

Raleigh Department of City Planning
One Exchange Plaza
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919-516-2626

www.raleighnc.gov/planning

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Completion Date:	_____

(Processing Fee: \$266.00 - valid until June 30, 2011 - Checks payable to the City of Raleigh.)

RALEIGH HISTORIC LANDMARK DESIGNATION APPLICATION

This application initiates consideration of a property for designation as a Raleigh Historic Landmark by the Raleigh Historic Districts Commission (RHDC) and the Raleigh City Council. It enables evaluation of the resource to determine if it qualifies for designation. The evaluation is made by the Research Committee of the RHDC, which makes its recommendation to the full commission which in turn makes its recommendation to the City Council. Procedures for administration by the RHDC are outlined in the Raleigh City Code, Section 10-1053.

Please type if possible. Use 8-1/2" x 11" paper for supporting documentation and if additional space is needed. All materials submitted become the property of the RHDC and cannot be returned. Return completed application to the RHDC office at One Exchange Plaza, Suite 300, Raleigh or mail to:

Raleigh Historic Districts Commission
PO Box 829 Century Station
Raleigh, NC 27602

1. Name of Property (if historic name is unknown, give current name or street address):

Historic Name: Leonard Medical Hospital
Current Name: Tyler Hall

2. Location:

Street Address: 800 South Wilmington Street, Raleigh, NC 27601
NC PIN No.: 1703750445 (portion of)
(Can be obtained from <http://imaps.co.wake.nc.us/imaps/>)

3. Legal Owner of Property (If more than one, list primary contact):

Name: Shaw University (contact Bruce Grady, Ph.D.)
Address: 118 E. South Street
City: Raleigh State: NC Zip: 27601-2341
Telephone No: (919) (546)-(8368) Fax No. () () -()
E-Mail: bgrady@shawu.edu

4. Applicant/Contact Person (If other than owner):

Name: Cynthia de Miranda, Mdm Historical Consultants for Raleigh Hist. Dev. Comm.
Address: PO Box 1399
City: Durham State: NC Zip: 27702
Telephone No: (919) (906)-(3136) Fax No. () () -()
E-Mail: cynthia@mdmhc.com

5. General Data/Site Information:

Date of Construction and major additions/alterations:
 Built 1912. Alterations ca. 1920, 1968.

Number, type, and date of construction of outbuildings: none

Approximate lot size or acreage: .71

Architect, builder, carpenter, and/or mason: Gaston Alonzo Edwards, architect

Original Use: hospital

Present Use: educational

6. Classification:

A. Category (check all that apply):

Building(s) Structure Object Site

B. Ownership

Private Public Local State Federal

C. Number of contributing and non-contributing resources on the property:

	Contributing	Noncontributing
Buildings	1	0
Structures	0	0
Objects	0	0

D. Previous field documentation (when and by whom): 1989 survey notes by the State Historic Preservation Office.

E. National Register of Historic Places Status:

Check One:

Entered X Date: <input checked="" type="checkbox"/>	Nominated <input type="checkbox"/>
Determined Eligible <input type="checkbox"/> Date:	Determined Not Eligible <input type="checkbox"/> Date:
Nomination Not Requested: x	Removed <input type="checkbox"/> Date:
Significant changes in integrity since listing should be noted in section 10.B. below.	

7. Reason for Request: To ensure preservation of architectural fabric; to recognize significance of building.

8. Is the property income producing? Yes No

9. Are any interior spaces being included for designation? Yes No

10. Supporting Documentation (Attach to application on separate sheets. Please type or print):

A. Photographs/Slides:

At least *two sets of current exterior archival-grade photographic prints* (minimum print size 5"x7") of all facades of the building and at least one photo of all other contributing and non-contributing resources. If interior spaces of the property are being considered for designation, please include two sets of photos for these features. Prints may be created by using archival-grade black and white film photography and processing or digital photography. The minimum standard for a digital print is 5x7 at a resolution of 300 pixels per inch (ppi). This translates into a pixel dimension of 1950 x 1350. Digital images must be printed with an acceptable ink and paper combination as determined by the National Park Service Go to: <http://www.nps.gov/history/nr/publications/bulletins/photopolicy/index.htm>. All photographs must be labeled with the name of the structure, address and date the photograph was taken with pencil or archival-approved photo pen. In addition to prints, all digital images should be submitted on a CD-R in TIF format. Any additional exterior or interior views and views of other structures on the property (color, black and white, or slides) will be helpful.

