. Concrete block was often a less expensive alternative for structural walls than brick. Materials including structural and spandrel glass, glass block, anodized aluminum, natural and cast stone, textured concrete masonry units, and long, thin Roman brick were used to embellish facades during this period. Durable finishes includes concrete, terrazzo, ceramic, and vinyl-composition tile floors.

Such elements were well-represented in the contemporary architecture exhibit in 1932 at the Museum of Modern Art in New York, which exposed the American public to Modernist architectural tenets. The exhibit catalog, authored by art historian Henry-Russell Hitchcock Jr. and architect Philip Johnson, identified noteworthy buildings constructed in what was called the International Style given its European genesis and subsequent diffusion throughout the world. They also profiled the movement's leading architects: Walter Gropius and Ludwig Mies van der Rohe of Germany, Le Corbusier of France, and J. J. P. Oud of Holland.[38] Walter Gropius and Mies van der Rohe were among the European architects and designers who emigrated to the United States in the late 1930s and espoused Modernist principles to a new audience. Gropius, the highly influential founder of the German design school known as the Bauhaus, promoted the central tenets of Bauhaus philosophy—maximum efficiency and simplicity of design—in the courses he taught at Harvard's Graduate School of Design beginning in 1937. Both men inspired generations of architects.

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[37] *North Carolina Almanac*, 1952-1953, page 515.
[38] Henry-Russell Hitchcock, Jr., and Philip Johnson, *The International Style: Architecture since 1922* (New York: W. W. Norton & Company, 1932), 20.

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The popularity of Modernist design and spending spurred by the Hill-Burton Act coincided with the 1948 creation of the School of Design at North Carolina State College (NCSC) in Raleigh. Campus administrators hired architecture professor Henry Kamphoefner, who recruited George Matsumoto, James Walter Fitzgibbon, Edward W. Waugh, and other University of Oklahoma faculty to help him establish the NCSC School of Design. The men, all strong proponents of Modernism, employed the style in commercial, educational, industrial, institutional, religious, and residential commissions throughout the state. School of Design professors and visiting lecturers including Frank Lloyd Wright, Walter Gropius, and Mies van der Rohe had a significant impact on North Carolina's mid-century built environment, both through the buildings they designed and the students they trained.[39]

A few mid-twentieth-century North Carolina medical facilities, such as Presbyterian Hospital (1958) in Charlotte and the Northup and O'Brien-designed University of North Carolina at Chapel Hill Hospital were Classical Revival in style, but the vast majority reflected a Modernist influence in their use of materials, construction techniques, and spatial arrangements. A two-page collage in a fundraising brochure published by the Medical Foundation of North Carolina around 1953 illustrates sixteen Modernist hospitals including Alamance, High Point Memorial, Kinston Memorial, and Bertie.[40] All display sleek lines, smooth facades, flat-roofed entrance canopies, and aluminum-frame plate-glass windows, doors, and curtain walls characteristic of Modernist design. Ceramic and spandrel glass tile sheathed surgical suite, kitchen, morgue, bathroom, and corridor walls, providing easily disinfected surfaces. Steam and high-temperature instrument sterilizers, stainless steel warming cabinets for fluids and blankets, built-in stainless steel and glass storage cabinets, and stainless steel swinging doors in the surgical areas were typically employed to create a hygienic environment.

Many hospitals received Modernist additions during the 1950s. Asheville architect Lindsey M. Gudger prepared plans for the five-story, brick, Modernist, 1952 Haywood County Hospital addition, while Foy and Lee Associates, Architects, of Waynesville, designed the 1958 addition that doubled the rear wing's size. The 1952 addition is executed in five-to-one common bond pressed red brick with a cast-stone cornice, while the contrasting texture and color of the 1958 wing's red-brick walls, orange-brick stretcher-course accents, and cream concrete-block spandrels was an affordable means of adding interest and dimension.

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[39] Edward Waugh and Elizabeth Waugh, *The South Builds: New Architecture in the Old South* (Chapel Hill: The University of North Carolina Press, 1960), preface, 8; David R. Black, "Early Modern Architecture in Raleigh Associated with the Faculty of the North Carolina State University School of Design, Raleigh, North Carolina," National Register of Historic Places Multiple Property Documentation Form, 1994, E15-16.
[40] Medical Foundation of North Carolina, fundraising brochure, 1953.

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The City Hospital-Gaston Memorial Hospital complex at 401-405 North Highland Street in Gastonia (NR 2011) encompasses the 1924 City Hospital, 1951 Gaston Memorial Hospital, and 1957 addition that connects them, as well as the 1947 nurses' school and dormitory. The four-story red-brick Classical Revival-style 1924 building features a metal modillion cornice, flat-roofed east entrance portico supported by paired Tuscan columns, and slightly recessed round-arched window surrounds on the façade's first story. In stark contrast, the Modernist 1951 and 1957 additions designed by Walter Hook and Associates of Charlotte, have sleek lines, smooth facades, flat-roofed entrance canopies, and aluminum-framed plate-glass windows, doors, and curtain walls.

Like the aforementioned buildings, the expansive, flat-roofed, three-story-on-basement City Memorial Hospital addition designed by Greensboro architect J. Burton Wilder expresses Modernist tenets while complementing the 1930 hospital's Classical Revival style. Although the wire-cut variegated-ochre brick veneer is darker in tone, the walls are laid in common bond with four lighter stretcher courses alternating with darker header courses, continuing the banded effect. Dark brick was also used for the soldier course that tops the basement wall and to fill the cast-stone-bordered panels that frame first- through third-story windows on the east and west elevations. The slightly projecting limestone belt courses function as window sills and lintels. Large windows supply abundant light and ventilation while creating a sense of openness and connectivity between the building interior and the surrounding landscape. Some original three-pane steel-frame windows remain, along with single-leaf steel doors with nine-pane upper sections and flat metal south and east entrance canopies.

