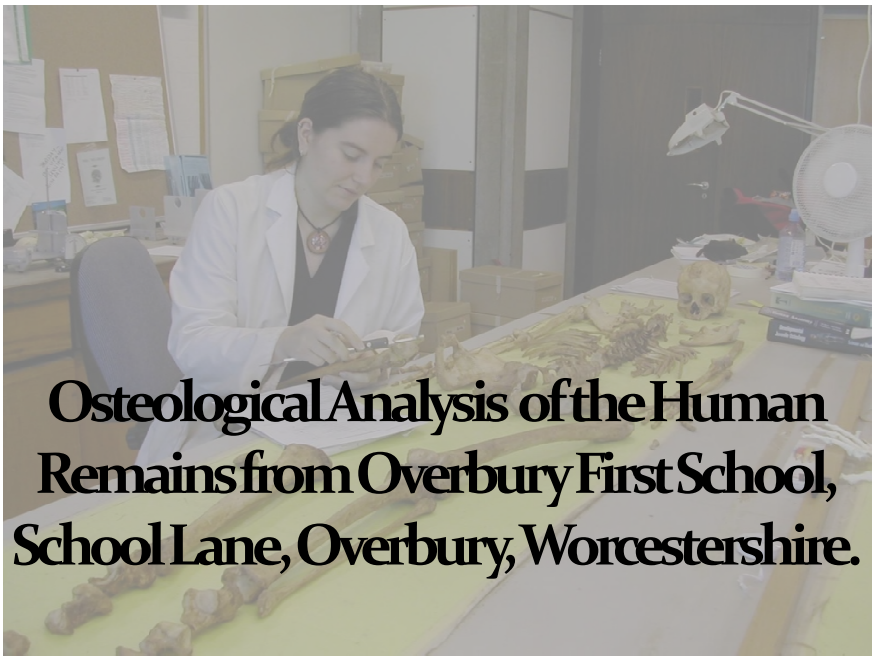

Osteological Analysis of the Human Remains from Overbury First School, School Lane, Overbury, Worcestershire.

A Report for Worcestershire Archaeology

May 2014

Project OA1046

1. Introduction

The aim of this report is to present the data obtained from the osteological analysis of human skeletal remains recovered during an excavation at the site of Overbury Church of England First School, School Lane, Overbury, Worcestershire (NGR: SO 9583 3723, site code WSM 49657). A watching brief was carried out by Worcestershire Archaeology between the 13th and 20th August 2013 at the site on behalf of Speller Metcalfe Gloucester Ltd. prior to development (See Arnold 2013) followed by a later excavation in February 2014.

During the course of site development work in February 2014, human remains were discovered in a shallow grave by construction staff (SK[2003]). The remains were investigated by West Mercia Police and were identified as over 100 years old (See West Mercia Scientific Support Unit scene examination report 22/C/14/000001292). Subsequently a strip and search was undertaken by Worcestershire Archaeology, expanding upon the original area surveyed as a watching brief. A second grave containing human remains (SK[2006]) was subsequently discovered. Unfortunately, these remains were disturbed by mechanical digger on account of the grave being very shallow; however, bone preservation was good and this allowed the retrieval of disturbed remains (recorded as ([2008]).

Both burials were aligned on a north-south axis and were not directly associated with any features on site. The first grave cut [2004], containing the remains SK[2003] was located approximately 6m east of the second grave cut [2007], containing the remains SK[2006/2008]. SK[2003] was accompanied by hobnails around the foot area of the grave. No other finds were associated with the skeletal remains. The remains of SK[2003] were supine in an extended position with the forearms placed across the torso. The remains of SK[2006/2008] were also supine and in an extended position, though fragments of skull recovered *in situ* from were located in the leg area of the grave. The torso was situated in close proximity to the grave cut at the head end, leaving little room for the head. It is likely then that this individual had undergone decapitation. Both of the graves were thought to date to the Roman period from the presence of hobnails, though no other finds were directly associated with the skeletal remains.

Osteoarchaeological analysis was undertaken to assess the condition and completeness of the human skeletal remains recovered from the excavated graves as well as to determine the age, sex and stature of the individuals present. Any non-metric traits, skeletal and dental pathologies were also recorded. An overview of the overall findings for the group is presented here in

addition to a summary catalogue of the human remains per context. Due to the small sample size and preservation of some of the skeletal remains, prevalence rates of pathologies within the group were not calculated; any skeletal or dental pathologies are recorded according to individual.

2. Methods and Process

The skeletal material was analysed according to the standards laid out in the guidelines recommended by the British Association of Biological Anthropologists and Osteologists in conjunction with the IFA (Guidelines to the Standards for Recording Human Remains, Brickley and McKinley (eds) 2004) as well as by English Heritage (Human Bones from Archaeological Sites: Guidelines for producing assessment documents and analytical reports, Centre for Archaeology Guidelines, 2002).

