C. CONCLUSIONS

This sample of nine individuals from historic burials spans the entire range of the human life cycle from an infant and young child to elderly individuals in their 50s or 60s. Both males and females are represented (three males and four females, among the adults). Demographic reconstruction is not possible with a sample of this size.

As is usual in archaeological skeletal samples, there are no instances where the cause of death is known. In order for a disease or injury to manifest itself on the skeleton it must persist for some time before the individual dies. In fact, with the exception of dental disease there is little evidence of pathology in the individuals in this sample. There is some evidence of nutritional stress (in the porotic hyperostosis of Feature 5, the cribra orbitalia of Feature 29, the mild pitting on the occipital of Feature 39, and the enamel hypoplasia of Features 9 and 39). These are mild indicators of generalized stress, but in the absence of a larger sample it is not possible to quantify the stress.

Normal degenerative changes associated with aging are quite common in all adults from this sample, ranging from only extremely minor arthritic lipping in Feature 36, slightly more in Features 38 and 39, moderate changes in Features 9, 15 and 40, and finally, extremely severe, debilitating arthritis and other related changes in Feature 5.

The single pathological condition which is ubiquitous among adults in this sample and extremely severe is dental disease. Every adult individual had some degree of dental decay, abscess and loss, ranging from a moderate number of carious lesions and antemortem tooth loss (in Features 9, 36, 38, and 39) to extreme dental disease and loss long before the individual died (as in Features 5 and 40). There was no evidence of dental work on any of the individuals. It is clear that dental health in this population was very poor. In addition, dental attrition (tooth wear) was quite heavy in this sample compared with modern populations. This is the result of a diet made up of food which was less processed and/or more gritty and consequently more abrasive. If this sample is representative of the total population with respect to dental health, the life cycle of individuals in this population was commonly characterized by dental decay, abscess, and then loss of many teeth in middle age.

The adult individuals from this sample ranged in stature from approximately 60.6 inches to 65.3 inches (5 feet, 1 inch to 5 feet 5 inches) for females and 64.2 inches to 68.6 inches (5 feet 4 inches to 5 feet, 9 inches) for males. This is within the range for modern Americans of European ancestry but in the shorter portion of the range.

Evidence of cultural modification or mortuary treatment of these skeletons was confined to the occurrence of green copper staining, presumably the results of shroud pins (a number of which were found in association with the skeletons). In no case did a burial in this sample contain more than one individual.

The archaeological and historical evidence suggests that the population that used this cemetery was of European ancestry. The osteological evidence from the nine individuals reported here confirms that hypothesis. In four cases (Features 5, 9, 36, and 39) there was positive evidence (either morphological features or cranial metrics or both) that the individuals were of European ancestry. In the other five cases, either because of the age of the individual or because of poor preservation, it was not possible to evaluate morphology associated with population, but there was no evidence that would contradict the hypothesis of European ancestry.