B. Boundary Map:

Please include a map showing the location of the property. A sketch map is acceptable, but please note street names and number. Any other structures on the property should also be shown. Please include a "North" arrow. Map should be no larger than 11" x 17". A tax map with boundaries marked is preferred, which can be found at: <http://imaps.co.wake.nc.us/imaps/>.

C. Architectural Significance:

Describe the property, including exterior architectural features, additions, remodelings, and alterations. Also describe significant outbuildings and landscape features. If the owner is including interior features in the nomination for the purpose of design review protection; describe them in detail and note their locations. Include a statement regarding the architectural significance of the property.

D. Historic Significance:

Note any significant events, people, and/or families associated with the property. Include all major owners. Note if the property has ever been recorded during a historic building survey by the City of Raleigh or by the NC State Historic Preservation Office. If so, who and when? (See application item 6.D.) Please include a bibliography of sources. Information regarding prior designations can be found by contacting the Survey and Planning Branch of the NC State Historic Preservation Office (NCSHPO) at 919-807-6570, 919-807-6573 or at: <http://www.hpo.dcr.state.nc.us/spbranch.htm>.

E. Special Significance Summary:

Include a one to two paragraph summary of those elements of the property that are integral to its historical, prehistorical, architectural, archaeological, and/or cultural importance.

10A. Photographs: All photos taken August 2014 by the author.



Leonard Medical Hospital, 800 South Wilmington Street, façade, view NW



Leonard Medical Hospital, 800 South Wilmington Street, N elevation, view SW



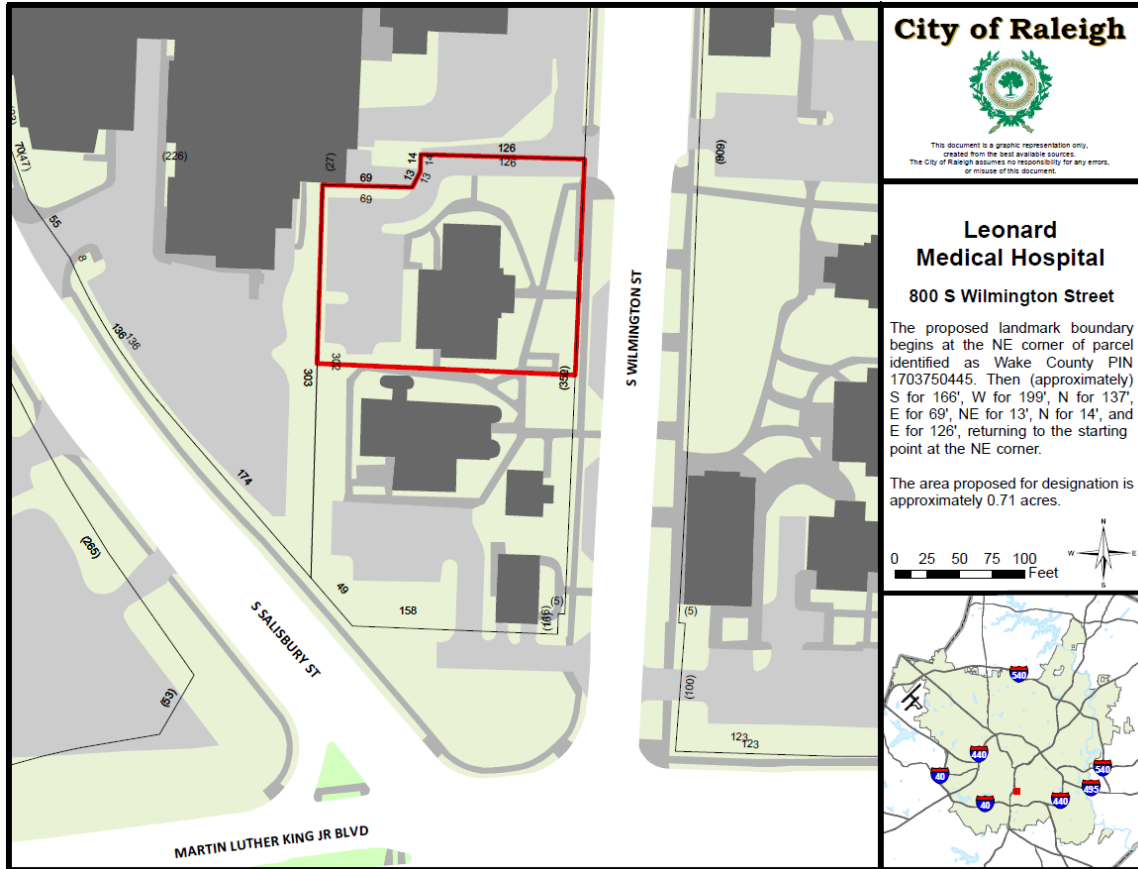
Leonard Medical Hospital, 800 South Wilmington Street, rear elevation, view NE