Recording of the material was carried out using the recognised descriptions contained in Standards for Data Collection from Human Skeletal Remains by Buikstra and Ubelaker (1994). Full recording forms are supplied separately to be archived with any other archaeological recording forms. All skeletal data has been recorded using an MS-Access database(s) which can be found on the CD-Rom provided.

The material was analysed macroscopically and where necessary with the aid of a magnifying glass for identification purposes. Where relevant, digital photographs have been used for illustration and a full digital image archive of all pathologies and any other features of interest has been provided on the CD-Rom enclosed with this report.

The material was analysed without prior knowledge of associated artefacts so that the assessment remained as objective as possible.

Comparison of the results was made with published osteological data from contemporary skeletal populations.

2.1 Reasons for the Analysis

Osteological analysis was carried out to ascertain:

- Inventory of the skeletal material
- Condition of bone present
- Completeness of the skeleton
- Age Assessment
- Sex Determination
- Non-metric Traits
- Stature and Morphometric Data
- Skeletal Pathology
- Dental Pathology

2.2 Skeletal Inventory

An inventory of the skeletal elements present is undertaken to assess the completeness of the skeletal remains and identify the number of individuals present. An inventory also provides information on the specific elements within the skeleton that are present and can be assessed for pathological changes. Each element is recorded as present or absent. The long bones are recorded according to the presence or absence of the proximal (upper), middle and distal (lower) sections as well as the proximal and distal joint surfaces. The completeness of the bones of the axial skeleton (with the exception of the spine) is recorded according to the categories of <25%, 25-50%, 50-75% and 75%>.

A summary inventory of the skeletal elements present for each individual is provided in the skeletal catalogue below (see Section 3). A full inventory can be found on the enclosed CD-Rom. No duplication of elements was observed within any one context and the inventory taken confirmed that each context contained the remains of a single individual. A number of bone

fragments from context [2006] were reunited with fragments from context [2008], confirming that these two contexts contained the remains of the same individual.

2.3 Condition of the Bone Present

The condition of the bone was assessed macroscopically according to the categories and descriptions provided by the Guidelines to the Standards for Recording Human Remains (Brickley and McKinley, eds, 2004). Since most skeletons exhibit more than one grade of state of preservation, these categories are simplified into 4 main groups of preservation: Good (grades 0-2), Fair (grades 2-4), Poor (grades 4-5+) and Varied (more than 4 grades of condition). The condition of human bone can be influenced by both extrinsic (i.e. taphonomic conditions) and intrinsic (i.e. robustness) factors (Henderson 1987).

SK[2003] and SK[2006/2008] were both recorded as being in 'good' condition, being scored as grades 1 and 2. Some surface erosion was noted in both skeletons around the epiphyses of the long bones but generally surface preservation was good, allowing for metric analysis and observation for pathological changes.

2.4 Completeness of Skeletons

This is a guide to the overall completeness of the individual's skeletal remains and is calculated according to the percentage of the bones present in relation the total number of bones in a complete human skeleton. Completeness of remains is gauged through an assessment of the amount of material representing different areas of the body. A complete skeleton comprises of:

Skull = 20%

Torso = 40%

Arms = 20%

Legs = 20%

Each area of the skeleton was assessed and then placed into the following four categories of completeness: <25%, 25-50%, 50-75% and 75%> (Buikstra and Ubelaker 1994).

Recording the completeness of the individual can allow an insight to be gained into how much post-depositional activity has occurred as well as to assess how much information can potentially be gained from the remains.

SK[2003] was between 25-50% complete. The grave had been disturbed by an unobserved mechanical digger due to the shallowness of the grave and it is likely that some skeletal elements had been removed via this disturbance prior to *in situ* identification. No skull bones were present and the remains consisted primarily of fragmented long bones and torso elements from the lower half of the body. Some hand and foot elements had survived.

SK[2006/2008] was over 75% complete despite similar disturbance by a mechanical digger due to retrieval of the disturbed skeletal remains by the on-site archaeologist. There was a notable absence of small bones, however, particularly those of the hand and feet. The cranial bones were also under-represented as were the cervical vertebrae. Those cranial bones recovered were located at the foot end of the grave. The larger bones recovered, including those *in situ*, were generally fragmented, due in part to the shallowness of the grave and the location of the skeleton close to the modern ground horizon.

2.5 Age Assessment

Establishing the age and sex of individuals from an archaeological assemblage not only provides an insight into the demographic profile of the population but can also be used to inform us of patterns in pathological distributions in a skeletal assemblage.