Architecture Context: Early to Mid-Twentieth-Century Nurses' Homes

Many hospitals, some with associated nursing schools, provided housing for nurses. Whenever possible, separate dormitories located on the grounds provided quiet, convenient, and private accommodations. Nurses' residences typically encompassed an apartment for a superintendent nurse, private bedrooms, shared bathrooms, classrooms, living and dining rooms, and a kitchen.[41] Classrooms were often in basements. The buildings were usually designed in a manner that complemented the adjacent hospital. Some resemble substantial single-family residences or small apartment buildings in scale, form, and finish, while sizable multi-story buildings are more institutional in character. Extant early to mid-twentieth-century North Carolina examples range in style from Classical Revival to Modernist.

[41] Mary Lewis Wyche, *The History of Nursing in North Carolina* (Chapel Hill: University of North Carolina Press, 1938), 8-9, 10-11.

The 1921 James Walker Nursing School Quarters (NR 1989) at 1020 Rankin Street in Wilmington is the only surviving resource associated with James Walker Memorial Hospital.[42] The rectangular, flat-roofed, running-bond-red-brick, Classical Revival-style nurses' residence was designed by Wilmington architect James B. Lynch and enlarged in 1926, 1937, and 1943. The building provided lodging and classrooms for student nurses as well as experienced practitioners who staffed the hospital. The James Walker Memorial Hospital School of Nursing graduated its last class in spring 1966.[43] The nurses' quarters was remodeled in 1968 to house the New Hanover County Department of Social Services, a function that continued until the department occupied a new building in July 1988. Wilmington Housing Finance and Development, Inc., a private entity, undertook a renovation completed in 1990 that created thirty-four one-bedroom and three two-bedroom apartments in the expansive four-story-on-basement structure.[44] The property was refurbished in 2010 and 2025. Finishes on the first- through fourth floors include plaster and gypsum-board walls and ceilings and wood door and window surrounds, chair rails, crown molding, and baseboards.

The much smaller 1922 Martin Memorial Hospital Nursing School at 113 South Gilmer Street in Mount Airy, Surry County, faces the 1914 Martin Memorial Hospital (NR 2021, Mount Airy Historic District). Both are granite-veneered, hip-roofed buildings with minimal embellishment. The two-and-a-half-story nursing school displays a classical influence in its pedimented portico and dormers, corbelled granite water table, large window openings, and transom and sidelights framing the single-leaf six-panel front door.[45] The building, which initially contained twenty-five rooms, provided accommodations and classrooms for nursing students until the May 1, 1953, fire that destroyed all but

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[42] The first building in the complex, a hip-roofed, red-brick, Classical Revival-style hospital completed in late 1901, featured a monumental two-story portico and porte cochere with Doric columns. The hospital gradually grew to span two blocks through construction of additions and freestanding buildings. The hospital closed upon the June 14, 1967, opening of the seven-story, 404-bed New Hanover Memorial Hospital. "Memorial Hospital," *Wilmington Morning Star*, March 12, 1902, p. 1; "Elegant Institution," *Wilmington Messenger*, May 20, 1902, p. 5; Dr. Robert M. Fales, "History," in *The Epitome* (Wilmington: James Walker Memorial Hospital, 1966), 4-7.

[43] "Erection of Nurses Home," *Wilmington Morning Star*, February 11, 1922, p. 10; "Nursing School," *Wilmington Star-News*, July 1, 1945, p.20; Tom McRae, "New Hospital," *News and Observer*, May 8, 1967, p. 8; "New Hospital," *Charlotte Observer*, June 14, 1967, p 6; "New Hanover," *News and Observer*, March 5, 1968, p. 3; Frank O'Brien, "Hospital Demolished," *Charlotte Observer*, March 5, 1972, p. 23; Fales, "History," 4-7; Angela B. Rowe, "James Walker Nursing School Quarters," National Register of Historic Places Nomination, 1989.

[44] Wilmington Housing Finance and Development, Inc. purchased the property on November 2, 1989. Randall Bray Associates, a Wilmington firm headed by architect W. Randall Bray, rendered drawings for the renovation executed by Clancy and Theys Construction Company. New Hanover County Deed Book 1475, pp. 485, 488; Randall Bray Associates, "James A. Walker Apartments," July 28, 1989.

[45] Surry County replaced the original double-hung one-over-one wood sash with double-hung one-over-one aluminum sash. The three-level, one-bay-deep, vinyl-sided rear addition, which replaced the original one-story rear porch, was begun by Surry County and completed in 2007 by Cockerham Construction Company. Lillian Holder, Holder Family Limited Partnership, email correspondence, March 8, 2021.

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the granite walls of the hospital across the street.[46] Although the nurses' residence was not damaged, the school ceased operations after seniors graduated in mid-May due to the lack of a practical training facility. The building subsequently served as City of Mount Airy and Surry County offices until its sale in February 2000.[47] The structure is comparable in size and level of alteration to City Memorial Hospital nurses' home in Thomasville. Although most original interior framing is intact, removal of all wood lath and plaster from walls and ceilings with the exception of the stair hall began in 2005. Salvaged wood baseboards, window and door surrounds, and single-leaf doors are stored on site. The southeast room's wood post-and-lintel mantel remains in place. The wood stair at the east elevation's center, which connects all four levels, features square newel posts with flat square caps, slender rectangular balusters, and a molded handrail.