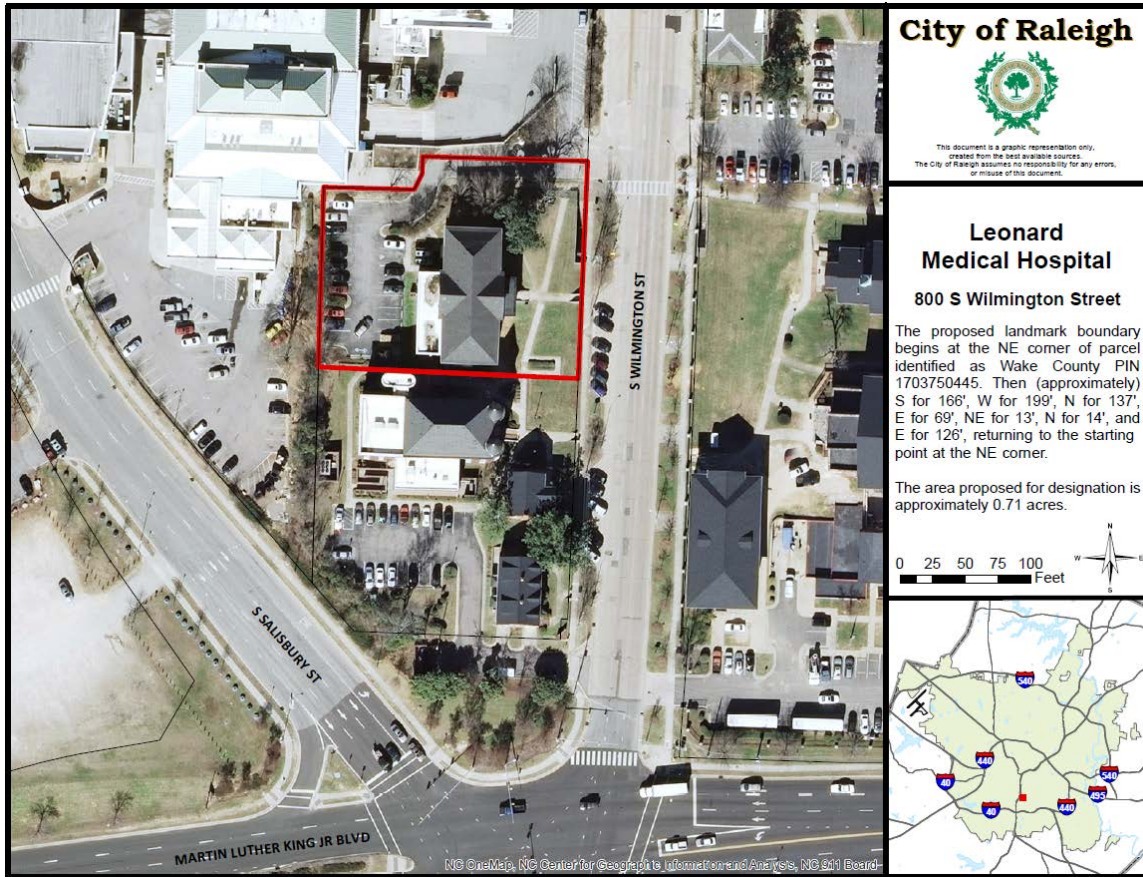


Leonard Medical Hospital, 800 South Wilmington Street, S elevation, view NW

10B. Boundary Map

The proposed landmark boundary begins at the NE corner of parcel identified as Wake County PIN 1703750445. Then (approximately) S for 166', W for 199', N for 137', E for 69', NE for 13', N for 14', and E for 126', returning to the starting point at the NE corner. The area proposed for designation is approximately 0.71 acres.





10C. Architectural Significance

Leonard Medical Hospital is a nice example of the Italian Renaissance style, but its primary significance derives from its historical and cultural importance, as outlined below. The building retains integrity of design, setting, workmanship, and materials at the exterior. No historic interior fabric or arrangement reflecting its hospital use remains. As such, integrity of feeling is diminished and interior elements of the integrity of design are compromised.

Property Description

Leonard Medical Hospital is a two-story, hip-roofed Italian Renaissance Revival building on a raised basement. It stands in the southwest corner of the Shaw University campus in southeast Raleigh. The red brick edifice has a broad façade eleven bays wide. A projecting three-bay center section divides it symmetrically and features a flat-roofed front porch and a pedimented gable.