The age of sub-adults is assessed using both dental development (Smith 1991) and eruption (Ubelaker 1989) as well as long bone lengths (Schaefer *et al*. 2009) and epiphyseal fusion (Scheuer & Black 2004). These methods can usually provide a reasonably accurate age estimation due to a relatively narrow range of variation in normal sub-adult development. Thus, sub-adults can be placed into the following age categories: Foetal (<36 weeks), Neonate (0-1 month), Young Infant (1-6 months), Older Infant (6-12 months), Child (1-5 years), Juvenile (6-12 years) and Adolescent (13-17 years).

Assessment of adult age at death, unfortunately, results in much less specific age estimates due to a much greater individual variation in the features exhibited by the examined elements at particular ages (Cox 2000). Age estimation of adults was assessed from analysis of the auricular

surface (Lovejoy et al 1985) and the pubic symphysis (Brookes and Suchey, 1990). Each of these methods examines the deterioration of these surfaces and categorises them accordingly. This deterioration is due in part to due to the health status of the individual but can also be influenced by life-style and so the variation produced by these factors results in much wider age categories: Very Young Adult (18-24), Young Adult (25-34), Middle Adult (35-49) and Old Adult (50+) (Buikstra and Ubelaker, 1984). Grading of dental attrition was also used as a supplementary age assessment technique using the Miles method (1963) where dentition sets were complete enough to allow fair observation.

SK[2003] was an adult individual, estimated to have been aged over 50 years at death based on observations of the auricular surface. All the observable epiphyses were fused. Dental attrition was unobservable. Overall, this individual was classified as an old adult.

SK[2006/2008] was also an adult individual but unfortunately no specific age estimation could be undertaken due to the lack of observable elements. All the observable epiphyses were fused, including the medial end of the clavicle, suggesting that this individual was over 25-30 years old. Overall, the skeletal remains were classified as those of an adult.

2.6 Sex Determination

Sex is assessed using the criteria laid out by Buikstra and Ubelaker (1984) in the analysis of morphological features of the skull and pelvis. In addition, metric data is also used where possible, taking measurements of sexually dimorphic elements such as the femoral and humeral head (Bass 1995). Categories ascribed to individuals on the basis of this data were 'Male', Possible Male', 'Indeterminate', 'Possible Female', 'Female' and 'Unobservable'. Sex may be ascribed on the basis of metrics alone where no sexually dimorphic traits are observable. Where sex was not observable be either metric or morphological observations, it was recorded as 'Unobservable'. No sexing of sub-adult material is attempted due to the lack of reliable criteria available.

Based upon morphological assessment, SK[2003] was classified as a 'possible female'. No skull was present but the observable sexually dimorphic features of the pelvis were female. However, the metric analysis of the femoral head resulted in the sex ascribed being indeterminate and the

circumference of the tibia at the nutrient foramen was indicative of possible male sex. Although only a few morphological traits about the pelvis were observable, these were observed as definite female and are more reliable indicators than the metric analysis.

SK[2006/2008] was similarly depleted of morphological indicators of sex. No features were observable in the pelvis and only three features were observable about the skull, two of which were indeterminate. However, metric analysis consistently indicated that the sex of this individual was male and therefore this individual was classified as a 'possible male'.

2.7 Non-Metric Traits

Non-metric traits are morphological features that occur both in bone and dentition. These features have no specific functional purpose and occur in some individuals and not in others. The origins of non-metric traits have now been shown to be highly complex, each having its own aetiology and each being influenced to differing extents by genetics, the environment and by physical activity. A review of the current literature suggests that the undetermined specific origins of these traits, in addition to the fact that there is more genetic variation within populations than between them, can prevent useful conclusions regarding their presence or absence in skeletal remains from being drawn (Tyrell 2000).

The presence of any non-metric traits is noted in the skeletal catalogue below (see Section 3).

2.8 Stature and Morphometric Analysis

Stature of adult individuals can be reconstructed from measurements of long bones of the skeleton. Since the long bones of sub-adults have not yet fully developed it is not possible to provide an estimate of stature for immature remains. Stature is the result of many factors including genetics and environmental influences (Floud *et al*. 1990), such as malnutrition and poor health. Height can be used as an indicator of health status and there is a wide range of literature on the relationships between height, health and social status. Estimated stature was calculated by taking the measurements of the individual long bones and using the formula provided by Trotter (1970). Variation in estimated stature can be up to 3cm.

Stature was estimated for SK[2006/2008] from the right femur as approximately 1.67m. This estimate is slightly shorter than the average for males from the Roman period, recorded as 1.69m with a total range of 1.59m and 1.78m (Roberts and Cox 2003, p. 103).

No stature could be estimated for the female skeleton [2003] due to a lack of long complete long bones.

Metric analysis of the long bones, cranium and mandible may also be undertaken on adult remains to provide comparative information on morphological variability. A summary of the morphometric data is provided in the skeletal catalogue. Full recording can be found on the CD-Rom provided.