The 1932 Hugh Chatham Memorial Hospital nurses' residence (NR 2002) at 232 Hawthorne Road in Elkin and 1938 Yadkin Hospital nurses' home at 1003 Meadow Street in Albemarle, both austere red-brick Colonial Revival-style buildings, resemble the City Memorial Hospital nurses' home in scale and finish. Frank L. Blum Construction Company completed the $21,000 Hugh Chatham Memorial Hospital nurses' residence in October 1932. The two-story-on-basement, running bond red-brick, forty-room building with a low-hipped slate roof contained an apartment for the resident surgeon and his family, nurses' rooms, kitchens and dining rooms, and servants' quarters.[48] Weatherboarded wings flank the main block topped with a molded cornice. Six-over-six and paired four-over-four double-hung wood-sash windows light the interior. At both primary entrances, classical surrounds comprising fluted pilasters and a triangular broken pediment with a central urn finial frame six-panel single-leaf doors. The interior is substantially intact, retaining plaster walls and ceilings, hardwood floors, single-leaf wood doors, and simple wood baseboards and window and door surrounds. The hospital and nurses' home were renovated in 2003 to function as Chatham Woods, apartments for senior citizens.[49]

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[46] "Additions to the Mount Airy Hospital," *Twin City Sentinel* (Winston-Salem), December 16, 1922, p. 4.

[47] The one-hundred-bed Northern Hospital of Surry County and adjacent fifty-nine-bed nurses' residence on Rockford Street were placed into service in April 1957. Surry County and the City of Mount Airy jointly acquired the former nurses' home, which functioned as Surry County Health Department offices from 1956 until the 1982 completion of a much larger office building in Dobson. The building subsequently housed Surry County's Emergency Medical Services Department. "Nothing Final on Moving Nurses," and fire-related newspaper clippings, May 1953, "Old Hospital is Converted into 18 Apartments," undated newspaper clipping, and Marjorie Hunter, "Hospital Rises from Ashes as Tribute to Mount Airy," November 24, 1956, Martin Memorial Hospital School of Nursing scrapbook, Mount Airy Museum of Regional History; Martin Memorial School of Nursing yearbook, *The Stripes*, 1961; Surry County Deed Book 201, p.469; Deed Book 403, p. 653; Deed Book 764, p. 596.

[48] "Hospital Gets Gift," *Charlotte Observer*, July 19, 1931, Section 2, p. 1; "Nurses Home Contract Let," Winston-Salem Journal, June 2, 1932, p.12; "New Nurses and Surgeons Home," *Greensboro Daily News*, October 16, 1932, p. 5.

[49] "Chatham Woods," *Statesville Record and Landmark*, October 11, 2003, p. 3.

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The two-story-on-basement, side-gable-roofed, Yadkin Hospital nurses' home is characterized by a robust molded cornice with gable-end returns and wire-cut-red brick running-bond walls punctuated by eight-over-eight, six-over-six, and four-over-four double-hung wood sash in openings with slightly projecting header-course sills. The classical surround at the central north entrance features flat pilasters, a flat frieze, and a molded flat pediment. A one-story frame sunporch extends from the east elevation. The original floor plan is substantially intact, with the most significant modification being the 2007 removal of the wall between the kitchen and living room to create a single open room with a kitchen at its south end. Most rooms retain plaster walls and ceilings, hardwood floors, two-panel single-leaf wood doors, and simple wood baseboards, crown molding, and window and door surrounds. The open stair's original wood railing with square newel posts and narrow square balusters remains. The building was remodeled in 2007 to serve as a recreation center and offices for seniors residing in the former hospital.[50]

Although there were no nurses' training schools in Davidson County, City Memorial Hospital and Lexington Memorial Hospital each had a neighboring nurses' residence. The austerity of the two-story, brick, 1934 City Memorial Hospital nurses' home designed by Charles C. Hartmann reflects the depression era during which it was constructed. The building is characterized by variegated buff-and-red wire-cut brick walls, red-brick quoins, wood front-gable hoods at the north and east entrances, a multi-pane wood-frame north door with multi-pane sidelights and an arched transom, and eight arched louvered attic vents. Intact original interior features include hardwood floors in most rooms and a wood stair with square newel posts with pointed-arch panels and square caps, slender square balusters, and molded handrails. Ten-pane full-height sidelights flank the single-leaf door opening with notched trim in the entrance vestibule's interior wall. Despite the previous owner's 2021 removal of wood lath and plaster and wood trim from interior walls and ceilings with the exception of the stair hall, most original interior wall framing and plaster on exterior walls remains.

The 1947 City Hospital - Gaston Memorial Hospital nurses' school and dormitory at 405 North Highland Street in Gastonia, part of the Gaston Memorial Hospital (NR 2011) complex, also demonstrates the enduring popularity of traditional architecture. The two-story-on-basement, flat-roofed, rectangular, red-brick building fronts West Mauney Avenue on the hospital's west side. Classical Revival features including a molded cornice; brick quoins; and raised-panel door with five-pane sidelights and a fanlight within the segmental-arched primary entrance surround complement the 1924 hospital's design. The building provided classrooms and accommodations for students of the

[50] The facility operated by Winston-Salem-based Baptist Retirement Homes of North Carolina, Inc. since 1953, was known as Albemarle Baptist Home until 1994, when it was renamed Taylor House after a renovation. "Yadkin Hospital Sold to Baptist Organization," *Stanly News and Press* (Albemarle), May 26, 1953; "Baptist Home for Aging," *Stanly News and Press,* December 4, 1953, pp. 1 and 14.

