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| Supplemental material Text 1. Osteological analysis |
| **Results** | **Osteological observations** |
| **Age:** **Middle-aged adult**  | The pubic symphyses and the auricular surfaces were not preserved. Dental wear estimation suggests that the individual was between 25-35 years at death (Brothwell 1981). However, the fusion of the epiphyses, complete eruption of the third molars, antemortem loss of teeth, and moderate presence of degenerative diseases in the joints suggested a broader and more conservative estimate between 25 to 50 years at death (Buikstra and Ubelaker 1994; Phenice 1969; Scheuer and Black 2000; Scott 1979; Ubelaker 1999).  |
| **Sex: Male** | The bones were quite robust. The greater sciatic notch had a value of four and the mental eminence had a value of five (Buikstra and Ubelaker 1994), suggesting that the individual is a possible male. |
| **Dentition:** **Teeth present** | Identified dental elements include teeth # 1 (maxillary right third molar), #5 (maxillary right first premolar), #6 (maxillary right canine), #7 (maxillary right lateral incisor), #8 (maxillary right central incisor), #9 (maxillary left central incisor), #10 (maxillary left lateral incisor), #11 (maxillary left canine), #12 (maxillary left first premolar), #16 (maxillary left third molar) and #21 (mandibular left second premolar). Dental identification is based on the Universal Numbering System. |
| **Dentition: Dental calculus present** | Dental calculus, but no caries, were observed on the teeth of the maxilla and the mandible. |
| **Dentition: Hypercementosis present** | The maxilla right first incisor presented hypercementosis on the upper and middle part of the root. Most of the alveolar bones on the right side of the mandible (between teeth 28-32) were not preserved. |
| **Dentition: Abscess and antermortem tooth loss present** | The mandibular body showed possible evidence of a Type 1 abscess (Buikstra and Ubelaker 1994) around the apex of the mandibular right first premolar. The mandible showed antemortem loss of teeth on the left side and extensive alveolar reabsorption (Figure 6). |
| **Dentition: Dental alterations and inlays present** | Teeth six, seven, nine, 10 and 11 presented alterations and dental inlays. The enamel of tooth eight was not preserved, so it is inconclusive if this tooth had an inlay or not. Tooth 6 had a small hole in the enamel. This tooth possibly had an E1 type dental inlay (Romero Molina 1970, 1986). At the time of the analysis, no decoration was observed inside the hole. However, the circular shape of the hole suggests that the decorative piece was rounded. The hole contained a moderate amount of calculus (Figure 6). Tooth seven had an E1 type dental inlay with a decorative piece of circular-shaped jade placed on the enamel. Two small grooves were observed in the enamel on each side of the inlay in the horizontal direction, possibly formed as a consequence of the creation of the hole for the dental inlay. Tooth nine was in a poor state of preservation, but the left side of the buccal surface still retained a small fragment of enamel. The enamel left traces on a round hole, suggesting that this piece had an E1 type dental inlay. Tooth 10 had an inlay of flat, circular pyrite embedded in a circular hole in the enamel. An unknown material was observed around the pyrite in the enamel of the tooth; unlike calculus, which is light yellow, this material was white. Tooth 11 had a small round and homogeneous hole in the enamel, evidence of an E1 type dental modification. |
| **Cranial Modification present** | The individual presented tabular cranial modification with elevation in the sagittal area. The pressure to develop the modification was possibly applied to the lambda and the squamous portions of the occipital bone. The plane of pressure was placed perpendicular (90ᵒ) to the transverse plane to create the modification. |
| **Pathologies and fracture present** | The ectocranial surfaces of the left and right parietal bones exhibit microporosity with minor thickening of diploid of the parietals related to porotic hyperostosis. A periosteal healed reaction was found on the posterior surface of the left radius; this is based on the presence of scarce microporosity in the area and the presence of reactive bone. The affected area is small and quite centralized. A healed periosteal reaction in the posterior region of the right radius was observed. It was also possible to detect the abnormal presence of well-integrated bone in the metaphysis and the presence of reactive bone healed on the right radius. The tibia of the right side also presented a healed fracture indicated by a callus (35.21mm long by 16.32 mm wide) located on the cortical bone of the posterior surface of the distal shaft (Figure 7a). The affected area of the tibia did not show a periosteal reaction, but the bone was elevated and had an abnormal shape. |
| **Degenerative joint diseases present** | The individual has small deposits of bone in the form of lipping with sharp ridges and spicules on the articular margin (Type B) of the proximal surface of the distal phalanges of the hand, and on the proximal and middle phalanges of the feet on both the proximal and distal surfaces (Figure 7b). Degenerative diseases in the form of lipping on the articular margin (Type B) were also observed in joints on the distal epiphysis of the left femur and the proximal epiphysis of the right ulna; it is uncertain if this degeneration was unilateral as the opposite side of the femur and ulna were not preserved. The left patella presented degenerative joint disease in the form of lipping on the lateral surface of the joint and a small surface osteophyte (5.90 mm wide and 6.22 mm length) on the articular surface (Figure 7c). |

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