2.9 Skeletal Pathology

Palaeopathology is the study of diseases of past peoples and can be used to infer the health status of groups of individuals within a population as well as indicate the overall success of the adaptation of a population to its surrounding environment. Pathologies are categorised according to their aetiologies; e.g. congenital, metabolic, infectious, traumatic, neoplastic etc. (Roberts and Manchester 1997). Any pathological modifications to the bone are described. The size and location of any lesion is also noted. Distribution of lesions about the skeleton should be noted to allow diagnosis. A differential diagnosis for any pathological lesions should also be provided.

Details of pathological conditions observed in Overbury assemblage are noted in the skeletal catalogue below (see Section 3). In summary, severe osteoarthritis was observed in the hand bones of SK[2003] and in the left hip of SK[2006/2008]. Osteoarthritic and degenerative joint changes were also seen in the spine of both individuals. The male individual SK[2006/2008] was noted to exhibit extensive, rugous muscular attachments about the arms and occipital bone of the cranium and an exostosis was present on the left humerus.

2.10 Dental Pathology

Dental diseases include conditions that not only directly affect the teeth but also the soft tissue surrounding them, sometimes observable in changes to the underlying alveolar bone (Hillson 1986). Each condition can give an indication of different aspects of lifestyle and health of the

individual. For example, caries is associated with diets high in sucrose content. The presence of calculus can inform us about dental hygiene whilst enamel hypoplastic defects testify to developmental stresses that an individual has undergone in childhood (Goodman and Armelagos 1985, Hutchinson and Larsen 1988, Dobney and Goodman 1991). The analysis of dental disease, therefore, not only informs us of specific oral conditions but provides complimentary data regarding overall health status and cultural practices.

A summary of dental pathology is provided in Section 3 below. Overall, generally minor but occasionally moderate calculus deposits were observed in SK[2006/2008] with some periodontal disease present. Some mandibular ante-mortem loss of dentition and a large cary was also noted. No dental abscesses were observed. No dentition was present in SK[2003] due to post-mortem disturbance.

3. Catalogue of Human Remains

The results of the osteoarchaeological analysis are presented below in numerical order according to each individual context. Due to the small sample size, disease prevalence rates have not been calculated but prevalence rates reported in the literature for other, contemporary sites is referred to. A full inventory and recording of the human skeletal remains can be found on the MS Access database.

SK2003 (Grave cut [2004])

Inventory: No cranium or mandible; T9-L5 vertebrae; 3 left ribs; 8 right ribs; Distal fragmented humerii, fragmented right radius, fragmented right and left ulnae; Complete but fragmented femora, fragmented tibiae and fibulae; Partial right ilium; Fairly complete right ischium, incomplete left ischium, no pubic bones; Small fragment of sacrum; No scapulae; No clavicles; No patellae; No coccyx; No carpals; 1st right, 1st left metacarpal and 1 unidentified distal half metacarpal; 11 hand phalanges; Right and left calcaneii and left talus; one left 5th metatarsal; 0 foot phalanges.

Completeness: 25-50%>

Condition: Good (Grades 1 and 2)

Dental Inventory and Pathology:

2003	*Observable Dentition*	*Observable Tooth Sockets*	*Ante-mortem Loss*	*Caries*	*Calculus*	*Periodontal Disease*	*Enamel Hypoplasia*	*Abscess*
n	0	0	0	0	0	0	0	0

Age Assessment: Old Adult: 50+ years. Auricular surface stage: Left 8 (60+ years).

Sex Determination: Possible Female. Pelvic morphology, female; metric data, indeterminate.

Stature: Unobservable

Platymeric Index: 78.1 (Platymeric)

Platycnemic Index: 83.8 (Eurycnemic)

Non-Metric Traits: None

Skeletal Pathology: Severe Osteoarthritis. Eburnation, macroporosity and/or large osteophytes were observed on the proximal and distal interphalangeal joint surfaces (See Plate 1). Unfortunately, it is not possible to identify whether the phalangeal bones belong to one hand or to both. The changes are consistent in all the observable phalanges present, however, and represent a systemic condition that was likely to be present in both hands. Deep volar grooves were present on several of the phalanges with co-occuring marked osseous attachments for the *flexor digitorum superficialis* muscle. This indicates that the fingers were permanently in a flexed position as a result of this long standing, chronic condition. Some of the osteophytic development, particularly of the distal phalanges, appears to have resulted in the 'gull wing' sign noted radiologically to be indicative of erosive osteoarthritis (Rogers and Waldron 1995; http://radiopaedia.org/articles/gull-wing-appearance) (See Plate 2). Degenerative joint changes were also noted in the zygapophyseal joint and lower vertebrae bodies, particularly in L4, L5 and S1. The changes, consisting of subchondral erosion and necrosis with lytic lesions, were reminiscent of those noted in tuberculous discitis (Rogers and Waldron 1995, p. 92) but could also have been caused by age-related bone remodelling resulting from osteopenia (bone loss) (Ortner 2003).