Detailing is robust and regimented. A modillioned cornice boldly finishes the roofline and outlines the center gable. Elongated windows are four-over-four double-hung wood sash with segmental-arched tops. Stone sills and keystones accent the brick window surrounds. A narrower pair of windows pierces the wall directly over the porch, and two segmental-arched vents in the pediment have brick

surrounds like those at the windows. Corner quoins rendered in cream-colored brick contrast with the red brick walls. A watertable in the same lighter brick underscores the first floor of the building even at the south end where the basement exposure is tall enough to include fenestration.

Squared columns support the porch roof. Columns are paired at the front corners and complemented by a matchstick balustrade. The deck-style porch floor is of wood and is clearly a replacement. Narrow flush-board sheathing composes the porch ceiling. Original paneled wood doors at the front entrance have modern hardware and stand beneath a segmental-arched transom. Concrete steps with concrete cheek walls rise to the elevated porch.

The south side elevation has a metal fire-escape stair and doors fitted into openings that match the width of windows, keeping the fenestration regular. The window pattern at the north side elevation is irregular and may reflect some removed window openings and surrounds patched with brick.

The back of the building, like the front, has a projecting pedimented center section. A single-story, red-brick addition obscures the south two-thirds of the first story and rises just to the sill height of the second-story windows. It features similarly scaled four-over-four segmental arch windows, with an elongated narrow pair centered on the rear elevation. The exposed north end of the original rear elevation also has a fire-escape stair from a second-story exit in the second bay from the end. A neighboring window opening has been infilled with brick.

Historic images show some changes from original construction. As built, the hospital featured four brick interior chimneys with decoratively paneled stacks extending through the hipped roof. A domed cupola with round-arched windows sat on the ridgeline just behind the pedimented center bay. The front porch had Tuscan columns and a balustrade at its flat roof. The 1914 Sanborn map of the area shows single-story porches at both the north and south elevations as well, and an old postcard image seems to show a breezeway connecting the hospital to the neighboring Leonard Medical School.¹

The building's interior has been completely remodeled since it was used as a hospital. According to a 1940 Sanborn map the building was once a library and now houses academic offices and classroom space. A 1968 remodel converted the building into administrative use. More changes followed. One window, to the left of the front door and sheltered under the porch, has been replaced with a modern window with wired glass.

¹ Raleigh Sanborn maps viewed September 26 and November 26, 2014, at UNC's NC Maps website. The removal date of these building elements has not been determined, but records of Shaw University, which were unavailable during the research period of this project, may hold the answers. The Shaw University Archives were closed due to a mold infestation when this report was being prepared in 2014.

10D. Historic Significance and Historical Context

History of Leonard Medical Hospital

Shaw University's Leonard Medical School opened in 1881, and the university established an associated hospital in January 1885. A report to the City of Raleigh recorded that "the building itself was erected under the management of the Mechanical Department of Shaw University." Likewise, A. W. Pegues's 1892 *Our Baptist Ministries and Schools* indicated that a structure was purpose-built in 1885 for the hospital. It was in all likelihood the frame tripartite building shown in illustration in the 1892 Annual Report of the American Baptist Home Missionary Society. The building comprised a narrow central two-story section flanked by wider single story wings. The footprint is first depicted on the 1896 Sanborn map of Raleigh at the northwest corner of S. Wilmington and Hunter Streets, just southwest of the Leonard Medical School itself. The hospital building also appears on the 1903 and 1909 Sanborn maps and in an undated photo in *Shaw's Universe*, Wilmoth A. Carter's history of the university.²

Medical historian Todd L. Savitt has published widely on Leonard Medical School. His research revealed that the first hospital facility had twenty-five beds. It offered Leonard's students the chance for clinical instruction and improved access to health care for Raleigh's black community. The hospital's primary purpose would appear to be the former, given that it closed when school was not in session. Intermittent operation, however, was likely the brutal reality of the time: There were not enough trained black doctors to staff it and not enough white doctors willing to work outside of instructional time, for which they were always compensated. A number of reports from the American Baptist Home Missionary Society stressed that the establishment and operation of the hospital was part of the medical missionary work of the society. The *Baptist Home Mission Monthly* reported in March 1902 that the hospital "is almost wholly a charitable institution, being supported by individual contributions from its Northern friends, together with the very small receipts from only a few of its patients. Its worth to the people of Raleigh and the surrounding country cannot be estimated in dollars and cents, for the classes of patients here treated are those who are, almost without exception, unable to pay any part of their hospital expenses."³

