**Battlefield, Barracks, or Hospital? A Bioarchaeological Investigation of a Mass Grave at the Jičín Observatory, Czech Republic**

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**Supplementary Material**

**Detailed Description of Methods**

The remains were assessed to obtain their demographic profile (age-at-death, sex, stature) and to ascertain the presence of skeletal trauma and signs of medical treatment (Sevillano & Quade, 2022). The minimum number of individuals was estimated by calculating the highest number of one skeletal element from a specific side of the body (Buikstra & Ubelaker, 1994), and the preservation of all the remains was assessed following Brickley (2017). Age-at-death was assessed through analyses of dental development and wear (Brothwell, 1981; AlQahtani et al., 2010), age-related morphological changes of the sternal rib ends, pubic symphysis and auricular surface of the os coxae (Işcan et al., 1984; Lovejoy et al., 1985; Brooks & Suchey, 1990), and the stage of epiphyseal fusion, marking skeletal development (Scheuer & Black, 2000a and 2000b). Individuals were then assigned to broad age categories (Table 2 in main text). Individuals with adult characteristics who were not sufficiently preserved for more precise age-at-death estimates were classified as ‘adult’ (18+ years).

Sex was estimated for adult individuals from a combination of sexually dimorphic features in the skull and pelvis (Brothwell, 1981; Buikstra & Ubelaker, 1994) and metric analyses (Bass, 1995). Each feature was categorized as ‘male’, ‘probable male’, ‘female’, ‘probable female’ or ‘indeterminate’ in cases where the morphology was ambiguous. Given the unreliability of macroscopic methods for non-adult individuals (Lewis, 2007), only individuals fifteen years old or older were assessed.

Stature was calculated from measurements of long bones and regression formulae (Trotter, 1970). Where possible, lower limbs were used preferentially. The formulae are sex-specific; hence, ‘probable males’ and ‘males’ were calculated with male formulae, and ‘probable female’ and ‘female’ with female formulae. Individuals with ‘indeterminate’ sex were calculated using both formulae, creating a larger range encompassing both male and female calculations.

All bones were examined macroscopically for evidence of skeletal trauma. A distinction was made between skeletal trauma and postmortem damage and fragmentation resulting from taphonomic factors. Postmortem damage was identified by a pale surface colour compared to the surrounding bone, and broken edges perpendicular to the bone (Lovell, 1997; Sauer, 1998), but was not included in further analyses. Skeletal injuries are classified as occurring antemortem (before death) or perimortem (around the time of death). Antemortem injury was identified through signs of healing, and perimortem skeletal injuries from criteria such as a helical, spiral, or oblique fracture outlines with no signs of healing, fracture edges that are sharp and smooth, or bevelled, and which display patination or colour similar to the rest of the bone surface (Ubelaker & Adams, 1995; Knüsel, 2005; 58; Loe, 2016; Symes et al., 2014: 347). Where possible, the type of antemortem and perimortem trauma was investigated (blunt, sharp, projectile, ballistic), based on the morphological characteristics of the injuries according to field standards (Berryman & Haun, 1996; Berryman & Symes, 1998; Symes et al., 2001, 2012; Berryman et al., 2012; DiMaio, 2015).