Plate 1: *Osteoarthritis of the Interphalangeal Joints* (SK 2003)

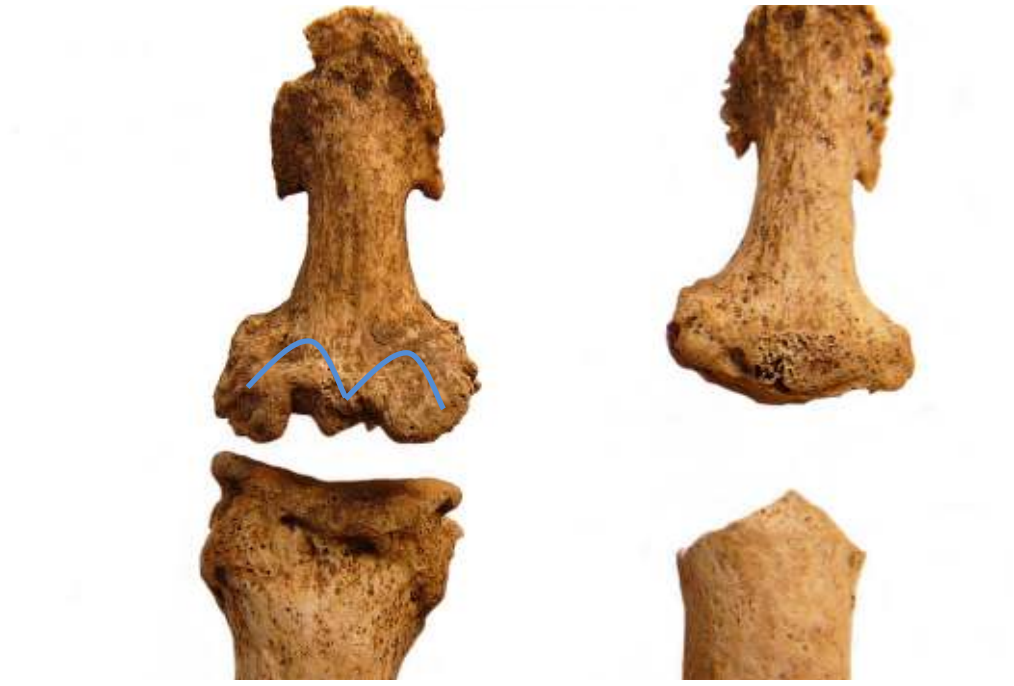

Plate 2: *'Gull wing' sign (illustrated in blue) at a distal Interphalangeal Joint (SK 2003)*

SK2006/2008 (Grave Cut [2007])

Inventory: A few cranial and mandibular fragments; C6-L5 vertebrae; 9 left ribs and 11 right ribs; Distal right humerus and complete but fragmented left humerus; Fairly complete but fragmented radii and ulnae; Fairly complete but fragmented femora and tibiae, partial fibulae; Partial left ilium and ischium, partial right ischium, no pubis bones; Partial scapulae; Partial right clavicle and complete but fragmented left clavicle; Partial left patellae; Fragment of sternum and sacrum, no coccyx; No carpals, 5 left metacarpals, 8 hand phalanges; No tarsals; no metatarsals and no foot phalanges.

Completeness: 75>%

Condition: Good (Grades 1 and 2).

Dental Inventory and Pathology:

2006/ 2008	*Observable Dentition*	*Observable Tooth Sockets*	*Ante-mortem Loss*	*Caries*	*Calculus*	*Periodontal Disease*	*Enamel Hypoplasia*	*Abscess*
n	4	11	3	1	4	3	0	0

Minor periodontal disease; minor –moderate calculus; 1 large cary.

Age Assessment: Adult. 25-30 years +. Medial end of the clavicle fused.

Sex Determination: Possible male. Cranial morphology, indeterminate; metric analysis, male.

Stature: 1.67m

Platymeric Index: 80.9 (Platymeric)

Platycnemic Index: 72.0 (Eurycnemic)

Non-Metric Traits: Supracondylar process, right humerus

Skeletal Pathology: Severe osteoarthritis, left hip. Massive osteophyte formation is present around the acetabular rim forming a complete bone collar of approximately 3cm in depth at the inferior aspect, completely obliterating the acetabular notch (See Plate 3). Irregular enthesophytic bone formation is present on the superior aspect of the acetabular rim, where the joint surface is affected by gross macroporosity and eburnation. The superior aspect of the left femoral head also exhibits these changes whereas large, irregular but smooth lamellar bone deposits are present on the inferior surface. These deposits are approximately 3mm in thickness. A large quantity of striated lamellar bone of substantial thickness is also present along the entire femoral neck on the anterior side with large amounts of speculated bone present along the line of the capsular attachment. The femoral head and neck fragment is notable heavy and dense.