Gaston Memorial Hospital School of Nursing, which opened on January 15, 1947, until a $410,000 dormitory and nursing school was completed at 416 North Highland Street in 1957. The older building subsequently housed the hospital's administrative offices until November 1973, followed by Gaston County offices until 2011.[51] The original six-over-six, double-hung, wood-sash windows removed when openings were filled with brick in 1973 were replaced in kind during the complex's rehabilitation to serve as Highland Memorial Apartments completed in 2013. Although the interior has been remodeled several times, the original floor plan is substantially intact.

Charles C. Hartmann again specified polychrome brickwork to distinguish the Art Moderne-style two-story Lexington Memorial Hospital nurses' residence behind the hospital at 111 North Carolina Avenue, completed in 1949 by general contractor King Hunter, Inc. at a cost of $62,000.[52] The five-to-one common-bond buff-brick walls are accented with multiple slightly projecting brown-brick header courses at the basement, between the two stories, and between the second-story and flat roof, resulting in a banded effect similar in execution to the City Memorial Hospital nurses' home walls. The flat metal canopy above the primary entrance is original, but a paneled wood door was installed and square wood posts, a wood railing with turned baluster, and a spindle frieze were added beneath the canopy during the late twentieth century. All windows have been replaced. The interior condition is unknown.[53]

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[51] The nursing school ceased to operate when the nine-story, 479-bed Gaston Memorial Hospital was finished in November 1973. The 1957 Nurses' School is intact and now serves as a nursing home. "Memorial Hospital to Start Nursing Class," *Gastonia Gazette*, April 25, 1947, p. 6; "Gaston Memorial Nursing School Seeking Students," *Gastonia Gazette*, July 8, 1947, p. 5; "Nurses to Move into New Home," *Gastonia Gazette*, December 17, 1957, p. 7; David Huffstetler, "Hospital Dedication Set Sunday," *The Gaston Independent*, November 29, 1973, p. B1; Heather Fearnbach, "City Hospital-Gaston Memorial Hospital," National Register of Historic Places Nomination, 2011.

[52] "Construction is Begun," *Twin City Sentinel*, February 3, 1949, p. 6.

[53] The Lexington Memorial Hospital nurses' home was not listed in the National Register in conjunction with the hospital.

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Section 10. Geographical Data

Verbal Boundary Description

The 4.12-acre nominated tract encompasses the majority of 4.36-acre Davidson County tax parcel 6787-03-04-3950. The north and east boundaries follow tax parcel lines, which parallel Pine and Thomas streets. The south boundary, which parallels Cannon Street, also follows the tax parcel line, which deviates from a straight trajectory to exclude municipal right-of-way (0.05 acre) abutting the street within the hospital block. This area was originally platted as part of Pennington Avenue, which would have extended north through the block to Pine Street. Although the tax parcel extends west to Rodella Street's west edge, the road and municipal-right-of-way (0.24 acre) are excluded from the nominated tract. The west boundary parallels the street's east edge. The National Register boundaries of City Memorial Hospital and Nurses' Home are indicated by the bold line on the enclosed map. Scale 1" = 100'

Boundary Justification

The boundaries encompass the full extent of acreage historically associated with the hospital's operation. The hospital foundation purchased the two easternmost lots in the McIntyre subdivision west of the hospital in 1946 to increase access to the facility and facilitate future expansion. The City of Thomasville later subsidized Rodella Street's extension from Pine Street south to Cannon Street, where the road ends. Rodella Street remains a municipal thoroughfare despite its ownership and is therefore excluded from the nominated tract.

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Additional Documentation: Historic Photographs and Floor Plans