² Todd L. Savitt, "The Education of Black Physicians at Shaw University, 1882-1918," Jeffrey J. Crow and Flora J. Hatley, eds., *Black Americans in North Carolina and the South* (Chapel Hill: University of North Carolina Press, 1984), 172; *1885 Annual Report of the Officers of City of Raleigh* (Raleigh: Edwards & Broughton, 1885), 15; *1892 Annual Report of the American Baptist Home Missionary Society*, [Philadelphia: n.p., 1892], 127; Raleigh Sanborn maps; and Wilmoth A. Carter, *Shaw's Universe: A Monument to Educational Innovation* (Raleigh: Shaw University, 1973), 29. See the Landmark Designation Report for Leonard Medical School for a history of the school and its building, which stands immediately south of Leonard Medical Hospital.

³ Savitt, 172; J. A. Whitted, *A History of Negro Baptists in North Carolina* (Raleigh: Edwards & Broughton, 1908), 159, 172; Carter, 29; M. D. Bowen, "What Shaw is Doing for the Sick and Suffering," *Baptist Home Mission Monthly* (March 1902), 80.

Throughout the late decades of the nineteenth century, wider acceptance of the germ theory of disease required hospital facilities that could be easily sanitized. In 1904, Shaw University's second president Charles F. Meserve took stock of the three-decade-old campus. Meserve recognized that the professional programs of medicine, pharmacy, and law had brought Shaw great prestige. Enrollment in the medical school led all other schools at the university. But Leonard's physical plant was old, drafty, lacked plumbing, and was overall in need of an upgrade. The hospital was particularly bad. Meserve knew that nearby St. Augustine's College was about to erect a large and modern new building for St. Agnes Hospital, also serving Raleigh's black population, since a 1903 fire had damaged part of its original structure. Meserve closed Shaw's missionary training school in order to expand the facilities for the medical school and began making plans for a new hospital.⁴

Beginning in 1907, the Raleigh City Directories begin to list the address of the "Leonard Medical School Hospital" at 729 S. Blount Street rather than the earlier address of 752 S. Wilmington, the location of the original tripartite frame building. The 1907-1908 and 1908-1909 catalogs for Leonard Medical School include a photo of a two-story, frame, Queen Anne house with carved porch brackets, identifying it as the hospital. The latter catalog states that "a hospital containing four wards has been in use for several years," up from three wards recorded in the previous year's catalog. Sanborn maps show a one-and-a-half-story dwelling at 729 S. Blount Street with a front porch that wraps around its south corner. The house is part of what appears to be a residential block populated generally with single-story dwellings and duplexes. Shaw's campus at the time was directly across S. Blount Street. The houses on the east side of the street still appear in the 1950 Sanborn map, but they were eventually all cleared for the expansion of Shaw's campus.⁵

The hospital's move to a repurposed house was always meant to be temporary. The 1909-1910 catalog for Leonard Medical School proudly announced that "An entirely new and complete hospital, accommodating about fifty patients, will be erected during the summer of 1910, and it is hoped that it will be ready for occupancy by the beginning of the fall term. This will add greatly to the clinical facilities of the school." Though this announcement sounds optimistic, it was made at a stressful time: a year after construction of the new, three-story stone building for St. Agnes Hospital

⁴ Carter, 59-61; Robert C. Kenzer, *Enterprising Southerners: Black Economic Success in North Carolina, 1865-1915* (Charlottesville: University Press of Virginia, 1997), 118.

⁵ *Twenty-eighth Annual Catalog of the Officers and Students of the Leonard Medical School* (Raleigh: Edwards & Broughton Printing Company, 1908) 13-14, after 26; *Twenty-ninth Annual Catalog of the Officers and Students of the Leonard Medical School* (Raleigh: Edwards & Broughton Printing Company, 1909) 12-13. The 1909 Sanborn map does not show street numbers higher than 721 on the odd side of the 700 block of S. Blount Street. The last three houses of that block, rather, are labeled "C," "B," and "A," with the latter occurring at the northeast corner of the intersection of S. Blount and E. Worth streets. The 1914 Sanborn includes the letters as well as street numbers; the house at 729 corresponds to letter B. This block is not shown in detail in the 1903 Sanborn map, but a note indicates that frame houses already exist.