Further osteoarthritic and degenerative joint changes were noted in the spine, in particular involving the zygapophyseal joints in the mid thoracic and lumbar regions. Asymmetry was noted of the neural arch of the 2nd and 3rd lumbar vertebrae, which is likely to have resulted in a minor scoliosis of the spine, placing extra pressure on the joints of the spine and predisposing them to joint disease.

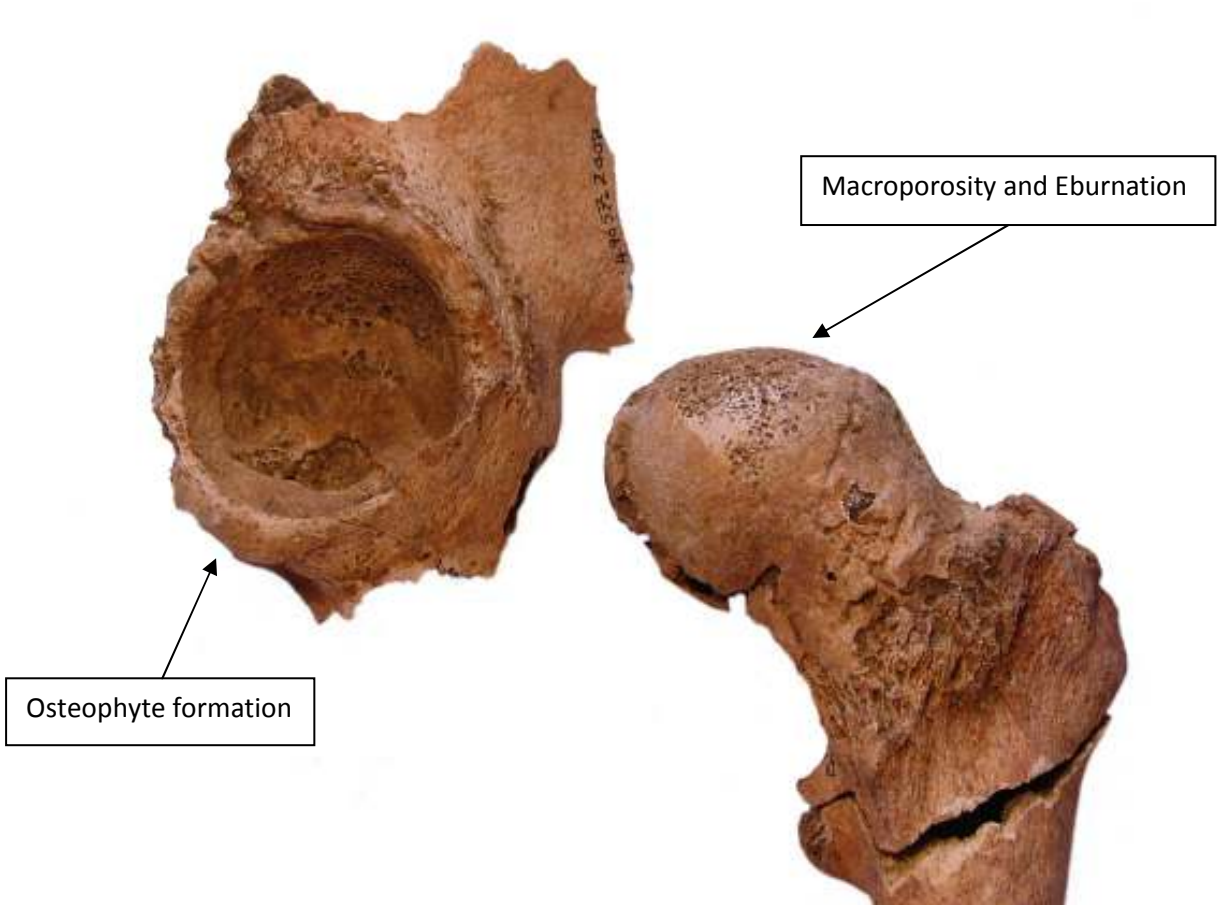

Plate 3: *Osteoarthritis of the left Hip (SK 2006/2008)*

Also noted was a fairly large exostosis measuring 12.4mm superior-inferior x 7mm anterior-posterior located at the inferior aspect of the deltoid attachment site on the left humerus (See Plate 4). This may represent an event of muscular trauma to the arm. A porotic lamellar bone deposit was also noted about a well defined small lytic lesion c. 5mm in diameter at the site of the external occipital protuberance. The muscular attachments at the nuchal crest were also robust and this bone deposit may also represent localised muscular trauma.