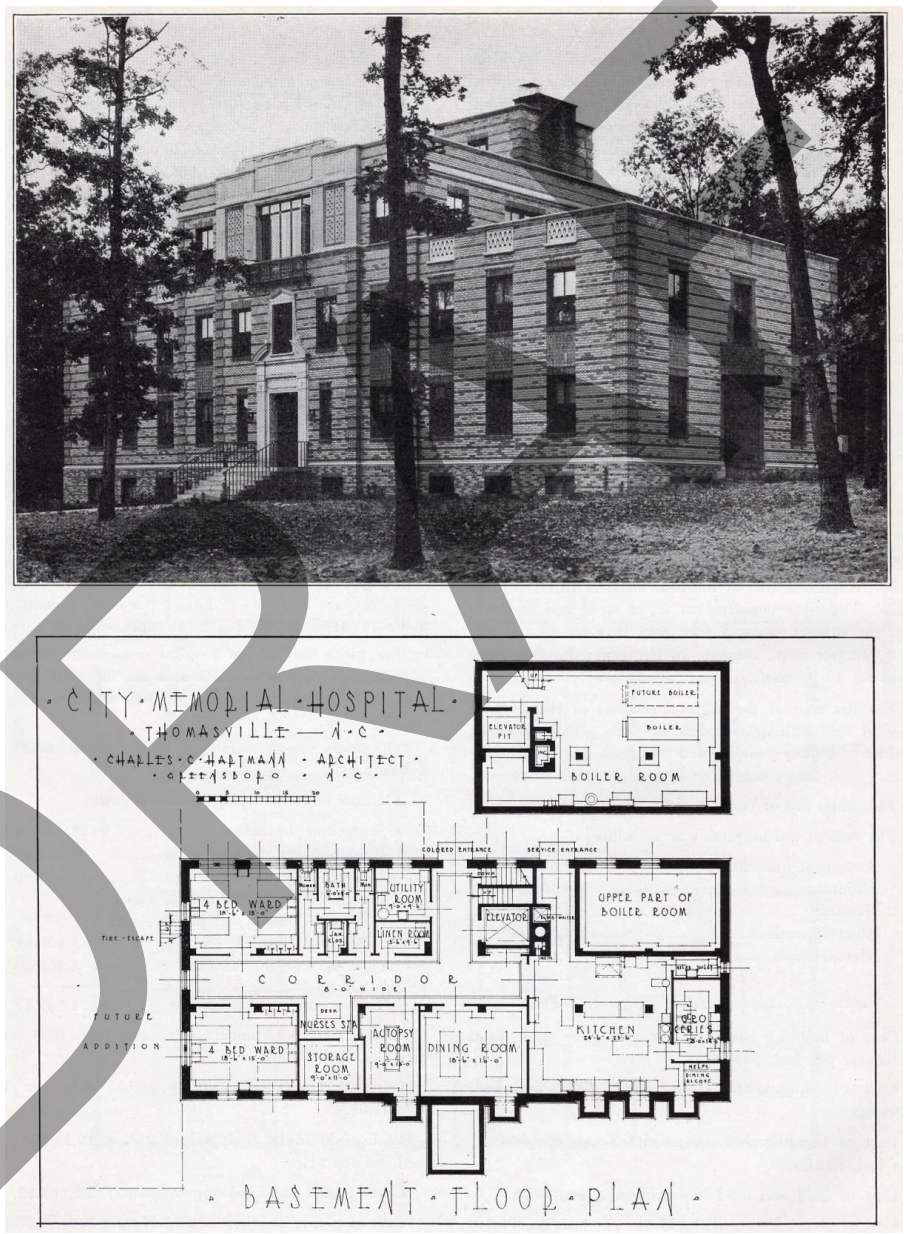

Exhibit A. City Memorial Hospital, 1930 photograph and floor plans drawn by Charles C. Hartmann
W. S. Rankin, H. Eldridge Hannaford, and H. P. Van Ardsall, *Bulletin No. 3: The Small General Hospital* (Charlotte, N. C.: The Trustees of the Duke Endowment, February 1928, revised January 1932), 122

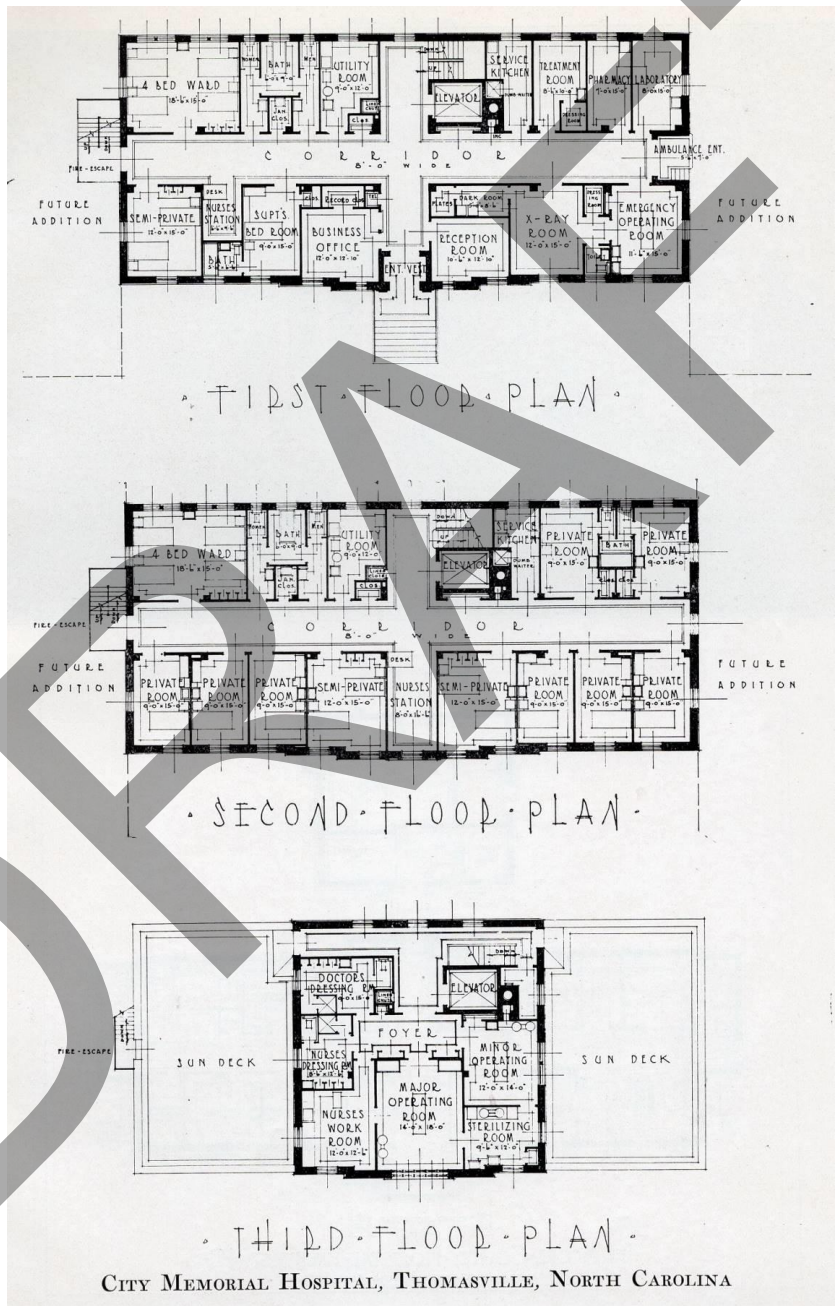

Exhibit B. 1930 floor plans drawn by Charles C. Hartmann
Rankin, et. al., *The Small General Hospital*, 123

