to much more than £1,000, ensuring the Society made the surplus it had anticipated.

Unlike fire insurance, which shopkeepers, merchants, artisans and craftsmen were commonly buying in the early 19th century, life insurance was relatively unusual. Britain had six life assurance providers before 1800 – almost all in London and a mix of mutuals and joint stock companies.

The Equitable’s ledgers reveal that its early policy holders were the well-to-do gentry and nobility, with only very few artisans and traders. Many more insurers opened for business as the appeal of life policies broadened across the social classes. When Kensett fell ill, he was one of only 150,000 people, under 1% of the total population of Britain, with life insurance. During the century, the average value of policies fell and premiums became more affordable. By 1890, most male breadwinners and about 30% of the whole population had life policies, typically worth less than £50 (about £4,290 today). Life insurance had come to be seen as a prudent way of saving. More and more providers were established, which boosted demand for actuaries.

In parallel, actuarial science made another important advance when the Marriage Act 1836 and the Births and Deaths Registration Act 1836 for the first time obliged citizens to report these events to the official registrar in their district. The General Register Office for Births, Marriages and Deaths started collecting, analysing and summarising this data in 1837, allowing actuaries, public health specialists and politicians to understand trends in mortality, morbidity and life expectancy, and helping to equip the new discipline of epidemiology. When Kensett died, the new national registration system was still four years away, and life insurers needed stronger information to verify individual claims and to improve their own actuarial calculations.

Their ledgers created a new, more reliable source for analysis. We find Kensett’s cause of death reported in the Equitable’s archive as ‘bronchial inflammation’. In those days, this could have meant a number of respiratory conditions, including tuberculosis (TB), pneumonia, pleurisy or asthma, which were much more commonly fatal than bronchitis.

**Compare and contrast**

The registrar-general’s first report and the accompanying abstracts prepared by doctor and statistician Dr William Farr reveal detail, from which we can compare Kensett’s last illness with other deaths among men of his age and in his location. In the second half of 1837, over 38,500 (26%) of all deaths in England and Wales were caused by respiratory diseases, of which only 460 (1.2%) were attributed to bronchitis. TB and pneumonia together accounted for over 26,000 deaths (67.7%). In the geographical division that included Hampton Court village, 24% of deaths were caused by respiratory disease, of which 12 (0.9%) were attributed to bronchitis. In the 12 months to 1 July 1838 in England and Wales, 1,556 males died aged 40 – 0.9% of all male deaths that year. The figures are similar in Kensett’s geographical division: 56 men aged between 40 and 49 died – 0.9% of all male deaths there. These comparisons confirm that Kensett died young and from an unusual cause.

Life insurers and their actuaries refined their calculations of life expectancy using precisely this sort of comparative information. They created increasingly sophisticated projections by arming themselves with such calibrations of the financial risks and rewards of insuring lives.