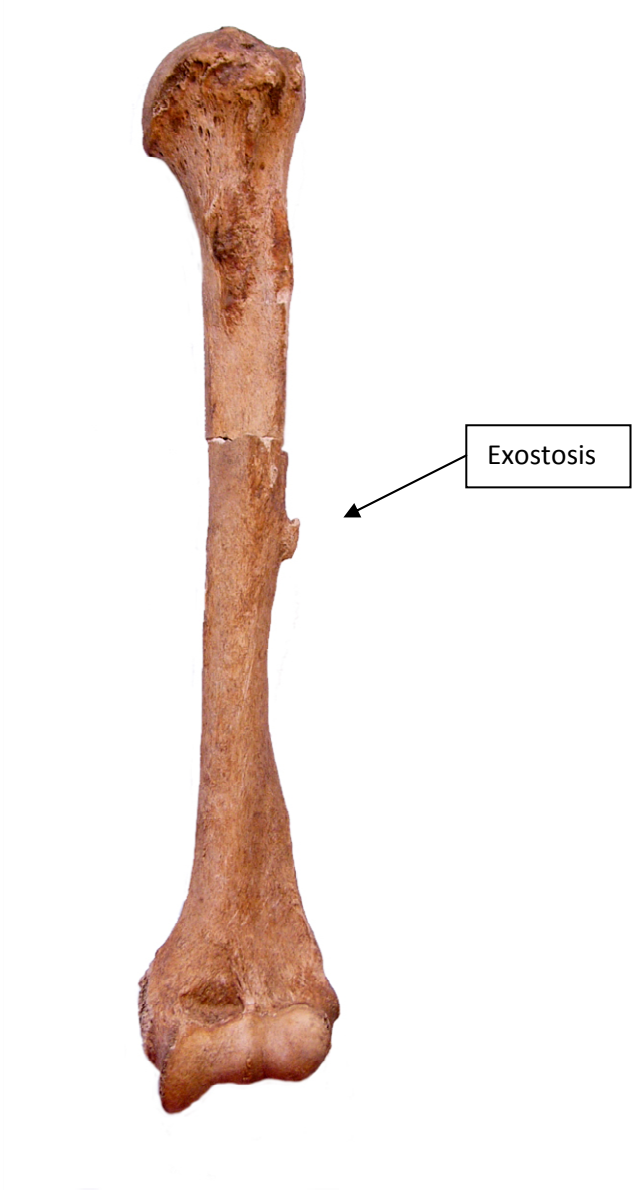

Plate 4: *Exostosis representing muscular trauma (SK 2006/2008)*

4. Conclusion

Excavation at the site of the Overbury First School, School Lane, Overbury in Worcestershire revealed the remains of two inhumated, articulated individuals dating to the Roman period.

The first individual, SK[2003] was an adult possible female, aged over 50 years at death. The remains of this individual were well preserved but heavily fragmented and only 25-50% complete. Osteological analysis was, therefore, limited. Nonetheless, degenerative joint changes were observed in the spine in addition to a severe and chronic case of osteoarthritis present in

the hands. Unfortunately, it was not possible to estimate stature due to a lack of complete long bones and no dentition was present so no evaluation of dental health could be undertaken.

The second individual, SK[2006/2008], was an adult possible male, aged over 25-30 years at death, of approximately 1.67m in stature. The remains of this individual were well preserved and over 75% complete, allowing for a full examination for pathological changes. This individual had a severe case of osteoarthritis present at the left hip and degenerative joint changes in the spine. The skeletal remains were notable robust in the upper arms and a bony exostotis was present on the left humerus, indicative of muscular trauma. Minor scoliosis was probably present in the spine indicated by the asymmetry present in the neural arches of the lumbar vertebrae. Calculus was present on the small number of observable dentition, with moderate deposits on the lingual surfaces, and was associated with mild periodontal disease. One large cary was also present and three molar teeth had been lost ante-mortem.

The burials excavated, including finds of hobnails with the old adult female SK[2003] and likely decapitation of the adult male SK[2006/2008], are typical of Roman interments in the area and similar to the burials recently excavated from a number of sites near Wyre Piddle, Worcestershire (Western 2003, 2004) and St. Johns, Worcester (Western 2009). Hobnails are particularly characteristic of rural Roman burials and may be associated with a physically demanding agricultural lifestyle (Simmonds *et al*. 2008). The skeletal remains of the possible male SK[2006/2008], was notably robust and exhibited evidence of muscular trauma. Recent research suggests that females also played an important role in Roman agriculture on the Continent; female labourers were likely to have been employed in work on farmsteads, possibly involving the preparation of food, pastoralism and the manufacture of wool, cloth and textiles, the latter a lucrative trade (Roth 2009: 25-6). Roth (2003) argues thereby that females contributed considerably to the economic productivity of rural farmsteads and villa estates. The organisation of labour on farmsteads in Britain is not discussed but it is credible that females carried out equivalent labour and management roles on rural Roman settlements in England, perhaps reflected by the osteological and funerary evidence from sites such as Overbury across Worcestershire.