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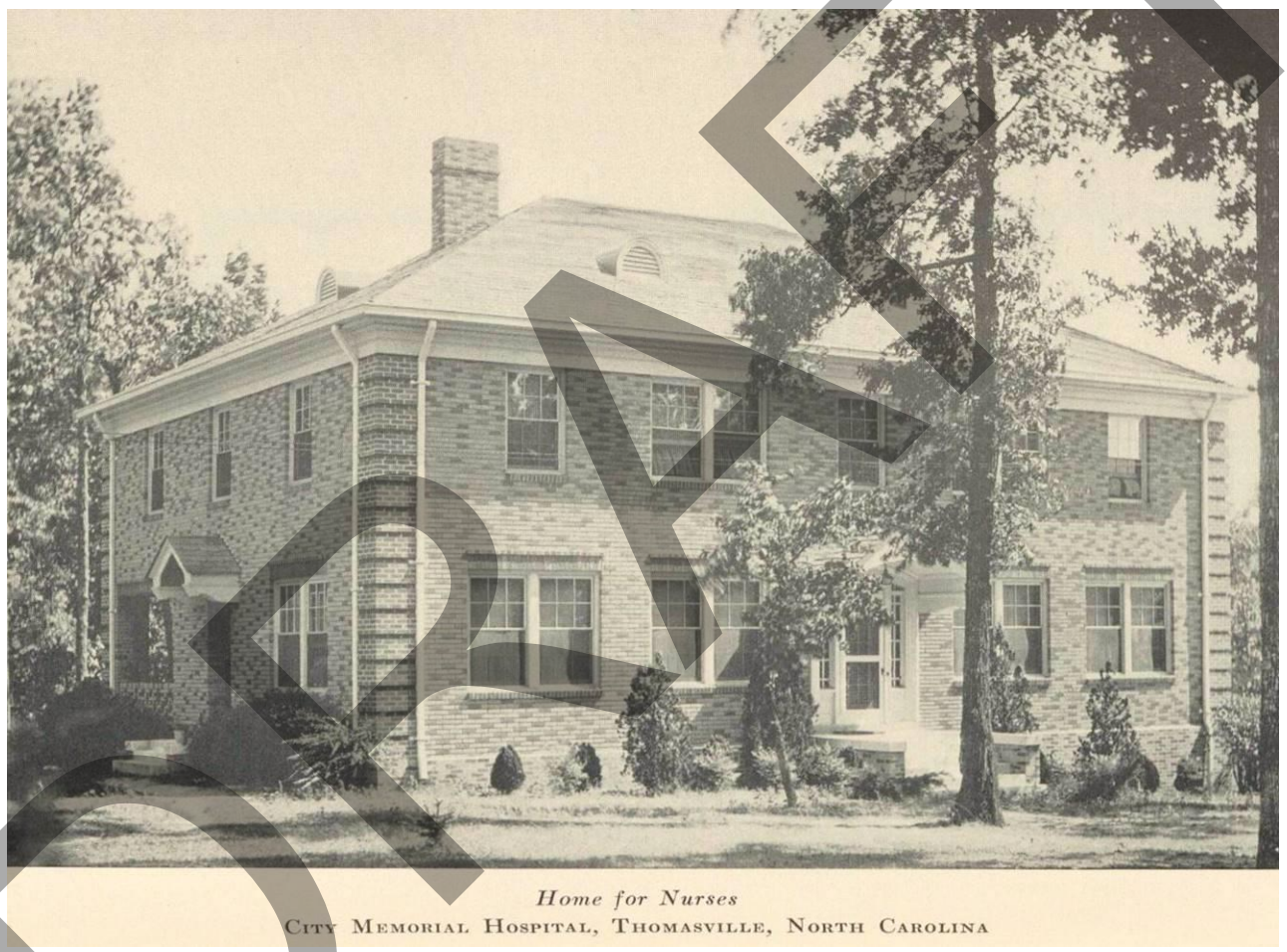

Exhibit C. City Memorial Hospital Nurses' Home designed by Charles C. Hartmann, northeast oblique
Duke Endowment, *Tenth Annual Report of the Hospital Section* (Charlotte: Duke Endowment, 1934), 125