(Local Landmark, 1979 and in the same year as the publication of Abraham Flexner's *Medical Education in the United States and Canada*. Flexner's work had been commissioned by the Carnegie Foundation, a major philanthropic contributor to medical schools. Flexner visited medical colleges across the United States, including all the black medical schools, and concluded that Leonard Medical School was not up to par. He observed, as had Meserve, that the physical plant was substandard; the Leonard Medical Hospital, in particular, had just sixteen beds at the time of his visit. In Flexner's view, only Meharry Medical College in Nashville, Tennessee, and Howard University Medical College in Washington, DC, were fit to continue educating prospective black doctors. The report had a profound effect on medical education in the United States for both blacks and whites and prompted the closing of many schools.⁶

Two years later, the new Leonard Medical Hospital opened, funded by a \$30,000 appropriation made in 1910 by the American Baptist Home Missionary Society (ABHMS), the original benefactor of Shaw University. The money was earmarked for the hospital as well as for other improvements across campus. There were already concerns about the future of Leonard Medical School, so the ABHMS stipulated that if that program was discontinued, the new building must remain in use for the education of African Americans. The new hospital was a dramatic improvement over the previous facilities. John Kenney, a Leonard graduate, wrote in *The Negro in Medicine* that "The hospital is modern, spacious, and up-to-date, and can care for eighty patients. The building itself cost \$20,000.00 and the equipment and land, when everything is completed, will bring the cost up to not less than \$35,000 for \$40,000." Gaston Alonzo Edwards, the first licensed black architect in the state and head of the building program at Shaw at the time, designed the building.⁷

Despite the robust investment in the physical plant of the medical school that this building represents, Shaw administrators closed the hospital just two years later. The professional schools at Shaw University, Leonard Medical School among them, had been a persistent drain on the finances of the institution. Presidents Tupper and Meserve had persevered despite the constantly poor finances, always trying to build up an endowment to protect the programs but never able to do more than just get by. Flexner's negative report on Leonard in 1910 and his recommendation that philanthropists focus on Meharry's and Howard's programs made it impossible for Meserve to raise sufficient funds to continue the school. Along with the hospital closure in 1914, Shaw reduced the medical school program from four to two years, changing the focus to a preparatory program that would ultimately direct students to Meharry and Howard. Even that program failed, and by 1918, Leonard Medical School closed entirely.⁸

⁶ *Thirtieth Annual Catalog of the Officers and Students of the Leonard Medical School* (Raleigh: Edwards & Broughton Printing Company, 1910), 13; Savitt, 181-182.

⁷ Carter, 64; John A. Kenney, *The Negro in Medicine* (N.p.: John A. Kenney, 1912), 39-40.

⁸ Savitt, 184.

Since the hospital's closure, the building has been used as a library and has housed classrooms and dorm rooms. It has been remodeled completely at the interior, moderately at the exterior, and an addition has been made to the rear. It remains part of the Shaw University campus and is today known as Tyler Hall.

African American Health and Health Care in Raleigh at the Turn of the Twentieth Century

Living conditions for Raleigh's average black resident were dire at the end of the nineteenth century. Much of the population was poor and living in substandard housing lacking indoor plumbing or even a reliably clean water source. Blacks' health suffered and their access to health care was minimal. As a result, the overall death rate for Raleigh's black population was disproportionately high and the infant mortality rate was twice as high that of whites. Many fatalities resulted from diarrhea and typhoid and were directly related to poor living conditions. No whites in Raleigh died of typhoid in this period; many blacks did. Most of the black population depended on free medical care, but any kind of medical care for Raleigh's black population in the last quarter of the nineteenth century was scarce.⁹

When Leonard Medical School opened in 1881, the city began providing money to the school to distribute free medication to Raleigh's black residents. Four years later, Leonard Medical Hospital opened and began admitting patients free of charge. The hospital operated just five months a year, the length of the academic term. Tupper aggressively publicized the facility to expand its reach to the needy, writing to each county manager. "Knowing that North Carolina has no Hospital for colored people," Tupper wrote, Leonard Medical Hospital would treat poor black patients with non-contagious illnesses from across the state if the home county would pay transportation, board, and the cost of medication. Such was the shortage of available health care that the hospital eventually drew patients even from Virginia.¹⁰

Conditions improved marginally when, in 1892, two privately run hospitals began providing free care to black patients in Raleigh, according to historian Dorothy A. Gay. One of these was St. John's Guild, which began admitting black patients in a separate ward to satisfy the requirement of a new annual city appropriation to the Guild's operating budget. Previously, the Guild had treated black patients in at least one case against its own rules and apparently in an emergency situation, following a train accident. Gay records however, that the black wards in these white hospitals "were segregated and unsatisfactory." The hospital operated by St. John's Guild was eventually acquired by trustees for the new Rex Hospital, established from a bequest in John Rex's will. Rex died in 1839, but decades of complications kept

⁹ Dorothy A. Gay, "Crisis of Identity: The Negro Community in Raleigh, 1890-1900," *North Carolina Historical Review*, Volume 50 (April 1973): 135-136; *Twenty-eighth Annual Catalog of the Officers and Students of the Leonard Medical School* (Raleigh: Edwards and Broughton, 1908), 7.