Roman rural burials in Britain and their relationship to associated settlements may not be well understood due to a lack of evidence compared to urban sites. In East Hampshire, for example, the orientation of graves was highly varied and it has been suggested that this was due to

alignment with features in the immediate local vicinity (Pearce 1999: 100), evidence for which may not survive. Radiocarbon dating of seemingly isolated or dispersed burials in Hertfordshire has returned dates of early, late and sub-Roman as well as middle Saxon periods (Pearce 1999:116). A comprehensive overview of provincial funerary evidence, consisting of rural burials grounds in Hampshire and Hertfordshire were found to contain only a few individual graves and the majority of burials were associated with boundary features, commonly ditches and gullies defining enclosures on settlement peripheries, most often in or close to site entrances (Pearce 1999: 100-1). Often, though not exclusively, deposits of infant skeletal remains were recovered from within settlements whereas adults tended to be located outside settlement boundaries (Pearce 1999: 102). Pearce infers from the form and location of rural burials in the provinces that they were no less formal than urban burials (Pearce 1999: 113) and that burials 'could form an integral part of boundary formation' (Pearce 1999:115). Platt (2012) also argues that the Roman tombs and sarcophagi are inherently liminal objects and materialise the intersection between life and death, an inference that may naturally be extended to the status of graves.

However, given the small numbers of interments recorded, often these rural burial grounds seemed to be short lived and there was little evidence of inter-generational continuity of burial or for it playing a role in demarcating the landscape. This is in accord with the literary evidence suggests that graves were designated as a *locus religiosus*, protecting them from destruction in order to permit access to ancestral graves on land that may not have belonged to living descendants (Robinson 1975, after Pearce 1999: 120; Platt 2012: 216-7). It appears that land in this context belonged to individuals as an economic asset rather than primarily representing ancestral ties or a sense of belonging, even though the right to visit graves, commemorate ancestors and to honour the *genii loci* (resident spirit) of people and places was clearly important. Though it is not clear to what extent Roman law applied to occupation in Britain in the early period, burials may in this context relate to and reflect land ownership or tenancy in dispersed rural settlement. Scheidel (2004: 24) also argues that migration within the Roman Empire would have resulted in high rates of relocation, putting emphasis on the nuclear family as a primary unit of social organisation and identity while ties to extended kin became diminished.

This pattern may also apply to Worcestershire, where small groups of individual graves dating to the late Iron age, Roman and Transition periods have been excavated from bounded enclosures, usually near ditches or in banks, associated with nearby occupation in farmsteads and

settlements i.e. Sainsbury's site, St. Johns, Worcester (See Western 2009); George Lane and Furzen Farm, as well as Upper Moor, Wyre Piddle, Worcestershire (Western 2004, 2003). These latter sites are located only a few miles away from Overbury. The pairs of burials excavated at George Lane and Upper Moor appear also to have consisted of a male and female adult individual (Western 2004, 2003) as was found at Overbury, though osteological analysis was limited at the former sites due to the poorer preservation of the skeletal remains present. This pattern of burial would appear to support the hypothesis that small farmsteads in Worcestershire were owned or run as part of an economic strategy by a nuclear family unit, simultaneously acting as a social and geographical unit to form the core basis for the selection of burial location in rural contexts. The recovery and analysis of these well preserved human skeletal remains from Overbury has, therefore, provided important information contributing towards the growing archaeological evidence for the nature of dispersed burial practices during the Roman period in rural Worcestershire.

5. Future Recommendations

- AMS dating of the human remains to establish a closer date of the interments

- Further research of similar sites would establish how this burial relates to other, contemporary burials in the region. This will aid an understanding of the use of the landscape during the Roman period and the nature of the relationship between settlement and funerary sites.

6. Acknowledgements

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THE ARCHIVE

Type	No	Type	No
Skeleton Recording Form A	2	Skeleton Recording Form L	0
Skeleton Recording Form B	2	Skeleton Recording Form P	0
Skeleton Recording Form D	2	Skeleton Recording Form Q	0
Skeleton Recording Form E	2	Skeleton Recording Form R	0
Skeleton Recording Form F	0	Skeleton Recording Form S	0
Skeleton Recording Form G	0	Skeleton Recording Form V	0
Skeleton Recording Form H	2	Skeleton Recording Form W	2
Skeleton Recording Form I	2	Articulated Inhumated Db	1
Skeleton Recording Form J	2		
Skeleton Recording Form K	2		

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