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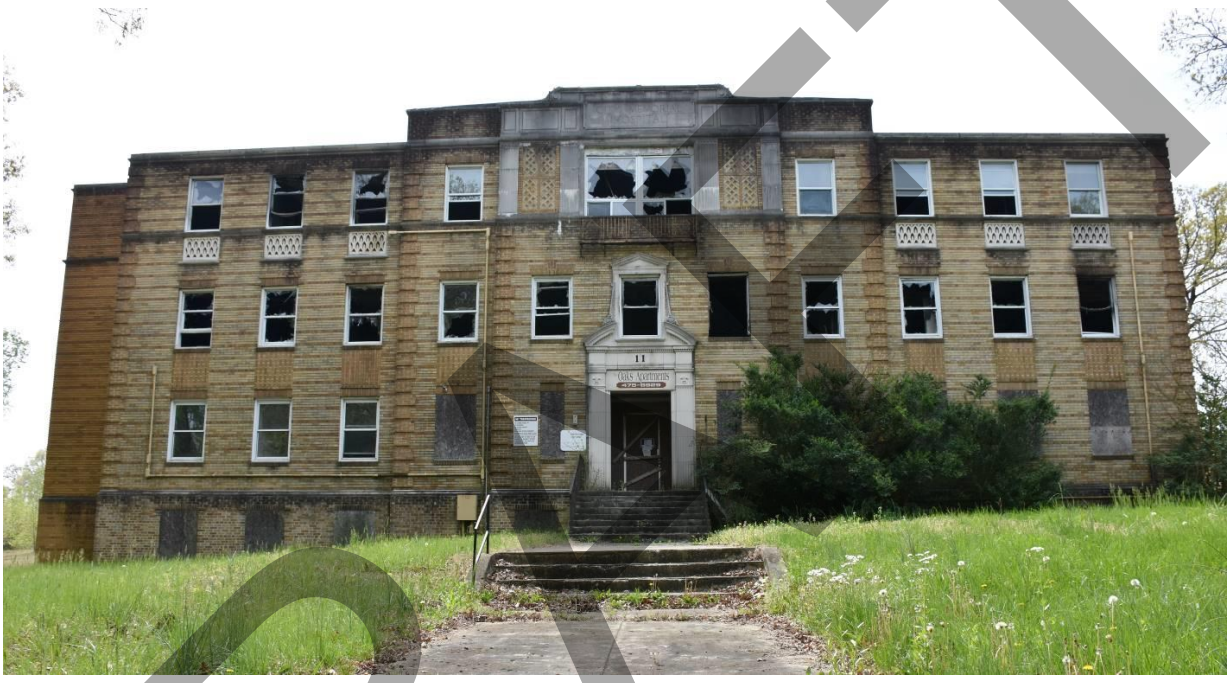
Current Photographs

Photographs by Heather Fearnbach, 3334 Nottingham Road, Winston-Salem, NC, in April and June 2023. Digital images located at the North Carolina SHPO.



1. Hospital, 1930 north elevation (above) and 2. southwest oblique (below)

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3. Hospital, southeast oblique (above) and 4. 1927 operating room, third floor (below)

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5. 1941 addition, third floor, west wing, looking north (above) and
6. 1953 addition, first floor, west room (below)

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7. basement corridor, looking north

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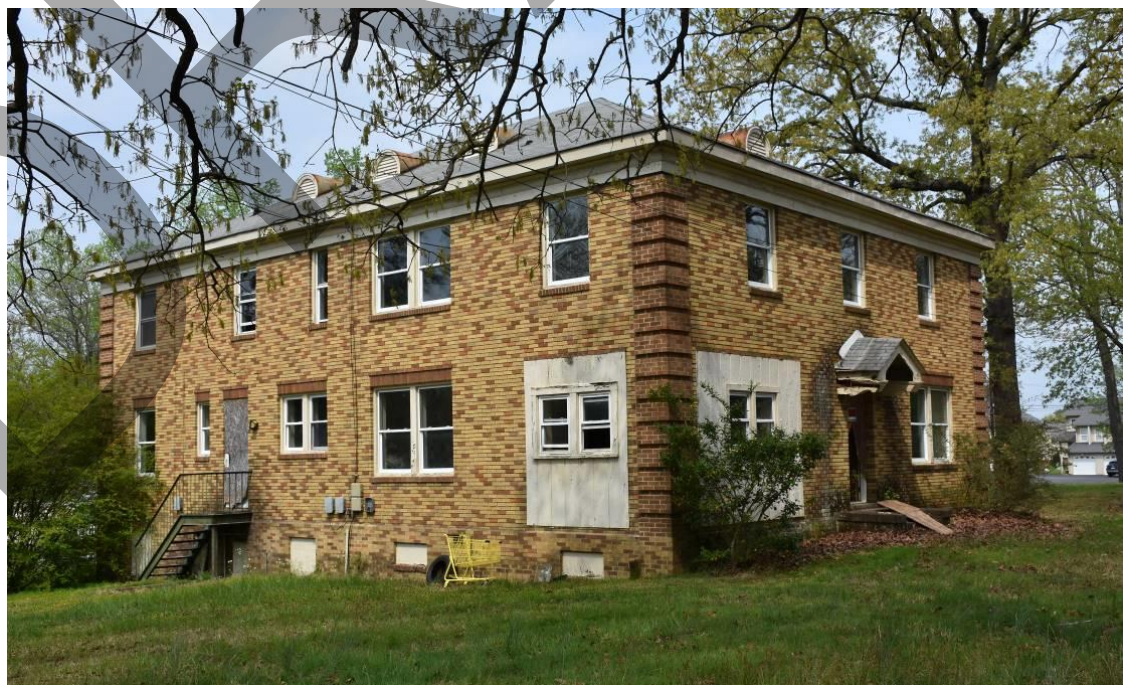
8. Nurses' home, northwest oblique (below) 9. southeast oblique (above)