¹⁰ Gay, 136; *1885 Raleigh Annual Report*, 15.

trustees from opening a hospital in his name until 1894. Once it did, a two-story annex served as a ward for black patients.¹¹

Better still was the opening of St. Agnes Hospital at nearby St. Augustine's College, augmenting the limited care that Leonard could offer and providing a complementary program in nursing for black students. In 1897, the city began paying two doctors to provide care to poor patients of both races and also established the position of Sanitary Officer to help monitor and reduce instances of poor living conditions leading to ill health. By this time, Leonard graduates were practicing medicine in Raleigh, across the state, and across the southeast. Dr. Manassas Pope, for instance, was in the first graduating class in 1886. After graduation, he lived in Charlotte for a while, but returned to Raleigh and established a medical practice in 1899. He built a house at 511 South Wilmington Street (NRHP 1999, Local Landmark 2009) in 1900 and included a small examination room near the kitchen at the back of the house.¹²

After a 1903 fire in a nearby building damaged part of the original St. Agnes Hospital, St. Augustine's erected a three-story building of granite ashlar from 1906-1909. When the new building went into use in the summer of 1909, Rex stopped treating black patients. St. Agnes Hospital continued to serve Raleigh's black community for decades after Leonard closed, finally closing itself when Wake County Medical Center opened in 1961.¹³

Both Leonard Medical Hospital and St. Agnes Hospital played an important part in the provision of health care to Raleigh's black community in the late-nineteenth and twentieth century period of segregation. Notably, each institution also provided medical training to black students at Shaw's Leonard Medical School and at St. Augustine's nursing program, further augmenting the availability of care to the black community throughout the segregated period of Raleigh's history.

Gaston Alonzo Edwards (1875-1943)

Gaston Alonzo Edwards was born in 1875 in Chatham County. He lived with his mother, Mary Edwards, and siblings. His father, William Gaston Snipes, was a white farmer who lived in a neighboring house because state law prohibited interracial marriage.¹⁴

¹¹ Gay, 136; Memory F. Mitchell and Thornton W. Mitchell, "The Philanthropic Bequests of John Rex, Part II" *North Carolina Historical Review*, Volume 49 (Fall 1972): 369-374.

¹² Gay, 136; "St. Agnes Hospital Local Designation Report," viewed September 24, 2014, at www.rhdc.org; Cynthia de Miranda, "Pope House Statewide Significance Report," 2011, in the files of the Raleigh Historic Development Commission, Raleigh.

¹³ "St. Agnes Local Designation Report;" Mitchell and Mitchell, 374.

¹⁴ Hazel Ruth Edwards, "Gaston Alonzo Edwards," in Dreck Spurlock Wilson, ed., *African American Architects: A Biographical Dictionary, 1865-1945* (New York: Routledge, 2004), 135-137. Dr. Edwards is a granddaughter of Gaston Alonzo Edwards.

Edwards is said to have been inspired to study architecture by his exposure to the Chatham County Courthouse, presumably the 1881 version that still stands, though heavily reconstructed after a fire. The building's facade has a huge pedimented portico topped with a tall, three-stage cupola, a design echoed at the Leonard Medical Hospital. Perhaps Edwards recalled the building's construction as a young boy or simply was struck throughout his childhood by the commanding presence of the eclectic building on the small courthouse square in Pittsboro. At any rate, he studied at the Agricultural and Mechanical College for the Colored Race (now North Carolina Agricultural and Technical State University) in Greensboro, graduating from its architecture program in 1901. He pursued graduate studies in architecture at Cornell University in Ithaca, New York, from 1901 through 1903.¹⁵

Throughout his professional life, Edwards combined the practice of architecture with a career in school administration. He established the Mechanical Department of the Institute for the Education of the Deaf, Dumb, and Blind and also taught science at Shaw University for fifteen years. Additionally, he oversaw the Industrial Department at Shaw—which taught building trades—and ran its building program. During his tenure there, likely from 1903 through 1917, he designed and built the Leonard Medical Hospital, which was authorized in 1910 and opened in 1912.¹⁶

Also during this period, he designed the 1907 Masonic Temple Building at 427 S. Blount Street (NR 1984, Local Landmark 1990). The brick-veneered frame building displays Italianate elements common to commercial buildings of the period. The building is architecturally unremarkable; its significance lies in its connection to Raleigh's African American culture and history.¹⁷

Edwards was also named in an out-of-town newspaper article as the architect for the rebuilding of Raleigh's St. Paul's A.M.E. Church at 402 W. Edenton Street (NR 1987, Local Landmark 1979) after a 1909 fire destroyed much of the 1884 Gothic Revival brick church building. The *News and Observer* reported heavily on the fire and the dedication of the rebuilt church, but never mentioned Edwards as the architect. However, the black-owned *Indianapolis Recorder* of August 28, 1909, reports that "G. A. Edwards of Raleigh, N.C....is now designing the new A.M.E. church at Raleigh. The old church was recently completely destroyed by fire." According to the building's National Register nomination, the church's significance lies in its representation of "a high degree of skill and assimilation of style which could be found among the black craftsmen of this city and region." The building is also important in the African American culture and history of Raleigh.¹⁸

¹⁵ Edwards, 135-137.

¹⁶ Edwards, 135-137; Catherine Bishir and Hazel Ruth Edwards, "Gaston Alonzo Edwards," NC Architects and Builders website, viewed September 24, 2014.

¹⁷ Charlotte Vestal Brown and William Bushong, "Masonic Temple Building," National Register of Historic Places Nomination, 1984, viewed September 24, 2014 at <http://www.hpo.ncdcr.gov/nr/WA0183.pdf>.

¹⁸ Charlotte Vestal Brown, William Bushong, Ruth Little, "St. Paul A.M.E. Church, National Register of Historic Places Nomination, 1987, viewed September 24, 2014 at

The *Indianapolis Recorder* article also named Edwards as the architect of the “main building” of Waters Institute in Winton, North Carolina, another institution that received money from the ABHMS. The article mentions that Edwards “makes a specialty of church and school architecture” and reports that Edwards had a contract to design school buildings in Missouri.¹⁹

In 1916, the state began requiring that architects be registered. Edwards took the registration exam and passed, becoming the first black architect registered in the state. From 1917 through 1929, Edwards was president of Kittrell College in Kittrell, North Carolina. During his tenure, he improved the physical campus and converted the high school into an industrial arts college, expanding educational opportunities for blacks to study beyond high school.²⁰

Edwards moved to Durham in 1929, planning to practice architecture. The market was not good, owing to the Depression, and he returned to education as principal of Lyon Park Elementary School and later of J. A. Whitted Elementary School. He died in Durham in 1943 from a heart attack and was buried at Mount Hope Cemetery in Raleigh. At his death, he was still the only black registered architect in North Carolina. He likely had commissions in Durham and throughout the state, but only Tyler Hall at Shaw University, the Masonic Building on S. Blount Street, the rebuilding of St. Paul’s A.M.E. Church, and the main building at Waters Institute have been positively attributed to him.²¹

Edwards’s association with three high-profile buildings relating to African American history in Raleigh indicates that he was the preeminent black architect in the first and second decade of the twentieth century. His positions at Shaw University, the North Carolina School for the Education of the Deaf, Dumb, and Blind, and as president of Kittrell College further affirm his stature.

10E. Special Significance Statement

Leonard Medical Hospital is significant in Raleigh for its contribution both to the education of black physicians at Shaw University and for its role in improving health care for Raleigh’s black community during the segregated period of Raleigh’s history. The building is also significant as an example of the work of Gaston Alonzo Edwards, North Carolina’s first professionally registered African American architect and a designer associated with a number of key institutional buildings associated with the African American community in Raleigh as it fought against the racism and indignities of Jim Crow laws in the early twentieth century.

<http://www.hpo.ncdcr.gov/nr/WA0218.pdf>; *Indianapolis Recorder*, August 28, 1909, viewed online August 28, 2014, at Wake County NC GenWeb.

¹⁹ *Indianapolis Recorder*; Whitted, 170.

²⁰ Edwards, 136-137.

²¹ (*Baltimore Afro-American*, October 6, 1943; Edwards, 135-137.

BIBLIOGRAPHY

Note: The Archives at Shaw University were unfortunately closed due to a mold infestation during the period in which this report was prepared. The Archives presumably possess good information relating to the erection of buildings during the period described herein and future scholars should consult the Archive if possible.

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Carter, Wilmoth A. *Shaw's Universe: A Monument to Educational Innovation*. Raleigh: Shaw University, 1973.

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Kenzer, Robert C. *Enterprising Southerners: Black Economic Success in North Carolina, 1865-1915*. Charlottesville: University Press of Virginia, 1997.

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