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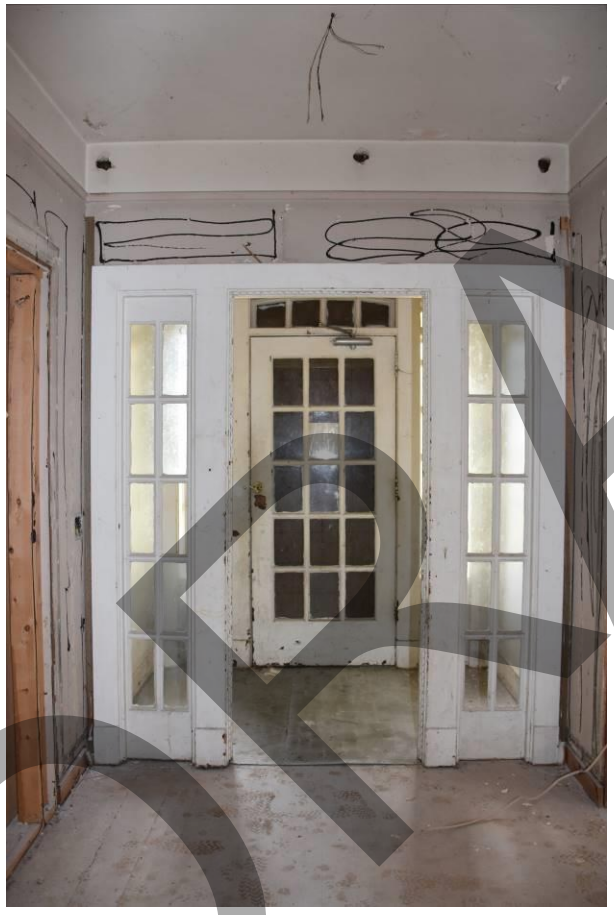

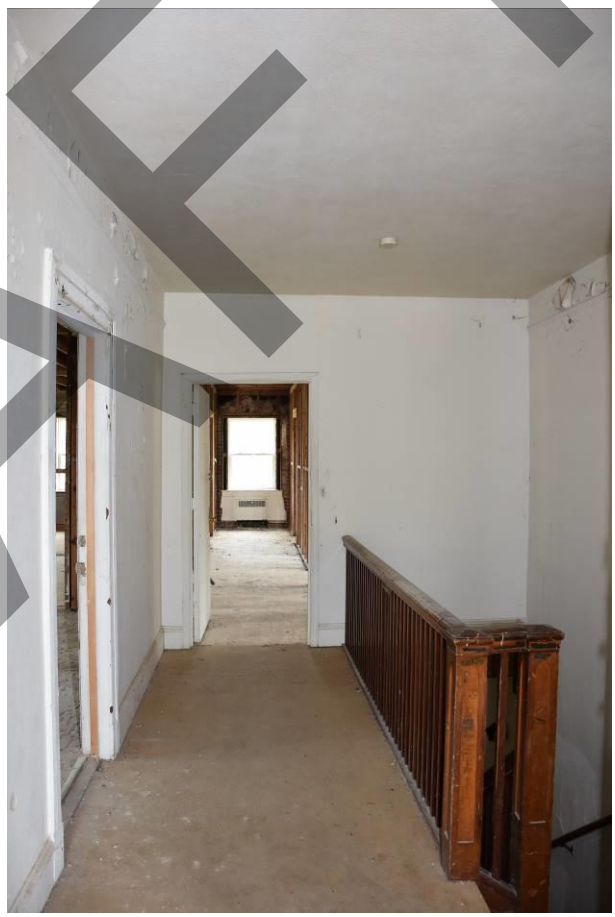

10. Nurses' home entrance vestibule, looking north, and 11. second-floor corridor, looking east

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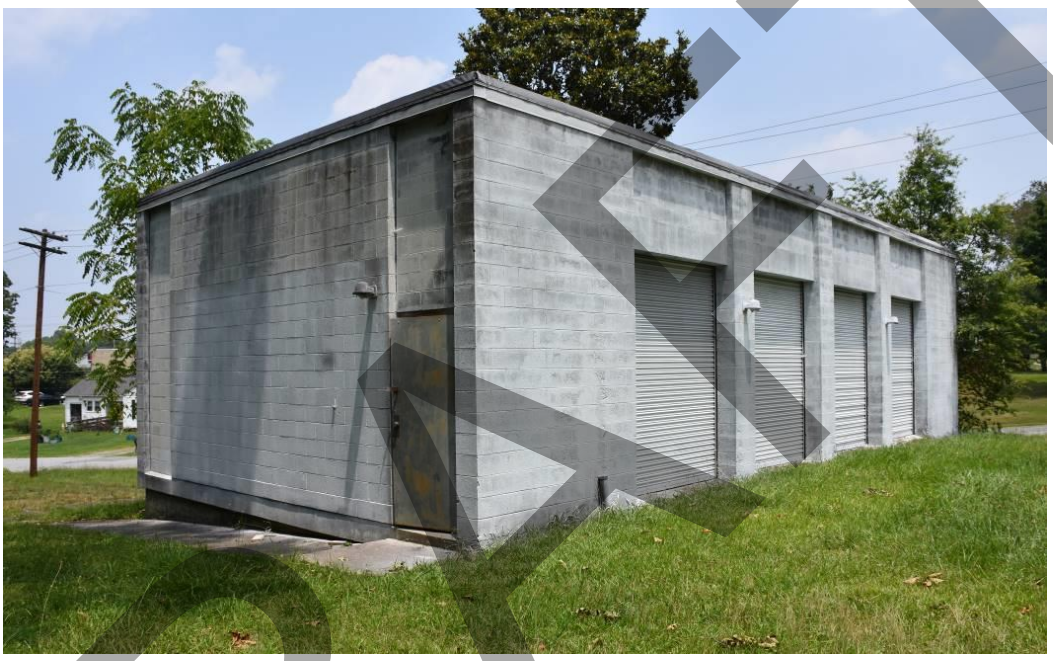

12. Ambulance garage, southwest oblique (above) and 13. interior looking east (below)

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